March 17, 2025

Dear Maine law makers,

I am writing in opposition to LD 219, which would restrict syringe service programs in Maine to one-for-one (1:1) syringe exchange. There is robust scientific evidence supporting need-based approaches, which allows SSP staff to provide participants with the number of syringes they request, over 1:1. In addition to being more effective in reducing HIV and HCV infection rates than 1:1 exchange,^{2,4,5,6} Centers for Disease Control research has shown increasing the number of syringes distributed per SSP participant is associated with an increased likelihood of safe syringe disposal.³ While measures like LD 219 may be intended to reduce needle waste, research suggests the opposite is more likely.

The public health benefits of SSPs heavily depend on the ability of their staff to develop and maintain relationships with the people they serve. Many people who use drugs have extensive histories of poor treatment by traditional health and human services organizations.^{3,8} The trust SSP staff build with them by providing low barriers access to resources like syringes, naloxone, and other safe use supplies are a vital part of the relationship-building that increase SSP clients' receptivity to referrals to additional services. Over the last several years, I've had the opportunity to interview staff in Maine's certified syringe service programs as part of my work with the Maine Naloxone Distribution Initiative. In interviews conducted in both 2021 and 2023, SSP representatives described the shift from 1:1 to need-based exchange that happened during COVID-19 as essential to the wellbeing of the people they serve.

When public needle waste is the central concern, increasing access to safe disposal options is the best solution.⁸ In practice, this may mean increasing public access to biohazard disposal containers or sites, such as SSPs, where means for safe syringe disposal already exist.

LD 219 will increase preventable harm to people who use drugs. Instead, I encourage lawmakers to support the alternative solutions offered by Representative Rana. In contrast to LD 219, Representative Rana's proposals are evidence-based and protective of both public health and the wellbeing of people who use drugs in our communities.

Best, Elizabeth M. Armstrong, PhD, MSW Associate Professor & Director University of Maine School of Social Work

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