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Testimony of the Maine Center for Disease Control
Maine Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In opposition to LD 219, *An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange*

Sponsor: Representative Mastraccio of Sanford.
Hearing Date: March 17, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Dr. Puthiery Va, and I serve as the Director of the Maine CDC at the Maine Department of Health and Human Services. I am here to testify in opposition of LD 219, *An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange.*

LD 219 limits the number of hypodermic apparatuses, hereafter referred to as syringes, that may be exchanged by a hypodermic apparatus exchange program, hereafter referred to as syringe service programs (SSPs) certified by the Maine CDC, to one syringe per participant for each syringe exchanged by that participant, or a one-to-one exchange.

Maine CDC opposes LD 219 because it proposes to return Maine to a one-to-one syringe exchange policy in place of the one-to-one plus model currently used by certified SSPs. The recognized best practice supports a needs-based syringe distribution model in which individuals receive as many sterile syringes as they need to avoid reusing syringes or sharing syringes.

The proposed language is not supported by evidenced based practice, would limit access, and increases infectious disease transmission risk including HIV and Hepatitis C. The bill's narrow focus on syringe exchange limits access to individuals who do not have a syringe to exchange. Thus, it is unclear if those individuals will be provided with services including a sterile syringe should a 1:1 model be enforced. Also, restricting access to sterile syringes will inadvertently increase the risk of individuals reusing or sharing syringes resulting in potential disease transmission and challenges public health disease control efforts.[1] Lastly, a 1:1 model will most likely restrict access to associated needed services, beyond a sterile syringe itself, such has lifesaving naloxone by increasing stigma, decreasing trust, and decreasing engagement with programs.

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1 Turner-Bicknell T. Implementing best-practice with a local syringe service program: Needs-based syringe distribution. Public Health Nursing. 2021 Jan;38(1):85-92. doi: 10.1111/phn.12823. Epub 2020 Oct 20. PMID: 33084122.

For background, in 2022, Maine adopted the *one-to-one plus* (1:1+) syringe exchange model, which is a middle ground between needs-based distribution and one-to-one syringe exchange. Executive Order 27 FY 19/20 temporarily suspended the 1:1 syringe exchange limit, and, subsequently, according to adopted rules, Maine has continued a distribution model that permits SSPs to distribute syringes outside of a 1:1 ratio syringe exchange. The Department adopted rules that allow a participant to receive as many sterile syringes as the number of syringes the participant presents to the SSP and up to a maximum 100 syringes per encounter. The participant who does not have a used syringe to exchange is still able to receive a syringe through the SSP. The SSP may further limit the number of syringes dispensed based on policy. (22 MRS 1341(1)(A)).

The current 1:1+ model has increased referral services uptake among program participants. In 2023, Maine SSPs conducted over 26,000 referrals, which has been the largest number of referrals reported. Active participation in syringe service programs is also important as programs are able to distribute other important materials and services including naloxone, wound care kits, and drug checking such as xylazine and fentanyl test strips. Distribution of naloxone and drug checking services and test strips helps reduce potential overdose and reduce deaths related to overdose. In the same year, Maine saw one of the largest decreases of overdose deaths in the United States, attributable, in part, to SSPs that ensure individuals who most need naloxone are equipped with it.

Evidence shows that SSPs support harm reduction, including:

- SSPs reduce infections of HIV and hepatitis C or HCV by 50%.[2]
- SSPs are cost-effective:[3]
    - Estimated cost for providing health care service for people living with chronic hepatitis C is about $15 billion annually.
    - Estimated lifetime cost of treating one person living with HIV is about $510,000.
- People who use SSPs are 5 times more likely to enter drug treatment and 3 times more likely to report a reduction in injection frequency.[4]

In recent years, Maine has had the highest rates of hepatitis B and C.

- In 2024, Maine identified an HIV outbreak in Penobscot County among people who inject drugs. The outbreak includes 15 people, all of which are coinfected with hepatitis C. The individuals affected in this HIV outbreak are people who are unhoused and/or have injected drugs.
- From 2020 to 2022, Maine had the highest case rate of acute hepatitis C in the United States.[5]

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[2] Centers for Disease Control and Surveillance. Syringe Service Programs. https://www.cdc.gov/syringe-services-programs/php/index.html

[3] Centers for Disease Control and Surveillance. Safety and Effectiveness of Syringe Service Programs. https://www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html

[4] Centers for Disease Control and Surveillance. Syringe Service Programs. https://www.cdc.gov/syringe-services-programs/php/index.html

[5] https://www.cdc.gov/hepatitis/php/statistics-surveillance/index.html

- In 2020 and 2021 Maine had the second highest case rates of acute hepatitis B in the United States. In 2022, Maine had the third highest case rates of acute hepatitis B.
- In Maine's 2023 surveillance reports, for acute hepatitis C cases, 68% were people who injected drugs and 48% were individuals who used non-injection drugs.[6] For acute hepatitis B cases, 33% were people who injected drugs and 28% were people who used non-injection drugs.[7]

Hepatitis B and C and HIV are transmitted through blood exposure. Hepatitis B and C cases in Maine experience injection drug use and non-injection drug use as primary risk factors. Injection drug use is a primary risk factor in the Penobscot County HIV outbreak and for hepatitis B and C cases. Access to sterile syringes and other drug injection equipment is a priority for mitigating these public health concerns.

The Department recognizes and shares the view of some communities that syringe waste is a public health concern. Syringe distribution restrictions are sometimes proposed to address the problem of improperly discarded needles. However, researchers report there is a lack of evidence to suggest that distribution restrictions remove burdens of improper needle disposal[8]. Conversely, distribution restrictions are known to result in an overall reduction in the number of sterile needles in circulation and impose increased risks for people who use drugs.

To conclude, Maine CDC opposes LD 219 because we believe it may inadvertently create greater health risks for an already highly vulnerable population. Further, evidence indicates that limiting the supply of sterile syringes alone does not eliminate the presence of syringe waste and can have negative impacts on the effectiveness of SSPs. Given this, Maine CDC welcomes any opportunity to explore evidence-based disposal options with assistance from harm reduction experts, increase education on proper disposal, increase the availability of biohazard waste containers that individuals may take home to dispose of at home, and implement other successful programs to address syringe waste. In the interest of public health, the Maine CDC respectfully requests the Committee consider evidence-based best practices and vote LD 219 ought not to pass. Restricting harm reduction practices without clear evidence for these restrictions is not good public health practice.

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.

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[6] Maine CDC. Acute Hepatitis C Maine Surveillance Report 2023
https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/documents/2023-HCV-SR.pdf
[7] Maine CDC. Acute Hepatitis B Maine Surveillance Report 2023.
https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/documents/2023-HBV-SR.pdf
[8] https://www.uvic.ca/research/centres/cisur/assets/docs/report-needle-exchange-evidence-brief.pdf

Appendix

Androscoggin County		
Spurwink Community Recovery Harm Reduction Services website: https://spurwink.org/ Hours: Monday-Friday 9am-5pm	1155 Lisbon Street Lewiston, ME 04240	(207)-344-1934
Church of Safe Injection website: www.churchofsafeinjection.org Call ahead for hours	195 Main Street Lewiston, ME 04240	(207) 241-2537

Cumberland County		
Commonspace Website: https://www.commonspacemaine.org	103 India Street Portland, ME 04101	(207) 773-1956
Portland Public Health Syringe Service Program ("The Exchange") Website: www.portlandmaine.gov Hours: Monday-Friday 9am-4pm	39 Forest Ave. Portland, ME 04101	(207) 756-8022
Church of Safe Injection website: www.churchofsafeinjection.org Call ahead for hours	800 Main Street, Westbrook, ME 04092	(207) 241-2537

Franklin County		
Franklin County Syringe Exchange website: Hours: 1st, 3rd and Last Wednesday of the Month 11am-3pm	105 Mt, Blue Circle, Suite 1, Farmington ME 04938	(207)-778-1015
Franklin County Syringe Exchange website: Hours: 2nd Wednesday of the Month 11am-3pm	78 North Main Street, Strong, Maine 04983	(207)-778-1015

Hancock County		
Health Equity Alliance (HEAL) Website: www.mainehealthequity.org Call ahead for hours	5 Long Lane #1 Ellsworth, ME 04605	(207) 667-3506

Kennebec County		
MaineGeneral Website: www.mainegeneral.org Hours: MTuTh: 8:30-4:30p, W: 11-4:30p, F-12:30-4:30p	9 Green Street, 2nd Floor Augusta, ME 04330	(207) 621-3768
MaineGeneral Website: www.mainegeneral.org Hours: MW: 8:30-4:30p, TuTh: 12:30-4:30p, F: 10-4:30p	Thayer Center for Health 149 North Street, Terrace Level, Room 0243 Waterville, ME 04901	(207) 861-5288

Oxford County		
Maine Access Points Website: www.maineaccesspoints.org Call ahead for hours	218 Penobscot St, Rumford, ME 04276	(207) 319-8284
Church of Safe Injection website: www.churchofsafeinjection.org Call ahead for hours	Rumford	(207) 241-2537

Penobscot County		
Health Equity Alliance (HEAL) Website: www.mainehealthequity.org Call ahead for hours.	304 Hancock St, Suite 3B Bangor, ME 04401	(207) 990-3626
Wabanaki Public Health and Wellness Website: https://wabanakiphw.org/departments/healing-and-recovery/harm-reduction-services/ Monday - Friday 8:30 am – 4:30 pm.	157 Park St Suite 23 Bangor, ME 04401	(207) 299-6378
Needlepoint Sanctuary Website: Office @ UU Church, 120 Park St, Bangor 04401 Call ahead for hours.	Services @ Camp Hope in Bangor	(207) 299-6378

Piscataquis County		
Needlepoint Sanctuary Website: Call ahead for hours.	38 E Main St, Milo, ME	(207) 505-1510

Washington County		
Maine Access Points website: www.maineaccesspoints.org Call ahead for hours.	Waterfront Pier, Calais, ME 04619	(207) 319-0094
Maine Access Points Website: www.maineaccesspoints.org Hours: Wednesdays 12pm-4pm Thursdays 12pm-4pm.	25 Main Street Unit #15, Machias, ME 04654	(207) 319-0094
York County		
Maine Access Points website: www.maineaccesspoints.org Hours: Wednesdays 12pm-4pm Fridays 11am-2pm	840 Main St, Sanford, ME 04073	(207) 370-4782