

Testimony in Support of SB 509
Drug Paraphernalia for Administration - Decriminalization
Senate Judicial Proceedings Committee
February 16, 2022

Claudia Taccheri
District 45

Dear Chair Smith and Members of the Senate Judicial Proceedings Committee,

Thank you for the opportunity to testify in support of SB 509. My name is Claudia Taccheri and I am a medical student at the Johns Hopkins University School of Medicine. I am writing today to express support for SB509 with an amendment to ensure that the current bill matches the version which the Maryland General Assembly passed last year.

SB 509 will decriminalize the possession of items that may be used to consume drugs. Epidemiological studies of infectious disease transmission invariably demonstrate that increasing access to supplies for safe consumption will reduce spread of HIV, hepatitis, and other diseases. The public health benefit of syringe service programs has been extensively documented, but current statutes limit the scope of these programs and continue to criminalize individuals for possession of safe consumption supplies. SB 509 would close existing legislative gaps that do not protect individuals who are bringing supplies to loved ones, as well as those who legally obtain syringes from pharmacies. Promoting the safe use of drugs will have a significant impact for the community by decreasing the transmission of infectious diseases as well as combating harmful stigma around drug use.

In addition to the evidence that proves beyond any doubt that the availability of safe supplies improves the health and wellbeing of those who use drugs and the community at large, I would also like to bring your attention to specific data that documents the benefit of promoting secondary and satellite distributors. This data is directly relevant to SB 509 because it demonstrates how removing the criminalization of paraphernalia will improve public health.

First, I will bring your attention to a study in the Journal of Urban Health which found that, secondary syringe exchange (SSE) can aid in the development of peer-led, large-scale infectious disease prevention programs. Through interviews with people who inject drugs in California, this study found that **SSE was embedded in social networks and that it allowed for increased education and access to safe supplies**. It also documented the primary reason for SSE provision was a desire to help others while the primary reason for using SSE was convenience. This study demonstrated how building SSE into syringe exchange programs can improve the coverage and

access as well as improve education about safe use to those who do not have access to syringe exchange programs.¹

Another study from the Journal of Drug Issues interviewed 434 people who use drugs and found that 35% reported concern for being arrested while carrying drug paraphernalia. Furthermore, multivariate analysis demonstrated that **those who were concerned about arrest were significantly more likely than other people who inject drugs to share syringes**. These data directly demonstrate that decriminalizing syringes and needles would reduce behaviors that expose people who use drugs to blood-borne viruses.²

Finally, I would like to bring your attention to a study in the journal Addiction which found that “Providing less restrictive syringe dispensation is associated with increased prevalence of adequate syringe coverage among clients. SEPs should adopt syringe dispensation policies that provide IDUs sufficient syringes to attain adequate syringe coverage”³

The findings of the above studies demonstrate that statutes which criminalize the possession of drug paraphernalia increase fear of arrest which directly increases the frequency of behaviors that are high risk for disease transmission. Furthermore, these findings taken together clearly demonstrate how legalizing secondary distribution of drug paraphernalia will significantly improve access to safe supplies and the health of those who use drugs.

In light of these findings, the positive impact that decriminalizing paraphernalia will have on the Maryland community is clear and significant. Please give SB 509 a favorable report with sponsor amendments.

Thank you for your time and consideration

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¹ Snead J, Downing M, Lorvick J, Garcia B, Thawley R, Kegeles S, Edlin BR. Secondary syringe exchange among injection drug users. J Urban Health. 2003 Jun;80(2):330-48. doi: 10.1093/jurban/jtg035. PMID: 12791808; PMCID: PMC3456273.

² Bluthenthal RN, Kral AH, Erringer EA, Edlin BR. Drug Paraphernalia Laws and Injection-Related Infectious Disease Risk among Drug Injectors. Journal of Drug Issues. 1999;29(1):1-16. doi:10.1177/002204269902900101

³ Bluthenthal RN, Ridgeway G, Schell T, Anderson R, Flynn NM, Kral AH. Examination of the association between syringe exchange program (SEP) dispensation policy and SEP client-level syringe coverage among injection drug users. Addiction. 2007 Apr;102(4):638-46. doi: 10.1111/j.1360-0443.2006.01741.x. Epub 2007 Feb 6. PMID: 17286637.