

Patrick J. Tolosky MD

Good afternoon members of the Health and Human Services Committee,

My name is Dr. Patrick Tolosky, and I am a licensed family medicine physician and preventive medicine fellow in Maine. I write to urge you to reject the proposed bill LD 219: An Act to Limit Hypodermic Apparatus Exchange Programs to a One for One exchange.

Associated infectious conditions from contaminated or reused needles are a terrible consequence of addiction. I have taken care of individuals with minor skin infections to infected bones or heart valves requiring extensive hospital stays, intense medical therapy, and immense cost to the medical system as a whole (a bone infection often requires 6 weeks of intravenous antibiotic therapy that is most often completed in a hospital or skilled nursing facility with great financial expense). One patient I remember was in his early 30's and had a repeated infection in his hip resistant to antibiotics and eroding his bone. While consulting with orthopedic surgery, we tried conservative measures to avoid the drastic step of removing his hip bone and top of his femur and fusing them together with a medical concrete mixture that would allow complete removal of the infection at the cost of basically crippling the patient. The patient was homeless and did not want to be reusing needles but due to his struggles with addiction, difficulty accessing sterile injection equipment, and finances, he reused needles likely leading to this infection.

In an ideal world no one would suffer from addiction but we have to meet people where they are in their battles with addiction from an ethical standpoint, health and financial standpoint. For this reason, CDC certified syringe service programs (SSP's) are crucial to public health. Proposed legislation LD 219 would undo the work from the 2022 legislation of LD 1909 in the 130th Legislature, which gave DHHS rulemaking authority over SSPs.¹ Needs-based models where patients can acquire the number of syringes needed for their health, regardless of number of needles turned in, are not associated with increased syringe litter in the community². SSPs promote the safe disposal of used syringes by providing sharps containers, drop boxes, and community clean-ups³. Restrictive syringe access policies such as limiting exchanges to 1:1 exchange are associated with unsafe use practices and higher rates of HIV and other bloodborne infections.³ In early 2024 and spiking again in early 2025, the Maine CDC identified a cluster of new HIV and HCV diagnoses in Penobscot County among people who inject drugs (PWID) and people who are homeless⁴. This HIV cluster may be linked to the disruption of SSP services that Bangor has experienced in the last year, including the closure of Bangor's largest provider.

Throughout my training and early career, I have learned how people struggling with addiction want to get better. Some individuals are closer on the spectrum to wanting to get treatment today, some individuals are not ready for that step, but might be tomorrow, or in a month, or a year. I see evidenced-based policies like needs-based syringe exchange models not as a way to help people use drugs, but as one tool in the toolkit on the path to recovery and to keep people healthier while reducing infections and reducing healthcare costs and keeping the community safer. It's not often we get a quadruple win like that in medicine! As a physician, I can help treat individuals with addiction when they are ready, but that only reaches those who will enter through the door of the clinic. As a community, we have the power to reach a much larger group of those on the path to recovery, and in the process help reduce all of the challenging consequences of drug addiction that I have highlighted above.

For all of these reasons, I urge the committee to oppose LD 219 so we may build safer and healthier communities in Maine for the future.

Respectfully,

Patrick Tolosky, MD

¹ https://www.mainelegislature.org/legis/bills/display_ps.asp?Id=1909&PID=1456&snum=130#

² Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend.* 2007 Jul 10;89(2-3):214-22.

³ de Montigny et al. Assessing a drop box programme: A spatial analysis of discarded needles. *Int J Drug Policy* 2010.

⁴ <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hiv-cluster.shtml>