

TESTIMONY OF MICHAEL KEBEDE, ESQ.

Ought To Pass - LD 1909

An Act To Remove Restrictions on Syringe Service Programs
Submitted to the

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

February 1, 2022

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, greetings. My name is Michael Kebede, and I am Policy Counsel at the ACLU of Maine, a statewide organization committed to advancing and preserving civil liberties in Maine. On behalf of our members, I urge you to support LD 1909, as it will remove barriers to health care provided by syringe service providers in our state.

For more than 20 years, the ACLU has worked to remove barriers and increase access to Syringe Service Programs (SSPs) across the country. Last year, the ACLU of Maine joined in a broad coalition to undo one of those barriers by decriminalizing the possession and exchange of syringes. Removing criminal penalties helped move our drug laws away from punishment so that people were less afraid to seek out the health care they needed.

We support this bill for similar reasons. The rules that currently govern SSPs are outdated, arbitrary, and not supported by science. They also lead to worse health outcomes. The U.S. Center for Disease Control and Prevention points out that “restrictive syringe access policies are associated with higher injection risk behaviors and higher rates of HIV and other bloodborne infections” and calls Maine’s 1-for-1 requirement “the most restrictive approach to syringe distribution.”¹ This “most restrictive approach” erects unnecessary barriers to care and endangers lives through the transmission of bloodborne infections.

We can see the result of this approach in our state’s blood-borne infectious disease rates: Maine’s rate of acute Hepatitis B infection is more than twice the national

¹ U.S. Center for Disease Control and Prevention, Needs-Based Distribution at Syringe Services Programs (2020), <https://www.cdc.gov/ssp/docs/CDC-SSP-Fact-Sheet-508.pdf>.

rate.² In 2020, Maine saw a 69 percent increase in acute Hepatitis A diagnoses over the previous year,³ and in 2019 it saw a 51.3 percent increase in Hepatitis C diagnoses over the previous year.⁴ People in our state are getting sicker and our outdated rules are standing in the way of their getting better.

Intravenous drug use is a highly individualized experience. The number of syringes needed to consume drugs safely varies from person to person, as does the ability to access SSPs regularly. The people who work at SSPs are in the best position to decide in consultation with their clients what their clients' needs are. Arbitrary caps on the number of needles that can be distributed or one-for-one exchange requirements unnecessarily impede the ability to provide people with the health care they need.

In order to remove arbitrary barriers to the health care that so many people in Maine need, we urge you to vote ought to pass on LD 1909.

² Maine Department of Health and Human Services, Maine Surveillance Report Acute Hepatitis B (2019), <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hepatitis/documents/2019-HBV-Acute-SR.pdf>.

³ Maine Department of Health and Human Services, Maine Surveillance Report Acute Hepatitis A (2020), <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hepatitis/documents/2020-HAV-Acute-SR.pdf>.

⁴ Maine Department of Health and Human Services, Maine Surveillance Report Acute Hepatitis C (2019), <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hepatitis/documents/2019-HCV-Acute-SR.pdf>.