



info@pinetreeinstitute.org
206 Old Rd. Eliot ME 03903 207.965.0565
36 Maplewood Ave., Portsmouth NH 03801 603.610.8281

March 14, 2025

Chair Ingwersen, Chair Meyer, and Distinguished Members of the Joint Standing Committee on Health and Human Services,

I appreciate the opportunity to provide testimony **in strong opposition to LD 219: An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-one Exchange.**

My name is Molly Louison-Semrow and I am the Associate Director of Pinetree Institute, a local non-profit focused on community response to pressing social needs. I have worked with children, families, and communities in York and Cumberland Counties for the last 10 years in various capacities. In the last year, Pinetree Institute has received startup funding to convene a group called Recovery Ready York County where we have brought together stakeholders in fields related to substance use disorder (SUD) to discuss how to best keep our community members impacted by SUD safe, healthy, and connected to support.

As a group focused on best practices in treatment of substance use disorder, we look to the experts on issues including harm reduction. Mandating 1:1 syringe distribution in Maine would contravene the recommendations of the Centers for Disease Control, the American Medical Association, and infectious disease doctors around the country and internationally, not to mention the experts in Maine who do this work on the ground day in and day out as our syringe service providers.

We at Pinetree Institute recognize the strong medical evidence for needs-based syringe distribution, including studies that show needs-based syringe distribution reduces reuse of needles, lowers HIV contraction risk by 90%, and works to address the leading causes of Hepatitis C and Hepatitis B among people who inject drugs (as compared to 1:1 distribution). We believe this is of unique importance in Maine, as our state has the second highest rate of acute Hepatitis B in the country and saw an 11.5% increase of this illness from 2018-2019. In that same year, Maine's rates of Hepatitis C increased a staggering 51.8%. Returning to 1:1 distribution means taking clean needles out of circulation, a response we find dangerous given the realities on the ground.

We also recognize that communities are negatively impacted by syringe litter. As a convener of community groups, Pinetree Institute strongly believes there are unexplored solutions to syringe litter that could be explored that do not risk outbreaks of disease possible with restricted distribution. Research shows that syringe litter is reduced when there are well-supported local syringe service providers and proper disposal resources, something many of our communities lack.

Our understanding is that there will be two bills before your committee this year, sponsored by Rep. Rana. We request you consider those proposals instead. We encourage this committee to work with Maine's harm reduction experts, healthcare professionals, advocates around the state, people with lived experience, and community organizations to find balanced solutions that protect both public health and community safety.

With respect and thanks,

A handwritten signature in black ink, appearing to read 'Molly Louison-Semrow', is displayed on a light gray rectangular background.

Molly Louison-Semrow
molly@pinetreeinstitute.org
Pinetree Institute