



Joint Standing Committee on Health and Human Services
Testimony in Opposition to L.D. 219, *An Act to Limit Hypodermic Apparatus Exchange
Programs to a One-for-one Exchange*
By Heide Lester on behalf of EqualityMaine

March 17, 2025

Dear Senator Ingwersen, Representative Meyer, and distinguished members of the Committee on Health and Human Services,

My name is Heide Lester, and I am the Deputy Director of EqualityMaine, which has been advocating on behalf of Maine's LGBTQ+ community since 1984. We oppose L.D. 219 because public health experts recommend a needs-based distribution model for syringe distribution. The evidence shows that this is the best practice for reducing new HIV and viral hepatitis infections, and that restrictive syringe access policies, such as limiting programs to a one-for-one exchange, are associated with higher injection risk behaviors and higher rates of HIV and other bloodborne infections.¹ It is additionally proven that increasing the number of syringes available is associated with lower odds of HIV risk and does not increase the likelihood of unsafe syringe disposal.²

Communities across Maine are facing a growing challenge: improperly disposed syringes in public spaces. However, limiting access to critical health services does not reduce drug use, but rather 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 early 2024 and again in early 2025, the Maine CDC identified a cluster of new HIV and HCV diagnoses in Penobscot County among people who inject drugs and people who are unhoused.³ This HIV cluster may be linked to the disruption of syringe services programs that Bangor has experienced in the last year, including the closure of Bangor's largest provider.

LGBTQ+ people have higher rates of substance use and substance use disorders compared to non-LGBTQ+ people: LGB adults are nearly twice as likely as heterosexual adults to experience a substance use disorder,⁴ and transgender people are almost four times as likely as cisgender

¹ "Needs-Based Distribution at Syringe Services Programs." *Centers for Disease Control and Prevention*, stacks.cdc.gov/view/cdc/112935

² Bluthenthal, Ricky N, et al. "Higher Syringe Coverage Is Associated with Lower Odds of HIV Risk and Does Not Increase Unsafe Syringe Disposal among Syringe Exchange Program Clients." *Drug and Alcohol Dependence*, U.S. National Library of Medicine, 10 July 2007, [pmc.ncbi.nlm.nih.gov/articles/PMC2562866/#S20](https://pubmed.ncbi.nlm.nih.gov/articles/PMC2562866/#S20).

³ "Division of Disease Surveillance." *Penobscot County 2024 HIV Outbreak - Disease of Disease Surveillance - MeCDC; DHHS Maine*, www.maine.gov/dhhs/mecdc/infectious-disease/epi/hiv-cluster.shtml.

⁴ Bastian Rosner et al. "Substance Use among Sexual Minorities in the US - Linked to Inequalities and Unmet Need for Mental Health Treatment? Results from the National Survey on Drug Use and Health (NSDUH)." *Journal of Psychiatric Research*, Pergamon, 17 Dec. 2020, [sciencedirect.com/science/article/pii/S0022395620311316](https://www.sciencedirect.com/science/article/pii/S0022395620311316).

people to experience a substance use disorder.⁵ Additionally, transgender and gender-expansive people who cannot access legal hormones may use street hormones. Because the hormones they are using aren't prescribed, they lack access to syringes. Sharing syringes to inject street hormones carries the same risk of transmission of HIV and other blood-borne illnesses as sharing syringes to inject drugs.⁶

Investing in proper disposal infrastructure is more affordable than treating infections and injuries caused by limiting access to sterile syringes, and therefore a far better investment. We urge you to vote "Ought Not To Pass" on L.D. 219 and instead advance legislation this session that will help communities with reducing syringe waste without compromising health and public safety. Effective public health policies must be guided by science, not fear or misinformation.

Thank you,

Heide Lester (they/them)

⁵Wanta, Jonathon W., et al. *Transgender Health*, Nov. 2019, [liebertpub.com/doi/pdf/10.1089/trgh.2019.0029](https://doi.org/10.1089/trgh.2019.0029).

⁶ "LGBTQ People and Syringe Services Programs." *National LGBTQ Task Force*, hivlawandpolicy.org/sites/default/files/Syringe%20Access%20LGBT%20Fact%20Sheet.pdf