



Substance Use Disorder Services Commission

Department of Health and Human Services
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Janet T. Mills, Governor

Bruce A. Campbell, Chair

Commission Members

Sen Joe Baldacci
Sen Marianne Moore
Rep. pending
Rep Nina Milliken

Andrea Truncali, MD
Physician

Vacant - pending
Public School
Administrator

Vacant - pending
Elementary
Education

Guy Cousins
Post Secondary
Education

Leslie Clark
Statewide Recovery
Coalition

Vacant - pending
Criminal Justice

Jamie Comstock
Prevention

Bill Lowenstein
Intervention/Harm
Reduction

Eric Haram
Treatment

Tracey Martin
Recovery Practitioner

Kathleen Chichester
Co-Occurring
Disorders

Sheila Thibodeau
Private Sector EAP

Vacant - pending
Public Employment

Bruce Campbell,
Chair, Recovery
Community

March 17, 2025

Maine State Legislature
Joint Committee on Health and Human Services
Seb, Henry Ingwersen, Senate Chair
Rep. Michele Myer, House Chair

RE: LD 219, An Act to Limit Hypodermic Apparatus Exchange
Programs to a One-for-one Exchange

Dear Senate Chair Senator Ingwersen, Representative Chair Myer,
and members of the Joint Committee on Health and Human Services:

My name is Bruce Campbell and I am submitting this testimony today
as Chair of the Maine Substance Use Disorders Commission. I
submit this testimony as the Commission voted unanimously in
opposition to LD 219. While we recognize the issue of syringe litter
resulting from IV drug use, we do believe this bill would accomplish
its desired outcome and will result in unintended negative
consequences. Essentially the issue of syringe waste is this:

The syringe service program (SSP) funding has remained stagnant
over the years. The approach at the state has been to bring new
programs on to meet geographic needs but as new programs come
online, the funding for the existing programs shrank. Think pizza...if
the size of the pie doesn't increase and we keep adding slices they all
just get smaller.

Each SSP contract has some funding for disposal (I don't believe the
amount is constant between SSPs), but the need for disposal has
outpaced funding as sharps distribution. Sharp disposal is the proven
safe method for disposal and is alignment with public health best
practices. The state has allocated no additional disposal resources,
leaving communities to fend for themselves in most cases, resulting in
proposals like the return to a 1:1 exchange where one gets a new
syringe for each returned syringe.

Over the last year, an HIV and Hepatitis C cluster has emerged in Bangor and the numbers of people who are infected keep increasing. Most, if not all, have a history of IV drug use. Restricting access to clean sharps disposals is the opposite of model public health practice in the presence of an HIV/Hep C cluster. We want to ensure people have access to clean sharps containers, so disease does not spread.

We had heard a community in Maine is working on a syringe buy back pilot program which would incentivize people to return syringes they've used (by paying them for those syringes – like bottles and cans) and is a promising practice in addressing syringe waste. For those of us old enough to remember when Maine's bottle bill passed, we can also remember the rapid removal of road-side reflectors in rural areas caused by disposed beer cans.

Programs like these, in addition to increased resources and planning dedicated to managing syringe waste at the community level are the solutions we need. Research shows that restricting access to new sharps dispensers increases the incidence of disease (like HIV and Hep C) in communities. This is already documented in West Virginia and Ohio, and as we are seeing emerging in Maine.

Respectfully submitted,

Bruce A Campbell, LCSW, LADC
Representing the Recovery Community
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