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DEPARTMENT OF ANTHROPOLOGY

March 17, 2025

Testimony in against LD LD219: An Act to Limit Hypodermic Apparatus Exchange Programs to One-for-One Exchange

Thank you for the opportunity to present this testimony, committee chair Senator Henry Ingwersen, Senator Marianne Moore and members of the Health and Human Services Committee.

My name is Winifred Tate, I am a resident of Waterville, a professor and anthropologist. I am also the director of the Maine Drug Policy Lab at Colby College, which brings together policymakers, scholars and students, providing evidence-based analysis for addressing critical drug policy issues in our state and beyond, and conducts research on problematic drug use and access to treatment in Maine. We are currently conducting ongoing research about substance use in Maine, access to treatment and the history of drug policy in the state.

I am here to testify against LD219: An Act to Limit Hypodermic Apparatus Exchange Programs to One-for-One Exchange, sponsored by Representative Mastraccio. This bill will limit the number of syringes that may be acquired through a CDC-certified syringe service program (SSP), imposing a rule requiring one syringe be exchanged for each new syringe acquired through the SSP.

At the Maine Drug Policy Lab at Colby College, we have reviewed the existing public health research and the consensus of public health experts is clear: a needs-based model of syringe exchange is the best approach, and is the model recommended by the federal CDC.

We also have been conducting research with people who use drugs, and people in recovery, since 2019. In our research, we documented the profound difficulties in accessing services and health care faced by people who use drugs, particularly in rural areas, and the vital role of harm reeducation services. Harm reduction advocates provide needles to ensure people who use drugs do not acquire devastating illnesses such as Hepatitis C, HIV and other life-long diseases. To limit the ability of SSPs to provide critical harm reduction supplies to people as needed will result in additional cases of devastating disease.

This is already happening in our communities. SSP services were limited and disrupted in Penobscot County last year, contributing to a significant spike in new HIV cases. As of March 8, 2025, 21 new cases of HIV had been documented, primarily among people who use drugs and people how are unhoused. In the prior five years, there had been



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approximately 2 new HIV cases a year, with one new case among people who use drugs. This staggering increase should be the warning that we need: limited access to clean syringes will only contribute to the spread of HIV.

Our research also documents the immense challenges faced by people in rural communities to access the care that they need. This bill will disproportionately impact rural people, who must already travel long distances to receive services and care. Rural areas have extremely limited, and in many cases no, public transportation options; distances are vast and travel is expensive. Most people will be unable to travel to an SSP every day, further increasing their risks of disease.

I urge you to reject LD219. Thank you for your time.

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Maine Drug Policy Lab at Colby College

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