



Committee on Health and Human Services
Testimony in Support of L.D. 1078, *An Act to Support Maine's Public Health Objectives
by Increasing Access to Hypodermic Apparatus Exchange Programs*
By Heide Lester on behalf of EqualityMaine

March 24, 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 support L.D. 1078 because allowing for syringe service programs (SSPs) in Maine to have greater flexibility with where they physically operate will prevent the spread of infectious diseases, ensure proper syringe disposal, and connect individuals with services.

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,¹ and transgender people are almost four times as likely as cisgender people to experience a substance use disorder.² These disparities can be attributed to discrimination, the pressures of minority stress, and lack of access to healthcare.³ Additionally, transgender and gender-expansive people who cannot access legal hormones may use street hormones, that is, hormones like estrogen or testosterone obtained without a prescription, often from online sources or informal networks. Because these hormones aren't prescribed, people using them 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.⁴

Currently, SSPs are operating under "regular" Maine CDC administrative rules, which means they are only permitted to operate at the specific locations where they are certified. This limitation – particularly in a rural state like Maine where many people face transportation challenges – can force 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,

¹ 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).

²Wanta, 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).

³ Paschen-Wolff, Margaret M., et al. *Substance Abuse Treatment, Prevention, and Policy*, Jan. 2024, [doi:10.1186/s13011-023-00581-8](https://doi.org/10.1186/s13011-023-00581-8).

⁴ "LGBTQ People and Syringe Services Programs." *National LGBTQ Task Force*, hivlawandpolicy.org/sites/default/files/Syringe%20Access%20LGBT%20Fact%20Sheet.pdf

endocarditis, and the spread of preventable diseases. In fact, in early 2024 and again in early 2025, Maine CDC identified a cluster of new HIV and HCV diagnoses in Penobscot County among people who inject drugs and people who are unhoused.⁵ It is important to recognize that many people who rely on SSPs face major access barriers due to transportation challenges, discrimination, and geographic isolation, and this is especially true in rural areas where harm reduction services are currently scarce or nonexistent.

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 are associated with higher injection risk behaviors and higher rates of HIV and other bloodborne infections.⁶ 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.⁷ By extension, allowing an SSP to operate additional locations/days/times within the same county where they are certified, based on the needs of the community, will expand access to sterile syringes.

Communities across Maine are facing a growing challenge: improperly disposed syringes in public spaces. By allowing SSPs to operate additional locations within their county of certification, people will be able to safely dispose of their used syringes. Additionally, the investment in increased access to SSP services will not only reduce disease transmission but is cost-effective, and far more so than the treatment of preventable infections and injuries. We urge you to vote “Ought To Pass” on L.D. 1078 and advance this legislation that will help communities with reducing syringe waste and ensure that SSP efforts are more responsive, equitable, and effective in reducing harms associated with injection drug use.

Thank you,

Heide Lester (they/them)

⁵ “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.

⁶ “Needs-Based Distribution at Syringe Services Programs.” *Centers for Disease Control and Prevention*, stacks.cdc.gov/view/cdc/112935

⁷ 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).