

James Berry
Northern New England Society of Addiction Medicine
LD 219

March 16, 2025

Testimony in opposition to LD219, An Act to Limit Hypodermic Apparatus
Exchange Programs to a One-for-one Exchange

Dear Senator Ingwersen, Representative Meyer, and members of the Joint Standing
Committee on Health and Human Services:

I am James Berry MD, a semi-retired family physician with a subspecialty in addiction medicine, living in Portland and working in Biddeford and several county jails. I am testifying on behalf of my national professional organization, the American Society of Addiction Medicine, and its local chapter, the Northern New England Society of Addiction Medicine, of which I am a past president.

We are in strong support of syringe service programs and oppose attempts such as this bill to limit their effectiveness. Needle and injection supply provision plays a key role in combating Maine's high rates of hepatitis B and C, and Bangor's recent upsurge in HIV most of which come from injection drug use. Sterile supplies, testing equipment, and safe use education these program provide also prevent serious abscesses and endocarditis related to injections, as well as lowering risk of fatal overdose.

Syringe service programs need to be able to distribute supplies according to the need in their locale, without burdensome rules imposed by the state. Having to count returns and dole out limited supplies also distracts from time and resources available to engage with and educate their clients as well as adding to stigma.

There are better ways to combat needle litter: Portland's program providing cash for needles picked up off the street has resulted in thousands of returns in the few weeks it has been operating and has given pride as well as a small amount of money to participants. Provide more containers for needle disposal. Making recovery programs more available will deal with the problem at its source. Examples in the Portland area: bring a methadone clinic from the I 95 corridor to the peninsula where affected people live. Provide onsite substance use disorder treatment at the Riverside Homeless Shelter. Long-acting buprenorphine injections have been shown to be effective in the poorly housed population who have difficulty taking daily medication and needs to be more accessible. And the ultimate: passing a bill allowing the establishment of safe injection sites, the most effective way of reducing overdoses and delivering services to the urban injection drug using population. Such a bill passed the House in the last session but narrowly failed in the Senate.

The membership of ASAM and NNESAM urge you to reject LD 219 and to continue to advance legislation supporting access to treatment and harm reduction services for those affected by substance use disorder.

James Berry MD

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