

MaineHealth Local Health Systems

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Waldo County General Hospital
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Hospital of Portland
St. Mary's Health System

Testimony of Debra Poulin, LCSW, CCS, MaineHealth In Support of LD 994, An Act To Promote Public Health by Eliminating Criminal Penalties for Possession of Hypodermic Apparatuses April 21, 2021

Senator Deschambault, Representative Warren, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety, my name is Deb Poulin, Senior Director of Substance Use Treatment and Prevention Programming at Maine Behavioral Healthcare, and I am here today to testify in support of LD 994, “An Act To Promote Public Health by Eliminating Criminal Penalties for Possession of Hypodermic Apparatuses.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

Over the past two decades, the US has watched the number of deaths related to overdose, most often through the use, misuse, and injection of prescription and illicit opioids trend staggeringly upward. The onset and continuation of the pandemic has only worsened the substance use related death statistics. According to the Office of the Maine Attorney General, 504 people in Maine died of overdose in 2020 and the numbers thus far for 2021 indicate that Maine will exceed that number in 2021.

There is another, quieter, but no less impactful public health crisis related to injection drug use and that is the exponential increase in the spread of infectious disease. Increases in injection drug use have led to outbreaks of human immunodeficiency virus (HIV) and higher rates of infections transmitted during nonsterile injection events, especially hepatitis C virus (HCV) and invasive bacteria and fungi that cause endocarditis, osteomyelitis, and skin and soft tissue infections ¹ It was estimated in 2013, just over 3,000 of the 47,352 cases

¹ Alexandra Levitt, Jonathan Mermin, Christopher M Jones, Isaac See, Jay C Butler, Infectious Diseases and Injection Drug Use: Public Health Burden and Response, *The Journal of Infectious*

of HIV were a result of injection drug use and that injection drug use is the single most common means of hepatitis C transmission.² Hospitalization in the US due to substance- use related infections alone costs over \$700 million annually.³ In the US, the estimated cost of providing health care services for people living with chronic HCV infection is \$15 billion annually.⁴ These infections are primarily spread through using and sharing contaminated injection drug equipment, unsanitary conditions and low vaccination rates among at-risk populations. These infections have been increasingly impacting Americans in rural and suburban areas, as well as in urban parts of the US.⁵

Countless bodies of research provide evidence that one simple way to reduce the spread of infectious disease related to injection drug use is to provide an easy way for people to access sanitary syringes most often through syringe exchange programs. This issue, however, intersects law, policy, and public health and, in the case of possession of hypodermic needles, these three factions are often not aligned. In the State of Maine, possession of any number of hypodermic needles constitutes a crime of trafficking, furnishing, or possession, depending on the number of needles, which often result in felony charges, jail time, and fines. Although the State supports syringe exchange programs, if we do not eliminate the criminal penalties for possession of hypodermic apparatuses, we are not going to achieve the level of successful impact on public health-in terms of saving lives, reducing infectious disease spread, and reducing healthcare cost. The threat of arrest, jail days, and fines does not comport with the promotion of safe syringe exchanges. It's no secret that people who access syringe exchange services are using substances and, therefore, it does not make good public health sense to criminalize the possession of a syringe apparatus that has a residual amount of a scheduled drug. Instead, we should applaud those individuals who are brave enough to seek out sanitary syringes and apparatuses because it is only through their bravery and willingness to risk arrest that they are keeping themselves safe and potentially others as well.

Thank you for your consideration of this important request.

Diseases, Volume 222, Issue Supplement_5, 1 October 2020, Pages S213–S217, <https://doi.org/10.1093/infdis/jiaa432>

² <https://www.cdc.gov/policy/hst/hi5/cleansyringes/index.html>

³ Ronan, M., & Herzig, S. (2016). Hospitalizations related to opioid abuse/ dependence and associated serious infections increased sharply, 2002–12external icon. *Health Affairs*, 35(5), 832-837.

⁴ Chahal, H. S., Marseille, E. A., Tice, J. A., Pearson, S. D., Ollendorf, D. A., Fox, R. K., et al. (2016, January). Cost-effectiveness of early treatment of hepatitis C virus genotype 1 by stage of liver fibrosis in a U.S. treatment-naive populationexternal icon. *The Journal of the American Medical Association*, 176(1), 65–73. Retrieved October 25, 2017.

⁵ <https://www.cdc.gov/pwid/index.html>