

James Berry
Northern New England Society of Addiction Medicine
LD 1078

March 24, 2025

Testimony in support of LD 1078 An Act to Support Maine's Public Health Objectives by Increasing Access to Hypodermic Apparatus Exchange Programs

Dear Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services:

I am James Berry MD, a semi-retired family physician with a subspecialty in addiction medicine, living in Portland and working in Biddeford and several county jails. I am testifying on behalf of my national professional organization, the American Society of Addiction Medicine, and its local chapter, the Northern New England Society of Addiction Medicine, of which I am a past president. This chapter represents physicians and other medical providers in Maine, New Hampshire, and Vermont who treat substance use disorders as part of their practices.

Syringe service programs (SSPs) are a key element of the harm reduction approach to substance use disorders which we fully support as a means of reaching those who continue to use and are not in a recovery program. The benefits of these programs are outlined in our previous testimony in opposition to LD 219 and by others testifying today.

Enactment of LD1097 will improve their reach and effectiveness of existing SSPs. It will permit multiple fixed sites, but more importantly, would allow for a mobile SSP unit to travel to outlying sites to deliver injection supplies, Naloxone, and other harm reduction services on a fixed schedule, perhaps weekly, as long as the sites meet with the requirements noted in the bill. This approach has been widely adopted in many US cities. They have found lessened stigma and greater client and community acceptance at the mobile sites, since a fixed, permanent SSP is more apt to be associated with negative reactions to substance users by community residents and the clients themselves. A temporary site operating out of the back of a van a few hours a week is more anonymous and less visible than a permanent site.

Mobile services offer a means for delivery of syringes and other support services to our dispersed and rural population. Many, I expect most, of Maine's injection drug users do not live near an existing SSP site and will benefit from flexible alternatives for accessing care.

No state funding is being requested. Savings from prevented hepatitis, endocarditis, and HIV will far exceed the cost of providing expanded harm reduction services, however they are funded.

The members of the Northern New England Society of Addiction Medicine (NNEASAM) urge your support for LD1078.

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