



March 17, 2025

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

Representative Mastraccio, Representative Fredericks, Senator Harrington, and members of the Health and Human Services Committee, my name is Brian Townsend, and I am the Executive Director of Commonspace. Commonspace offers programs for adults experiencing challenges related to homelessness, substance use, mental health, trauma, and legal system involvement in Greater Portland and in the mid-coast. Our programs included supportive housing, housing supports and navigation, community recovery centers, jail reentry, emergency food and shelter programs, as well as a syringe exchange program within our recovery-focused programs.

I am testifying in strong opposition to LD 219, An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-One Exchange. While I share a strong aversion to syringe litter, and believe that we must enact practices that contribute to our collective safety through its reduction, it is both inaccurate and dangerous to link limit-setting on exchange rates with the goal of reducing syringe litter. **The U.S. Centers for Disease Control and Prevention recognizes that a needs-based model does not result in an increase in syringe litter.** This is a fact that cannot be overlooked.

Limiting exchange will not result in the reduction of syringe litter, but it will result in a public health catastrophe. When participants do not have their syringe access needs met, providers hear reports of the re-use of syringes, of community sharps containers broken into, and of unsafe disposal techniques. The American Medical Association, U.S. Centers for Disease Control, and NASTAD all define a needs-based model of care as meeting best practices for public health policy and provision, and needs-based exchange policy has the overwhelming support of Maine's medical community, including the Northern New England Society of Addiction Medicine. The Pew Charitable Trust has published recommendations for state governments that include the prevention of local limits on syringe distribution by requiring unlimited access to need-based syringe service programs. The study shows this reduces overdose rates and infectious disease and increases the use of treatment.

Given the rural nature of Maine, participants struggle with transportation and geographic isolation from their nearest Syringe Service Program. A needs-based model allows for a participant to access the safe use supplies they need, while eliminating additional barriers due to lack of transportation or transportation costs.

Finally, beyond the public health, safety, and recovery centered reasons for opposing this bill, it should be noted that this bill aims to exert statewide control over local decision-making and value-setting. Mainers care deeply about local control. This bill would impose the will of Augusta on communities throughout our state.

In Lincoln County, Sagadahoc County, and Cumberland County, where Commonsplace operates its programs, our communities are working to maintain effective public health and recovery programs while simultaneously addressing the issue of needle litter. There are solutions, and there is willpower. One community's solution may not be the right solution for another's, but we are certain that all our communities would be harmed greatly by the passage of LD 219.

Sincerely,

Brian Townsend

Brian Townsend, Executive Director

Commonspace