

March 17, 2025

Senator Ingwersen, Representative Meyer, and Honorable Members of the Health & Human Services Committee, I respectfully submit testimony in opposition to **LD 219; *An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange***

My name is Catherine Ryder, and I am a resident of Windham, Maine. I am also the mother of an adult child who died by overdose and a career behavioral health professional, currently working for Spurwink Services as the Senior Director of Strategic Initiatives. I am here to testify against **LD 219**, which proposes to restrict the number of syringes that CDC-certified syringe service programs (SSPs) can distribute. This bill directly contradicts decades of evidence-based public health research and poses a significant threat to community health and safety across Maine.

The level of risk in our client population continues to rise. Those seeking services from our programs often have histories that include significant trauma, co-occurring mental health, and substance use disorders. We watched overdose deaths grow exponentially over the years, most notably during the COVID pandemic, and finally begin to trend down this past year. We are hopeful this is in part due to the efforts of our state leadership, and harm reduction programs such as ours that include syringe exchanges.

Each contact, and I can't say this strongly enough, ***EACH CONTACT***, is an opportunity to make a connection, plant seeds of contemplation, and potentially facilitate someone's choice to move toward recovery. Even if that is not the case, we are building relationships, providing education and clean supplies, all of which bring hope for another day of life. Our values of harm reduction promote an environment of no judgement, an opportunity to talk openly about how life might or could be different when each individual is ready to take the next step. The CDC reports that "people who access a syringe service program while in active addiction are 5 times more likely to enter recovery than people who do not", and we have seen this bear fruit, often as a direct correlation to the relationships of trust that have been nurtured over time.

At Spurwink we can "connect the dots" to organizations and resources across the community to include EMS, primary care, behavioral health, and other basic needs, working with our partners to build a "Recovery Ready Community". The flexibilities that were afforded to us during the pandemic have proven invaluable. As an example, many of our clients have no ability to drive and rely on others to pick up their clean supplies. 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.

In line with best public health practices, we are urging lawmakers to advance legislation this session that will reduce improperly discarded syringes without compromising health and public safety. Later this session, two bills will be heard that seek to support safe disposal and waste management efforts statewide without causing harm to SSP participants and other community members.

Representative Rana of Bangor has introduced two alternative policy solutions that do not threaten public safety.

- ❖ One bill establishes a grant program administered by the Maine CDC to support safe disposal of syringes and medical waste. Grants will fund disposal containers, proper waste management, staffing, and public education efforts.
- ❖ The other bill provides certified SSPs greater flexibility to operate additional locations within the same county as the SSP, ensuring safe collection, storage, and disposal of used syringes. The certified program must provide monthly data to the Maine CDC on the number of syringes collected and disposed of, and any other additional data requests. Allowing the flexibility that was available during the pandemic for SSPs to operate ensures greater access to services for rural neighbors who have further to travel to brick-and-mortar locations, and to our unhoused community following sweeps.

Other Considerations:

- ❖ **Public health experts recommend a needs-based distribution model for syringe distribution.** The federal CDC recommends a needs-based distribution model for syringe distribution, given it reduces disease transmission and unsafe injection practices, while enhancing participant trust and engagement. Participants in needs-based programs are half as likely to reuse syringes compared to those in restrictive ones. A one-for-one distribution model is considered restrictive.
- ❖ **At best, it is a misconception that needs-based SSP distribution models increase the number of improperly discarded syringes. At worst, it is an intentional fear-based tactic.** Needs-based models are not associated with an increase in improperly discarded syringes out in the community. SSPs promote the safe disposal of used syringes by providing sharps containers, drop boxes, and community clean-ups.
- ❖ **Limiting access to sterile syringes will increase the transmission of infectious diseases.** Restrictive syringe access policies are associated with unsafe use practices and higher rates of HCV and other bloodborne infections. As of 2022, Maine had the highest rate of acute HIV infections in the entire country, as well as one of the highest rates of acute Hepatitis- B Virus as of 2021.
- ❖ **Diseases from bloodborne infections are costly to treat.** Limiting access to sterile syringes will increase the risk of developing soft tissue infections and other costly medical conditions, such as infective endocarditis (heart infections) and osteomyelitis (bone infections) that require several weeks of antimicrobials. Furthermore, there is a workforce shortage of physicians specializing in infectious diseases. We simply cannot afford the healthcare costs associated with LD 219.
- ❖ **Rural Mainers would be disproportionately impacted by restrictions on SSP services.** Participants in rural Maine have longer distances to travel to get to SSPs and other healthcare services, and there are limited transportation options. Many participants will unlikely be able to travel to an SSP everyday which makes restrictions on syringe exchange even more harmful.
- ❖ **We have already seen public health consequences as a result of limiting access to syringes.** In early 2024 and spiking again in early 2025, the Maine CDC identified a cluster

of new HIV and HCV diagnoses in Penobscot County among people who inject drugs (PWID) and people who are homeless. This HIV cluster may be linked to the disruption of SSP services that Bangor has experienced in the last year, including the closure of Bangor's largest provider.

- ❖ **A 1:1 distribution model puts SSP participants and staff at an increased risk of accidental needle sticks.** Even with safety measures, having to hand count every syringe that comes into a SSP is dangerous. Further, if a participant returns syringes that were used by other people, there is an added risk that any accidental stick could result in the transmission of an infectious disease.
- ❖ **Maine has seen a significant decrease in overdose deaths in the last few years.** The expansion of evidence-based harm reduction services, including SSPs, is a significant contributing factor.
- ❖ **These bills will support communities with reducing syringe waste.** Grants will help municipalities, nonprofits, and healthcare providers ensure safe disposal, reducing the presence of improperly discarded syringes in public spaces.
- ❖ **These bills support a cost-effective public health strategy.** Investing in proper disposal infrastructure is more affordable than treating infections and injuries caused by limiting access to sterile syringes. SSPs help lower the financial burden on EMS and healthcare providers.
- ❖ **Expanding access to lifesaving public health services benefits everyone.** Greater flexibility allows SSPs to reach more people, which will reduce the spread of infectious diseases, provide more opportunities to connect people with services, and ensure that more syringes are properly disposed of.
- ❖ **Enhancing public education is conducive to more proper disposal.** Funding for educational efforts ensures that individuals know how and where to dispose of used syringes, promoting safer practices.

It is my hope that we will continue to provide evidence-based care for those we serve, and whenever possible, support and facilitate their journey to recovery. LD 219 would undo some of this progress and put lives at risk. I urge you to oppose this bill and instead support policies that are grounded in science, not personal beliefs.

In Service,

Catherine

Catherine R. Ryder, LCPC, NCC, MS
Senior Director of Strategic Initiatives
Spurwink Services, Inc.