Good MORNING/AFTERNOON Chairman Ingwersen, Representative Chair Myer and members of the Health and Human Services Committee. My name is Andrea Truncali. I am a primary care physician with specialties in Addiction Medicine and Public Health. I practice and live in Portland, and my family, including three children, and enjoy the public spaces available in our State. I care about all sides of this situation.

As I asked the Portland City Council to do several months ago, I am hoping you will engage in a brief thought experiment. Imagine for a moment if people needing chemotherapy were asked to dispose of their own chemotherapy IV bags. And those bags and their residual liquids were making their way into non hazardous waste and for argument's sake into our water supply. And the patients and their providers told us it was happening because they didn't have the resources to get the bags to biohazard recycling. They said, "we need more containers, we need a convenient place to bring them or mail them when we are too sick to leave the house" – if they have one. If that happened, would you say, "Sorry, we are just going to limit chemotherapy to one cycle – even though you need three, because we don't want to put more resources into this on the front end to help with disposal" (even though this will cost more in the long run.)… "And we think you can change your behavior though you have a deadly illness with a biologic basis that says it's not that simple."

That is not a perfect metaphor but it does help us to recognize when our decisions are being influenced by stigma, and the nature of an illness that we may have a hard time understanding from the outside. I often test my own decision making with these kind of analogies.

I started practicing here in Maine 13yrs ago and have seen us come so far in treating addiction. Treatment is more available than ever, the public and law enforcement's recognition that addiction is disease has grown. And in 2022 syringe exchange expanded FROM a 1:1 TO a needs-based policy. This put Maine's program in alignment with scientific evidence and recommendations of the CDC and other medical organizations. A 1:1 ratio **will** increase healthcare costs and the transmission of infectious disease -- and with a recent HIV cluster in Penobscot county and Maine's standing as #1 in the country for new Hepatitis C infection, Maine should be all the more hesitant about a backwards move like that which LD219 proposes.

There are a number of reasons someone using drugs may not properly dispose of used syringes, including and especially, limited access to disposal. Expecting people who are often impoverished and ill to hold onto used syringes and return them to sometimes distant sites as a 1:1 exchange demands is not viable. And while doing this may reduce syringe litter it will increase the number of skin and soft tissue infections that fill hospitals, as well as put a multiplier on transmission of diseases like HIV and viral hepatitis.

The medical literature provides some evidence towards alternatives, including how increasing access to drop boxes and mail return can be effective in getting syringes off the streets. One study shows that syringe litter increases with distance from a drop box. This makes perfect sense, especially among a population that may have limited transportation options, concerns about encountering law enforcement, and impaired wellbeing and function- issues exacerbated in rural communities. Syringe buyback is another promising approach.

What about cost? One **day** in an ICU costs an estimated $7-11,0000. The cost of an organized system for syringe disposal will come nowhere near the cost of even a few additional ICU admissions for injection associated infections. Or one additional person who needs lifetime treatment for HIV.

Maine residents don't want to have syringe litter on their streets and parks. But, Committee members, you are being presented with a false choice about how to address that. You don't have to fly in the face of scientific evidence, and interfere with what is effectively medical care, when you can instead support adequate syringe disposal options that will benefit all of us.

I ask you to please vote AGAINST LD219. Thank you.

Selected References:

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LD 219
Submitted previously, however, minor edits here.