



Testimony of Bridget Rauscher, Public Health Director of the City of Portland,
In Opposition to
**LD 219, An Act to Limit Hypodermic Apparatus Exchange Programs to a
One-for-one Exchange**
Before the Joint Standing Committee on Health and Human Services

Senator Ingwerson, Representative Meyer, and Distinguished Members of the Joint Standing Committee Health and Human Services, my name Bridget Rauscher, Public Health Director of the City of Portland and I am here in opposition to LD 219 on behalf of the City. Portland, Maine's largest city, is home to nearly 70,000 Mainers and a vibrant center for business, the arts, and tourism. The City of Portland opposes this proposal because it presents a barrier to ongoing public health efforts and the State does not need to choose between needle waste and keeping people safe.

LD 219 would reinstate a 1:1 syringe exchange policy for Maine's certified Syringe Service Programs (SSPs).

A state mandated restrictive 1:1 exchange policy risks public health because research consistently shows that limiting access to these critical health services does not reduce drug use. Rather, it encourages people who inject drugs to reuse syringes, including those found on the ground or in sharps containers. This increases the risk of infections, including Hepatitis C, HIV, abscesses, endocarditis, and the spread of preventable diseases. Because this is well-documented public health research, I will address alternative ways to address needle waste, which has been at the heart of this discussion in Portland.

The residents and businesses of Portland do not want syringes on the sidewalks, in parks, and near schools. However, we do not believe mandating a restrictive 1:1 exchange is the best way to reduce syringe waste.

Because Portland has wrestled with syringe waste, we have good experience with approaches to encourage safe disposal and needle management that do not compromise public health or counter the science of harm reduction. For

example, Portland implemented a syringe services operational improvement plan in the fall of 2024 to decrease the number of improperly discarded syringes and address the community's safety concerns. As covered in our recent health and human safety committee meeting, an ongoing needle buyback pilot program has dramatically increased the return of needles – 58% more needles have been returned than in the six weeks before the program began, and we've also observed a decrease in needle waste on the streets.¹

As our efforts demonstrate, we can do more to address waste while also keeping our populations safe from HIV/Hep C and other viral infections. For example, our syringe redemption program has seen significant results:

- **76% reduction in observed improperly disposed syringes by exchange staff.** 1,677 improperly discarded syringes were collected by city staff in the six weeks before the program, decreasing to 387 improperly discarded syringes in the six weeks after the program.
- **156 unique clients enrolled** in the program.
- **38,252 syringes** have been collected between January 14 and February 21, with \$3,852 paid out to participants.
- **58% increase** in syringes collected at the exchange overall in the six weeks following the program start (76,554 pre-program vs. 120,793 post-program).
- **19% (42 encounters)** returned more than **200 syringes**, exceeding the maximum weekly redemption amount.
- **34% (76 encounters)** involved clients collecting syringes from the ground, with 56 specifying a location.

The City of Portland opposes LD 219 because we know that there are actionable solutions to the problem of needle waste that do not run counter to public health efforts.

I respectfully urge you to oppose LD 219. Thank you for your time today and for your consideration.

¹ Grace Benninghoff, *Portland Reports Significant Success in Needle Buyback Program*, PORTLAND PRESS HERALD, Mar. 13, 2025, <https://www.pressherald.com/2025/03/13/portland-reports-significant-success-in-needle-buy-back-program/>.