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Testimony in Opposition to

An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-One Exchange – LD 219

March 17th, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and honorable members of the Committee on Health and Human Services. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing Maine's community-based behavioral health agencies who provide much-needed mental health and substance use services to over 80,000 children, adults, and families annually. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in opposition to LD 219, "An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange."

This proposed legislation contradicts decades of evidence-based research and threatens public health by restricting the number of syringes that Syringe Service Programs (SSPs) can distribute. Research consistently shows that limiting access to these critical health services does not reduce drug use—instead, it forces people who inject drugs to reuse syringes, including those found on the ground or in sharps containers. This increases the risk of infections, including abscesses, endocarditis, and the spread of preventable diseases.

As the Centers for Disease Control and Prevention (CDC) states: "Nearly thirty years of research show that comprehensive SSPs are safe and effective, cost-saving, not increasing illegal drug use or crime, and reducing spread of viral hepatitis, HIV, and other infections." The CDC also emphasizes that "SSPs are associated with an estimated 50% reduction in HIV and HCV infections. Transmission is reduced by over two-thirds when combined with medications that treat opioid dependence."ⁱ

Public health experts consistently recommend a needs-based distribution model for syringe distribution. Participants in needs-based programs are half as likely to reuse syringes compared to those in more restrictive ones like the one-for-one model proposed in this bill.

Maine is already facing significant public health challenges. As of 2022, Maine had the highest rate of acute HCV infections in the entire country, as well as one of the highest rates of acute Hepatitis-B Virus as of 2021.ⁱⁱ We have also seen concerning developments in early 2024 and again in early 2025, when the Maine CDC identified

a cluster of new HIV and HCV diagnoses in Penobscot County among people who inject drugs and people experiencing homelessness.

Furthermore, rural Mainers would be disproportionately impacted by restrictions on SSP services. Individuals in rural Maine have longer distances to travel to access SSPs and other healthcare services, with limited transportation options. Many participants will likely be unable to travel to an SSP daily, which makes restrictions on syringe exchange even more harmful.

I respectfully urge the committee to oppose LD 219 and instead support alternative evidence-based approaches that will effectively address community concerns while protecting public health, such as the ones you've heard from others about today. Public health policies must be guided by science, not stigma or misinformation.

Thank you for the opportunity to provide testimony this afternoon issue. I would be happy to answer any questions from the Committee.

Respectfully,



Adam Bloom-Paicopolos, MPP
Executive Director

ⁱ U.S. Centers for Disease Control and Prevention. *Syringe Services Programs*. February 2024.
(<https://www.cdc.gov/syringe-services-programs/php/index.html>)

ⁱⁱ U.S. Centers for Disease Control and Prevention. *2022 Viral Hepatitis Surveillance Report*. October 2024.
(<https://www.cdc.gov/hepatitis-surveillance-2022/hepatitis-c/figure-3-2.html>)