Dear Senator Ingwerson, Representative Meyer, and members of the Committee On Health and Human Services,

My name is Dr. Brendan Prast, and I work in Sanford as a family physician and preventive medicine specialist. I am testifying on behalf of myself in opposition to LD219, the proposal to reduce the state syringe exchange ratio to 1:1.

I care for people of all ages as a primary care physician, and I also specialize in caring for people with substance use disorders. While I work with patients through their substance use, with a goal of improved health and recovery, we cannot ignore that intermediate period between contemplating treatment and the treatment period itself. Frequent engagement with supportive programs and healthcare staff increases the rate of substance use disorder remission, while simultaneously reducing the risk of severe health issues. Evidence-based syringe service programs are part of that important network of care.

I care for patients with Hepatitis C and HIV, diseases that are closely connected to unsafe needle use and reuse. Maine unfortunately holds the distinction of ranking near the top nationally in transmission of these diseases, with numbers increasing in recent years. We do have treatment options for those diseases, but they can be difficult to obtain and often very expensive. Syringe services programs are evidence-based methods to minimize and prevent such harms from substance use disorders by providing clean needles and other services to clients. This is not limited to just needles, but also vaccinations, infectious disease testing, overdose prevention, and referrals to important medical care. People who work with SSPs are five times more likely to enter drug treatment programs and three times more likely to stop using drugs than people that do not use the programs.

Our patients with substance use disorders, many times using IV drugs, often have unstable housing or chronically experience homelessness. As previously mentioned, they may not be ready to start treatment for their use disorder because of these stressful periods or may not have the resources. Many of these patients, when uprooted by traumatic events, eviction, or other events that force them to rapidly leave their shelter often lack the ability to maintain their needles to turn in for a 1:1 ratio. So when they present for care, they are left with reduced supplies, leading to re-use and increased infection transmission. Other, more effective and safe ways to decrease needle litter exist, such as adding sharps disposal boxes in public areas. SSPs do not increase needle waste in cities. In fact, in a research study from the Department of Veterans Affairs looking at syringe services across North America, safe syringe disposal was 3-5 times more likely in participants that use syringe services programs compared to those who do not. SSPs increase the safe disposal of syringes, and decrease the amount of unsafe needle disposals.

Turning away from evidence as this bill mandates will hurt our community members. We have other ways to approach this important issue rather than restricting care and resources, such as offering improved mental health resources and housing. As an individual physician, I would be happy to meet with any of the members of the committee to discuss this further.

Sincerely,
Brendan Prast, MD, MPH