

Written Testimony in Opposition to LD 219

March 17, 2025

Senator Ingwersen, Representative Meyer, and Honorable Members of the Health & Human Services Committee,

My name is Katie Hill, and I am a researcher who studies infectious disease, harm reduction, and novel substances in the drug supply; I am currently a PhD candidate in Epidemiology of Microbial Diseases at Yale School of Public Health. I am providing written testimony to **strongly oppose LD 219**: An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-One Exchange.

Though I currently live in Connecticut, my family lives across Maine – in Brunswick, Lewiston, Bath, Damariscotta, Harpswell, Portland, and more. Further, I collaborate with Maine-based harm reduction organizations and medical care providers through [Project DHARMA](#), or Distribution of Harm Reduction Access in Rural Maine Areas. This project is a collaboration between MaineHealth and community organizations dedicated to overdose and infection prevention in rural Maine.

If the committee members are hoping to read an academic journal article summarizing both data and policy options related to syringe exchange for rural states such as Maine, I recently wrote a peer-reviewed article published in Public Health Reports (i.e., the official journal of the Office of the US Surgeon General and the US Public Health Service) in August of 2023. This is titled [Improving the Health of People Who Inject Drugs Through COVID-19–Related Policies](#). For a ease of access, an excerpt of this publication is below:

“As recommended by the Centers for Disease Control and Prevention, needs-based strategies operate through supplying people with the number of syringes they state they need for a period of time. This need is based on many factors, including the frequency of one’s drug use, one’s social network, and financial or transportation concerns. Thus, 89% of SSPs in the United States surveyed by the 2019 Dave Purchase Memorial survey permitted more than simply one-for-one exchange, which requires 1 used syringe to be exchanged for access to 1 new sterile syringe.

However, in many parts of the United States, this cost-effective and efficacious infection prevention intervention is either unavailable or inefficient because of restrictive policies that are not based on evidence. Some localities still use the antiquated one-for-one exchange scheme... [I]n Maine, the governor issued Executive Order 27 in March 2020, at the beginning of the COVID-19 pandemic. This policy change allowed for expansion of mobile SSPs, mail delivery of drug equipment, increased geographic reach from a single exact street location to county-level certification at all hours, and also eliminated the one-for-one exchange stipulation. These temporary changes, particularly the elimination of

the one-for-one exchange, increased access to harm reduction services for people statewide. In Maine, with support from many local and national harm reduction advocates, a new rule exists that allows up to 100 syringes per client if they do not have syringes to exchange. Under the precedent of COVID-19–related policies, Maine is now inching toward harm reduction policies that are evidence based and effective, although more work needs to be done to truly meet the needs of PWID. For example, legislation focused on community drug-checking programs or access to safe supply is currently being advocated for as well.

With record levels of injection drug use–associated infections such as acute hepatitis C virus infection and rising rates of serious infections such as infective endocarditis, the relaxation of policies is critically important. Without mail delivery or needs-based programs, people living in rural areas such as Maine and West Virginia often have to travel long distances to access services, sometimes reporting traveling 100 miles round trip. If people are unable to routinely access sterile syringes because of restrictive policies, they are often forced to make the difficult decision to reuse their equipment and are subsequently at risk for infectious complications.”

Further, in 2022, I published in Maine’s own Portland Press Herald a Commentary entitled [Opioid epidemic’s undue burden on rural Maine requires our full attention](#) – and the message within unfortunately remains strikingly the same. Below is an excerpt from this piece:

“Maine urgently needs to part ways with its outdated one-for-one syringe exchange policy. This unnecessarily restrictive policy is shockingly inefficient and has no proven benefits. A one-for-one exchange prioritizes false beliefs that more syringe access enables more drug use. In reality, we have significant scientific evidence that broader distribution decreases disease transmission without increasing drug use. Picture yourself as a person who injects drugs in a rural area. You must travel for miles just to get to the nearest syringe exchange program. Realistically, are you going to drive to that program daily just to get one sterile needle? Or are you going to reuse your needles that you already have and just visit the program when convenient to you? How do we eliminate the need for people to have to make this choice? Imagine avoiding harm related to substance use by providing people with the resources they need to use substances safely.

To be sure, many people stand in opposition to these ideas and believe that providing resources to people who use substances is controversial. Nonetheless, I believe we must support efforts that are backed by both science and compassion.

One last time: Imagine a Maine where all people have access to opportunities and resources that allow them to thrive.”

Thank you for the opportunity to provide written testimony. Please feel free to contact me if you have any questions.

Sincerely,
Katherine Hill, MPH