

# **SB509 Support (Drug Paraphernalia).pdf**

Uploaded by: Carrie Williams

Position: FAV



State of Maryland  
Office of the Attorney General

Tuesday, February 15, 2022

TO: The Honorable William C. Smith, Jr., Chair, Judicial Proceedings  
Committee

FROM: Carrie J. Williams, Assistant Attorney General

RE: Attorney General's Support for SB 509

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The Attorney General urges the Judicial Proceedings Committee to report favorably on Senate Bill 509. Senate Bill 509 decriminalizes possession of hypodermic syringes and other drug paraphernalia used to introduce a controlled dangerous substance into the human body and reduces the penalty for possession of other types of paraphernalia.

The decriminalization of syringes is in line with the movement to treat drug addiction as a health crisis, not a crime. The reduction of the penalty for possession of other types of paraphernalia is in line with the penalties for possession of a controlled dangerous substance as modified by the Justice Reinvestment Act. The Attorney General supports Senate Bill 509.

cc: Members of the Committee

**SB0509\_Chris\_Apple\_FAV.pdf**

Uploaded by: Christopher Apple

Position: FAV

TESTIMONY IN SUPPORT OF BILL SB 509 - FAVORABLE  
Drug Paraphernalia for Administration - Decriminalization

TO: Chair Smith, Vice Chair Waldstreicher,  
and members of the Judicial Proceedings  
Committee

FROM: Chris Apple  
7001 Cradlerock Farm Court  
Columbia, MD 21045  
District 13

Feb 16, 2022

Last year this committee courageously voted in favor of this bill, and I respectfully urge it to do so again this year. I believe this bill has a substantial capacity to improve public health and reduce suffering in Maryland.

Possession of drug paraphernalia is not the same as possession of illegal substances. Yet in Maryland, penalties for possessing paraphernalia can sometimes exceed the penalties for possessing the drugs themselves. This is excessive punishment for what should be treated as a public health issue. Possession of paraphernalia should be decriminalized.

Previous testimony has highlighted numerous benefits this bill will provide. Currently, needle users are more likely to share needles and syringes. This keeps the number of illegal accessories to a minimum. But this is highly unsanitary and increases the spread of disease, including HIV. If this bill were passed, it would be legal for each person to use clean, fresh supplies. This bill may also reduce the amount of littering of drug paraphernalia. Because paraphernalia is illegal, it is often discarded in the same place it is used. Not only is this unsightly, but it can cause accidental needle sticks to others.

This bill also provides benefits for the users of illegal substances. Long jail sentences prevent people from getting the help they need. The effects of incarceration are psychologically ruinous; moreover, the state is paying exorbitant costs to house all these offenders whose only crime was possession of paraphernalia. Decriminalization will remove barriers for people who wish to enter treatment programs or similar.

I strongly urge the committee to issue a favorable report for SB 509. Thank you.

# **SB509 - Decriminalize Drug Paraphernalia for Admin**

Uploaded by: Doyle Niemann

Position: FAV



St., Baltimore, MD 21201  
800-492-1964  
| tdd 410-539-3186

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**To:** Members of The Senate Judicial Proceedings Committee

**From:** Doyle Niemann, Chair, Legislative Committee, Criminal Law and Practice Section

**Date:** February 4, 2022

**Subject:** **SB509 – Drug Paraphernalia for Administration - Decriminalization**

**Position:** **Support**

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The Legislative Committee of the Criminal Law & Practice Section of the Maryland State Bar Association (MSBA) **Supports SB509 – Drug Paraphernalia for Administration - Decriminalization.**

This bill makes a number of useful and timely changes to the law applying to drug paraphernalia.

- It removes syringes and similar equipment, the inclusion of which has been a bar to a number of drug overdose reduction efforts, while leaving in other items more commonly associated with manufacturing and distribution.
- It removes language that defines paraphernalia in terms of its use to inject, ingest, and inhale substances, again, reflecting its focus on manufacturing and distribution instead of individual use.
- It removes paraphernalia associated with marijuana, closing a loophole that was left with earlier efforts to decriminalize the personal possession of small amounts.
- It modifies the language to make it clear that the focus on the statute is on manufacturing and distribution not on personal administration.
- Finally, it reduces the penalties involved for a first offense to one year from either two or four years.

These are all useful changes that aligns the statute with past reform efforts for marijuana and with the law enforcement focus more on distribution and manufacturing and less on personal use of substances, especially marijuana.

For the reasons stated, we **Support SB509 – Drug Paraphernalia for Administration – Decriminalization.**

If you have questions about the position of the Criminal Law and Practice Section's Legislative Committee, please feel free to address them to me at 240-606-1298 or at [doyleniemann@verizon.net](mailto:doyleniemann@verizon.net).

**MOPD Favorable SB 0509.pdf**

Uploaded by: Elizabeth Hilliard

Position: FAV



**PAUL DEWOLFE**  
PUBLIC DEFENDER

**KEITH LOTRIDGE**  
DEPUTY PUBLIC DEFENDER

**MELISSA ROTHSTEIN**  
DIRECTOR OF POLICY AND DEVELOPMENT

**KRYSTAL WILLIAMS**  
DIRECTOR OF GOVERNMENT RELATIONS DIVISION

**ELIZABETH HILLIARD**  
ASSISTANT DIRECTOR OF GOVERNMENT RELATIONS DIVISION

## **POSITION ON PROPOSED LEGISLATION**

**BILL: SB 0509 Drug Paraphernalia for Administration-Decriminalization**

**FROM: Maryland Office of the Public Defender**

**POSITION: Favorable**

**DATE: 2/15/2022**

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on Senate Bill 509. The Office of the Public Defender supports SB 509, which would decriminalize the possession and use of drug paraphernalia to inject, ingest, inhale, or otherwise introduce into the human body a controlled dangerous substance. It also repeals the prohibition against the delivery, manufacturing, or possessing with the intent to deliver or sell under certain circumstances.

Drug addiction is a medical condition and caging individuals is not treatment. Unfortunately, overdoses have increased during the public health crisis. In order to deal with drug addictions and overdose deaths, Maryland needs to continue the recent trend of treating addiction as a public health issue.

This bill would permit Maryland to align with proven public health practices such as needle exchange programs that reduce the spread of HIV and Hepatitis B. Those who possess needles for the express purpose of drug use are far less likely to find unused ones if they can be arrested for simply possessing them. Thus, criminalizing paraphernalia possession leads an already vulnerable population to further endanger their health by reusing or sharing needles with other drug users. Shared needles are the second biggest transmitter of HIV with 1 in 10 new HIV cases coming from injected drug use.

Moreover, punishing the possession of drug paraphernalia is incongruous with the rehabilitative necessity of reducing drug abuse and preventing drug related deaths. Persons struggling with addiction must feel safe to seek treatment for their addiction and any possible medical emergency that their addiction may cause. Decriminalizing paraphernalia will permit drug users to seek professional help without the fear of being incarcerated due to their drug abuse. As public defenders, we have seen cases where individuals have called 911 to help a friend experiencing an overdose. However, despite Maryland's Good Samaritan law, we have seen those who call for help and those who needed medical intervention charged with possession paraphernalia for administration. Thus, the criminalization of paraphernalia hurts Maryland's effort to reduce overdose deaths and contradicts the spirit of Maryland's Good Samaritan law.



Additionally, if drug paraphernalia were decriminalized drug users would be more likely to provide drug implements to officers before being searched. Transparency between a citizen and officer regarding drug implements saves the officer the trouble of having to physically find the paraphernalia and protects the officer from being injured by hidden needles on the person. Accordingly, this bill works to better ensure officer safety and better interactions between citizens and law enforcement officers.

Further, the criminal statute carries a maximum four years of incarceration while drug possession carries a maximum sentence of one year incarceration. We do not think the potential of a four year sentence is in line with the legislature's recent changes to the penalties' for drug possession and paraphernalia respectively. Therefore, we support this proposed legislation.

For these reasons, the Maryland Office of the Public Defender urges a favorable report on Senate Bill 0509.

**Submitted By: Government Relations Division of the Maryland Office of the Public Defender.**

**11 - SB 509 - X - JPR - MACHO - LOS.pdf**

Uploaded by: Heather Shek

Position: FAV



**2022 SESSION  
POSITION PAPER**

**BILL: SB 509 – Drug Paraphernalia for administration – Decriminalization**

**COMMITTEE: Senate Judicial Proceedings Committee**

**POSITION: Letter of Support**

**BILL ANALYSIS: SB 509 decriminalizes the possession of drug paraphernalia used to inject, ingest, inhale, or otherwise introduce controlled substances into the human body, thereby increasing access to supplies needed for safe substance use, reducing the spread of bloodborne infections, and reducing drug-related arrests and incarcerations.**

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) supports Senate Bill (SB) 509. SB 509 decriminalizes the possession of certain items that can be used by an individual to consume a controlled substance. The proposed decriminalization would increase access to supplies needed for safer substance use and encourage the use of clean syringes, thereby curbing the spread and limiting the financial impact of bloodborne pathogens. SB 509 will also prevent drug paraphernalia related arrests and incarceration.

Injection drug use and needle sharing are major modifiable risk factors for contracting blood-borne pathogens such as HIV and Hepatitis C. Approximately 120,000 cases of HIV are directly attributable to intravenous (IV) drug use and needle sharing.<sup>1</sup> Hepatitis C is the most common bloodborne infection in the U.S. and a leading cause of liver cirrhosis and liver cancer. Hepatitis C prevalence among IV drug users is over 33%.<sup>1,2</sup> Both conditions place a substantial financial burden on the healthcare system, with the average lifetime cost of HIV treatment and Hepatitis C treatment costing \$370,000 and \$84,000, respectively.<sup>1</sup> Using clean needles and reducing needle sharing substantially decreases the risk of acquiring and transmitting HIV, Hepatitis C and other bloodborne pathogens. SB 509 reduces barriers to utilizing needle exchange services, which increases access to clean needles and decreases needle sharing.<sup>1</sup>

The decriminalization proposed in SB 509 would also reduce unnecessary arrests and incarcerations associated with possession of drug paraphernalia, which disproportionately affect communities of color. Reducing fear of interaction with law enforcement also has potential to increase access and utilization of treatment services.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 509. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

<sup>1</sup> CDC: Office of the Associate Director for Policy and Strategy. (2016, August 5). Access to clean syringes. Centers for Disease Control and Prevention. Retrieved February 5, 2022, from <https://www.cdc.gov/policy/hst/hi5/cleansyringes/index.html>

<sup>2</sup> Office of Infectious Disease and HIV/AIDS Policy (OIDP). (2021, July 9). Viral hepatitis in the United States: Data and Trends. HHS.gov. Retrieved February 5, 2022, from <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>

# **HPP SB 509 Testimony- FINAL.pdf**

Uploaded by: Jessica Emerson

Position: FAV

## Testimony of the Human Trafficking Prevention Project

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**BILL NO:** Senate Bill 509  
**TITLE:** Criminal Law – Drug Paraphernalia for Administration – Decriminalization  
**COMMITTEE:** Judicial Proceedings  
**HEARING DATE:** February 16, 2022  
**POSITION:** **SUPPORT WITH SPONSOR AMENDMENTS**

Senate Bill 509 with sponsor amendments would revise the existing drug paraphernalia law to remove certain items that could be used to consume drugs from its list of prohibited items, effectively decriminalizing possession of those items. It was also protect so-called “secondary distributors” of these items from arrest. The Human Trafficking Prevention Project supports this bill because it will reduce the risk of infectious disease, arrest, and re-exploitation for trafficking survivors who use drugs, many of whom do so to cope with the trauma of their trafficking experience. In addition, protecting secondary distributors from arrest will increase the amount of support available to the most marginalized and isolated people who use drugs, which will decrease these users’ risk of a host of harms, including human trafficking.

Legislation passed by the Maryland General Assembly in 2016 has allowed for the expansion of syringe services programs (SSPs) statewide in order to distribute harm reduction supplies to prevent transmission of infectious diseases such as HIV and Hepatitis C. The research supporting the numerous health benefits of SSPs is clear and extensive. **Every scientific and medical organization to study the issue has shown that legal access to sterile supplies reduces the spread of HIV, hepatitis, and other blood-borne diseases.** Studies have also shown that access to supplies does not increase improperly discarded needles,<sup>1</sup> rates of drug use,<sup>2</sup> or other criminalized activity.<sup>3</sup> In fact, people who use SSPs are more likely to reduce injections, to stop injecting altogether, to begin drug treatment, and to remain in drug treatment once started.

**For these health benefits to materialize however, people need to trust that they can access supplies without law enforcement interference.** When supplies are broadly considered illegal, even some registered SSP participants experience harassment and citation from law enforcement who do not understand the confusing patchwork of paraphernalia exceptions.<sup>4</sup> HB 481 would also protect individuals who don’t have access to an SSP from arrest, such as Marylanders who live in rural areas and must obtain clean syringes from a pharmacy. It would also protect individuals known as secondary distributors who deliver syringes on behalf of an SSP to users who are harder to reach because of physical or mental disabilities and other forms of marginalization.<sup>5</sup> Under current law, the use, possession, delivery, or sale of paraphernalia to inject, ingest, inhale, or otherwise introduce a controlled dangerous substance into the human body is a criminal offense in Maryland and a first-time violation is subject to a misdemeanor and \$500 maximum fine. Subsequent violations are subject to a misdemeanor, up to two years of imprisonment, and/or a maximum fine of \$2,000. Any arrest, regardless of its outcome, carries with it significant collateral consequences.

**Harm reduction methods such as the decriminalization of paraphernalia are especially important to survivors of human trafficking,** given that drug use is both a common predictor of, and a reaction to, this horrific crime. Many trafficking survivors report self-medicating to cope with past trauma and were trafficked as a direct result of their addiction, while those who have survived a trafficking experience often begin using substances in an attempt to cope with what has happened to them. Decreasing the risk of incarceration while at the same time increasing safe usage and support lessens the likelihood of re-exploitation for trafficking survivors who

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<sup>1</sup> New York Academy of Medicine. New York State Expanded Syringe Access Demonstration Program Evaluation. January 15, 2003

<sup>2</sup> National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).

<sup>3</sup> P. Lurie, A.L. Reingold, B. Bowser (eds). The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations (1993)

<sup>4</sup> There are several exceptions to paraphernalia criminalization under current law. The Maryland General Assembly repealed the criminal prohibition of cannabis-related paraphernalia in 2015, granted exemption for possession of some drug paraphernalia for participants of syringe service programs in 2016, and repealed the criminal prohibition of items to test or analyze drugs, like fentanyl test strips, in 2018.

<sup>5</sup> Murphy, S., Kelley, M. S., & Lune, H. (2004). The health benefits of secondary syringe exchange. *Journal of Drug Issues*, 34(2), 245-268.

use drugs because they are less likely to have to rely on a potential trafficker for this essential assistance.

**Harm reduction measures like Senate Bill 509 are important for all people who use drugs, including survivors of trafficking.** Equipping people to use drugs more safely works not only to stem the spread of infectious disease, but also to lift the stigma that so often isolates drug users, making them vulnerable to a whole host of other harms, including human trafficking. For these reasons, the Human Trafficking Prevention Project at the University of Baltimore School of Law supports Senate Bill 509 and respectfully urges a favorable report with sponsor amendments.

*For more information, please contact  
Jessica Emerson, LMSW, Esq.  
jemerson@ubalt.edu*

# Support SB 509 - Trans Maryland.pdf

Uploaded by: Lee Blinder

Position: FAV

Trans Maryland  
16501 Shady Grove Road #7742  
Gaithersburg MD 20898

**TRANS  
MARYLAND**



Senate/House Bill # **SB 509** Drug Paraphernalia for Administration - Decriminalization  
Judicial Proceedings Committee  
February 16, 2022  
Position: **Support**

Trans Maryland is a multi-racial, multi-gender community power building organization for Maryland's trans community. Trans Maryland runs the state's largest volume peer to peer program, offering guidance and financial assistance to transgender Marylanders seeking social, legal, and medical access to transition.

Good day Chair Smith, Vice Chair Waldstreicher, and the esteemed members of the Judiciary Committee. My name is Lee Blinder, and I am the executive director of Trans Healthcare MD. I am writing to testify in support of SB 509 Drug Paraphernalia for Administration - Decriminalization. Transgender persons can be at greater risk of scrutiny, whether or not there is any indication of illicit drug use, when possessing syringes and needles used for our medically necessary and life saving gender affirming hormone replacement therapy (GAHT). GAHT is often taken intramuscularly or subcutaneously via syringe by transgender persons, and we do not deserve to face criminal charges for simply having our medical supplies with us. Overpolicing disproportionately impacts our community members living at the intersection of anti-Blackness, sexism, and anti-transgender bias, and we ask that the house committee decriminalize this antiquated process. Access to sterile syringes is a public health necessity, and when our community members cannot feel safe to possess medically necessary supplies, inappropriate reusing of supplies becomes more likely.

We know that access to sterile single use syringes is key to halting transmission of blood borne pathogens, and also reduces pain upon injection of medically necessary and life saving medications like GAHT. Our most well resourced community members order year long supplies of syringes in bulk to be shipped directly to their home, but that option isn't available for most of our community members who lack the needed funds to do so. Additionally, should persons be able to order their supplies, they also feel concerned about bringing them on a trip or to travel, due to this outdated criminalization process. Transporting medical supplies must be decriminalized so our community members can feel safe in possessing the supplies they need. We find that many pharmacies across Maryland are, in their words, "low syringe pharmacies" and that can mean that it can be difficult or impossible to even purchase the needed supplies. Adding fear of charges for possession on top of low access, means that our community are afraid to access and possess their needed medical supplies.

This is an urgent matter of public health, public wellness, and equity, and we strongly urge a favorable report on this Bill SB 509.

For more information, contact Lee Blinder, Executive Director of Trans Maryland at [lee@transmaryland.org](mailto:lee@transmaryland.org)



# **NCADD-MD - SB 509 FWA - Paraphernalia Decriminaliz**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Judicial Proceedings Committee  
February 16, 2022

Senate Bill 509  
Criminal Law – Drug Paraphernalia for Administration – Decriminalization  
Support with Amendment

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*Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, the number of opioid-related deaths increased by 20% between 2019 and 2020, and preliminary data indicates a continued increase in 2021.*

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NCADD-Maryland supports Senate Bill 509 with an amendment to make the bill identical to the legislation this General Assembly passed last year. Maryland must focus on proven effective harm reduction strategies to save lives. The bill, with the amendment, will decriminalize possession and distribution of items that can be used to inject, ingest, inhale, or otherwise consume a controlled dangerous substance.

The decriminalization of paraphernalia will help ensure that people are accessing services such as syringe services programs and avoid arrest and incarceration. Just as importantly, the bill the General Assembly passed last year would have also supported and protected harm reduction workers who provide sterile syringes and other equipment to those using drugs. The bill you passed last year would have protected the person who picks up and delivers sterile equipment for their loved one who is quarantining because they have COVID.

In decriminalizing paraphernalia, we will reduce the need for people to re-use certain items that can contribute to the transmission of infectious diseases. This will have a positive public health impact on the spread of HIV and Hepatitis C, and save money in the reduction of needed health services.

We know the collateral damage caused by the war on drugs continues to harm people in Maryland, and disproportionately people of color. As this committee has heard repeatedly over the years, people with criminal records are too often denied employment, housing, food stamps, and scholarships, without any due consideration of the details involved in the records. **We urge a favorable report on Senate Bill 509 with the amendment to make the bill match the bill you passed last year.**

# **SB0509\_Nicholas\_DeTello.pdf**

Uploaded by: Nicholas DeTello

Position: FAV

Nicholas DeTello

SB0509 Drug Paraphernalia for Administration - Decriminalization

Favorable

2/16/2022

I am a student, Eagle Scout, family man, as well as a Civil Rights Enthusiast. I have voted independently, I am currently registered as a Libertarian, and I have a diverse set of views (some left, some right). These include but are not limited to: equality, limiting abuse of police power, protection of minority groups (such as my direct LGBT family) and decriminalization of victimless crimes (drug possession, gun possession, exercising civil rights, etc.). I am also related to victims of our cyclic incarceration system and have friends/family who have suffered under the current prohibition of Drug Paraphernalia; for these reasons I urge a favorable report of Senate Bill 0509.

Too often I find myself testifying *against* bills in Annapolis; this is usually due to proposed bills being used as tools to enhance the overreach of already far too-powerful Law Enforcement Agencies. I would testify the same way even if it was overreach in Austin, Texas or Phoenix, Arizona. Many of the answers to the problems in this country are not solved by giving police **more** ways to arrest and jail citizens. Often the opposite is true; officer badge cams, repealing qualified immunity, decriminalization of victimless crimes, and favoring rehabilitation over incarceration are all positives in my book. That's exactly why this bill is so important; I strongly support empowering citizens and taking harsh/unnecessary laws off the books.

Just this last year there were many calls to reform police authority; now is the perfect opportunity to act on the will of the people, and for many of you to fulfill your campaign promises. Per the below link there are over 18,000 imprisoned in Maryland, many for victimless crimes made-up by overly zealous crime bills (i.e. drug possession, gun possession, etc.):

<https://worldpopulationreview.com/state-rankings/prison-population-by-state>

Why is it we're jailing users of commonly possessed substances, inanimate objects incapable of doing harm on their own? By continuing to bow to Federal regulations, we are giving full reign to 3 letter agencies such as the DEA, ICE, and ATF to abuse our state-level LEOs, leading to unfair and unjust enforcement on all levels of government. By taking a stand against this prohibition, this victimless crime, Maryland could spearhead efforts to cut down on prison populations, abuse of police power, and government overreach.

One of the most serious issues with criminalizing victimless crimes, is that those near or below the poverty level, or the less privileged, are the most likely to be caught and prosecuted. Someone living in Baltimore City, perhaps in an over-policed area, is far more likely to be jailed for drugs, guns, or other object-based crime-laws, over someone living in rural Carroll County, or western Maryland. I believe passing this bill would level the playing field, improving equality in this state.

I find it reprehensible that possession of Drug Paraphernalia leads to larger sentences than simply possessing a Schedule 1 drug, and often the punishment is tied directly to one's constitutional rights. Any other controlled equipment or substance is deemed "OK" if it is prescribed by a doctor. Often the punishment doesn't fit the crime proposed by Drug Paraphernalia laws. In the 1920's we had a prohibition on alcohol, and history proved this to be folly. Now that prohibition is repealed, you don't see alcohol dealers peddling on street corners; you don't see gangs competing in a black market over Moonshine. Clearly de-regulating, decriminalizing, and rehabilitating your constituents is ideal.

To conclude, there are many reasons to vote **favorably** on **this** bill (and **unfavorably** on **others**). This bill would end an unfair prohibition on a commonly used substance, it would empower citizens *instead* of strengthening an already too-powerful police-state, and it would bring equality to your constituents.

For these reasons I urge you to vote favorably on Senate Bill 0509.

Nicholas DeTello

Nicholas DeTello

2422 Clydesdale Rd, Finksburg, MD 21048

ndetello@hotmail.com

**MCF\_Fav with Amend\_SB 509.pdf**

Uploaded by: Ann Geddes

Position: FWA



## **SB 509 – Drug Paraphernalia for Administration – Decriminalization**

**Committee: Judicial Proceedings**

**Date: February 16, 2022**

**POSITION: Support with amendment**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

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MCF strongly supports HB SB 509 as amended.

The decriminalization of the possession of drug paraphernalia in Maryland is long overdue. It is one part of an overarching strategy that strives to get people with substance use disorders the treatment help that they need, rather than end up in correctional facilities.

But it is not just the possession of drug paraphernalia that must be decriminalized – distribution of drug paraphernalia must be included as well. This is especially needed to promote the use of harm reduction strategies.

For these reasons we urge a favorable report on SB 509 as amended.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**10632 Little Patuxent Parkway, Suite 234**  
**Columbia, Maryland 21044**  
**Phone: 443-926-3396**  
[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)



# **Blake Mihm Drug paraphernalia testimony.pdf**

Uploaded by: Blake Mihm

Position: FWA

**Senate Bill 509 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization)  
- FAVORABLE WITH SPONSOR AMENDMENT**

My name is Blake Mihm, and I am strongly in favor of SB 509 with amendments. I work in HIV testing and prevention, and the decriminalization of drug paraphernalia will have a positive impact on efforts to stop the HIV epidemic.

The state of Maryland has three priority jurisdictions in the nationwide Ending the HIV Epidemic Program: Montgomery County, Baltimore City, and Prince George's County. These jurisdictions are considered priority because they have a concentrated number of new HIV infections. Seven studies funded by the US Government conclude that access to sterile drug use supplies decreases HIV transmission, and does not increase drug use.

Decriminalizing paraphernalia will increase access to sterile syringes and smoking supplies, which will in turn decrease the transmission of HIV and other communicable diseases. Hepatitis C is a resilient virus that is passed easily even in tiny amounts of blood. Sharing straws for snorting drugs, pipes for smoking drugs, and cookers for mixing drugs can all pass hepatitis C. Access to drug paraphernalia is important both on an individual level, because people who use drugs deserve to be healthy, and at a community level, because a decrease in communicable diseases benefits everyone living in a community.

# **Testimony of Calvin Schuster in Support of SB 509.**

Uploaded by: Calvin Schuster

Position: FWA

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

Calvin Schuster  
District 46

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

Thank you for the chance to testify in support of Senate Bill 509 with an amendment to ensure that the current bill matches the version which the Maryland General Assembly passed last year. My name is Calvin Schuster and I am a medical student at Johns Hopkins University School of Medicine. I believe that supporting SB 509 addresses an important public health issue present in Maryland: ensuring legal access to sterile supplies that may be used to consume drugs reduces the spread of HIV, hepatitis, and other blood-borne diseases. Additionally, access to supplies does not increase improperly discarded needles,<sup>1</sup> rates of drug use,<sup>2</sup> or other criminalized activity.<sup>3</sup>

Along with being a medical student, I am also a volunteer with Trans Maryland, a local nonprofit that works to improve the lives of transgender citizens of Maryland. Transgender people often use syringes as part of their medical transition in order to self-administer doses of their prescribed hormone replacement therapy. When people do not feel safe acquiring and possessing their medically necessary sterile supplies because they are unsure about legality, they are more likely to resort to the dangerous reuse or sharing of needles and syringes. This puts members of the transgender community at increased risk of health issues including the spread of blood-borne diseases. If SB 509 passes, it will lead to a safer and healthier Maryland for all people who use needles and syringes as part of their medical care.

For these reasons, I strongly urge you to support SB 509. Thank you for your time and consideration.

Sincerely,

Calvin Schuster

2302 E Baltimore Street  
Baltimore, MD 21224

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<sup>1</sup> New York Academy of Medicine. New York State Expanded Syringe Access Demonstration Program Evaluation. January 15, 2003

<sup>2</sup> National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).

<sup>3</sup> P. Lurie, A.L. Reingold, B. Bowser (eds). The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations (1993)

**SB0509\_ClaudiaTaccheri.pdf**

Uploaded by: Claudia Taccheri

Position: FWA

**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.<sup>1</sup>

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.<sup>2</sup>

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”<sup>3</sup>

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

Claudia Taccheri

928 N. Calvert Street  
Baltimore MD, 21202

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<sup>1</sup> 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.

<sup>2</sup> 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

<sup>3</sup> 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.

# **SB0509 Drug Paraphernalia for Administration - Dec**

Uploaded by: derrell frazier

Position: FWA



**Senate Bill 509 - Drug Paraphernalia for Administration - Decriminalization**  
Judicial Proceedings Committee  
February 16, 2022  
**Position: Favorable with Sponsor Amendments**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 509.

SB 509 will redefine “controlled” paraphernalia to support public health and reduce drug war tactics that target drug users. This bill will repeal existing portions of the law that criminalize possession of paraphernalia for personal use, and reduce or eliminate the penalty for possession of paraphernalia for delivery or sale. We thank the sponsor for introducing this bill and would like to provide a few points on why this legislation should be passed.

According to the [Drug Policy Alliance](#), drug possession is the most arrested offense in the U.S. with an arrest every 23 seconds. Twenty-six states plus the District of Columbia have decriminalized the possession of small amounts of marijuana. Other jurisdictions are experimenting with de facto decriminalization through [Law Enforcement Assisted Diversion](#) (LEAD) programs. LEAD directs people to drug treatment or other supportive services instead of arresting and booking them for certain drug law violations, including possession and low-level sales.<sup>i</sup>

Every scientific and medical organization that has studied the issue of access to supplies that will reduce disease transmission and overdose death has concluded that sterile syringe access reduces the spread of HIV, Hepatitis, and other blood-borne diseases.<sup>ii</sup> Providing users with sterile supplies save lives and allows public health officials to track deadly trends such as fentanyl, in the drug supply. A major evaluation was done by the New York Academy of Medicine after New York State changed its law to allow for the non-prescription sale of syringes in pharmacies.<sup>iii</sup> After the law changed, evaluators found no increases in the following: improperly discarded syringes, accidental needle sticks among law enforcement or sanitation workers, criminal activity, or drug use.<sup>iv</sup>

**For these reasons, MHAMD supports Senate Bill 509 and urges a favorable report with sponsor amendments.**

*For more information, please contact Derrell Frazier at (443) 854-1413*

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<https://drugpolicy.org/issues/drug-decriminalization>

<sup>ii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1892753/>

<sup>iii</sup> <https://grantome.com/grant/NIH/R01-DA014219-01S1>

<sup>iv</sup> [https://www.health.ny.gov/diseases/aids/consumers/prevention/needles\\_syringes/esap/overview.htm](https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/overview.htm)

# **SB0509\_Amendments.pdf**

Uploaded by: Elizabeth Vigna

Position: FWA



**SB0509/513825/1**

AMENDMENTS  
PREPARED  
BY THE  
DEPT. OF LEGISLATIVE  
SERVICES

07 FEB 22  
15:27:29

BY: Senator Carter

(To be offered in the Judicial Proceedings Committee)

AMENDMENTS TO SENATE BILL 509

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after “use” insert “. delivering or selling under certain circumstances, or manufacturing or possessing with intent to deliver or sell under certain circumstances”.

AMENDMENT NO. 2

On page 2, in lines 25 and 26, strike “:

(i)”;

and strike beginning with the semicolon in line 28 down through “substance” in line 30.

**Testimony\_JPC\_SB0509\_LR2046 - Google Docs.pdf**

Uploaded by: Elizabeth Vigna

Position: FWA



THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony of Senator Jill P. Carter  
In Favor of SB 509 - Drug Paraphernalia for Administration -  
Decriminalization -  
Before the Judicial Proceedings Committee  
On February 16, 2022.**

**Chairman Smith, Vice Chair Waldstreicher, and Members of the Committee:**

**For a third straight year, I am introducing a bill - Senate Bill 509 - to repeal the prohibition of individuals using or possessing drug paraphernalia with the intent to inject, ingest, inhale, or otherwise introduce a controlled dangerous substance into the human body. This bill is part of a continued effort to improve public safety and decriminalize the serious illness of substance dependence.**

**We passed this bill out of the General Assembly last year, which Governor Hogan vetoed. In his veto letter, the Governor correctly identified the opioid epidemic as a crisis that we need to address and combat. However, the letter's assertion that paraphernalia decriminalization encourages the use and possession of drugs, and allows distributors of illegal substances to stockpile paraphernalia, is false. This assertion also ignores research that demonstrates the harm reduction benefits of paraphernalia decriminalization.**

**The goal of Senate Bill 509 is to increase both the public's safety and the safety of those suffering from substance dependence. When the possession of drug paraphernalia is a criminal offense, it places the public at risk because individuals are much more likely to improperly discard used supplies like hypodermic syringes on our streets and alleyways, and in our parks and playgrounds.**

**It also places our law enforcement officers in harm's way. Individuals subject to a search may fear arrest if they disclose the possession of drug paraphernalia, leading officers to conduct searches without knowledge of this hazard, therefore increasing the likelihood of officers being pricked with used needles.**

**Further still, the threat of infection is markedly higher for members of our community who are struggling with substance dependence. Research shows that the fear of arrest for possession of drug paraphernalia is coupled with a higher likelihood of relapse or sharing supplies for drug administration.**

**Taken together, it is not hard to see how the risk of transmitting infections like tetanus, HIV, and hepatitis C is not just limited to those engaged in drug use.**

**For these reasons, the criminalization of drug paraphernalia is not an appropriate response to the opioid epidemic crisis ravaging Maryland's communities. Decriminalizing the possession of drug paraphernalia is a logical path toward increasing public safety and aiding the victims of the opioid epidemic. In addition, it will also reduce arrests that have the potential of derailing recovery from substance dependence, the financial burden of which is needlessly harmful to our state and its residents.**

**As such, I urge this committee to give a favorable report on Senate Bill 509. Thank you.**

**Respectfully,**



**Jill P. Carter**

# **MVLS Testimony SB 509\_Support with Amendments 2.15**

Uploaded by: Heather Heiman

Position: FWA



## EXPANDING ACCESS TO JUSTICE FOR 40 YEARS

MARYLAND SENATE JUDICIAL PROCEEDINGS COMMITTEE  
TESTIMONY OF MARYLAND VOLUNTEER LAWYERS SERVICE  
IN SUPPORT OF SB509: CRIMINAL LAW – DRUG PARAPHERNALIA FOR  
ADMINISTRATION – DECRIMINALIZATION (with Sponsor Amendments)  
FEBRUARY 16, 2022

Susan Francis  
EXECUTIVE DIRECTOR

**BOARD OF DIRECTORS** Chair Smith and distinguished members of the Committee, thank you for the opportunity to testify in support of Senate Bill 509.

Anthony P. Ashton  
PRESIDENT

Michael S. Clevenger  
VICE PRESIDENT

Alexandria K. Montanio  
TREASURER

David G. Sommer  
SECRETARY

My name is Heather Heiman, and I am the Project Manager for the Human Trafficking Prevention Project at Maryland Volunteer Lawyers Service (MVLS). MVLS is the oldest and largest provider of pro bono civil legal services to low-income Marylanders. Since MVLS' founding in 1981, our statewide panel of over 1,700 volunteers has provided free legal services to over 100,000 Marylanders in a wide range of civil legal matters. In FY21, MVLS volunteers and staff lawyers provided legal services to 4,459 people across the state. In fiscal year 2017, MVLS started the Human Trafficking Prevention Project, a co-grant project through the Governor's Office of Crime, Control and Prevention with the University of Baltimore School of Law Human Trafficking Prevention Project Legal Clinic. For the reasons explained below, MVLS respectfully requests the committee return a favorable report on SB509 (with Sponsor Amendments).

Kerby Baden  
Shereefat O. Balogun  
Matthew M. Bryant  
Jhonell Campbell  
Richard L. Costella  
Brian Gordon  
Dr. Ann Irvine  
Reba Letsa  
Michelle N. Lipkowitz  
Michael March  
Amy M. McClain  
Dana W. McKee  
Penny J. Minna  
Charles J. Morton, Jr.  
Derek P. Roussillon  
Marc E. Shach  
Dennis J. Shaffer  
Allison Baker Shealy  
James Tansey

The Human Trafficking Prevention Project (HTPP) at MVLS is a pro bono project that provides post-conviction relief such as expungement, shielding, and vacatur as well as assistance with consumer, housing, and family law matters to those who meet the legal definition of a victim of human trafficking, and others who are at high risk for exploitation. Since its inception, the HTPP at MVLS has served over 200 clients who were survivors of human trafficking or at high risk for exploitation, many of whom sought legal help with criminal record relief for drug-related charges and convictions, including possession of paraphernalia.

For many individuals the HTPP serves, substance use is both a common predictor of and reaction to their experiences of being trafficked. Many trafficking survivors report self-medicating to cope with past trauma and then being exploited as a result of their addiction or using substances as a way to cope with what has happened to them whilst being trafficked. Being able to receive and retain safe and sterile supplies, without fear of arrest for their possession, will improve the health outcomes of trafficking survivors and create further opportunities for their engagement with support services.

The broad understanding that drug supplies are illegal in Maryland, and fear of arrest and/or convictions for paraphernalia possession, creates additional barriers to trafficking survivor's seeking help from law enforcement. After an arrest and/or conviction for paraphernalia possession, trafficking survivors must then contend with the collateral consequences of involvement with the criminal justice



system and proactively seek criminal record relief, a process that is often acutely re-traumatizing for the survivor.

Through our expungement work, which is a vital part of the HTPP, MVLS has assisted a number of clients who faced the following scenario. The person is arrested on suspicion of drug possession, often due to having a mostly empty Ziploc bag, a used pipe, or even remnants of cigar paper discovered in a drawer or glove compartment. Despite the lack of evidence of actual drug possession, the prosecution moves forward with just a paraphernalia charge and drops the possession charge. The person then accepts a plea deal, pleading guilty to the paraphernalia charge. Despite the State not meeting their burden of proof that the individual actually possessed drugs, this person now has a drug-related criminal record that will follow them for ten years or more. These collateral consequences only serve to trap people in a cycle of abuse and poverty since a criminal record makes it harder to obtain housing or employment.

Senate Bill 509 (with Sponsor Amendments) would reduce this current harm by clarifying the law and lessen the risk of both criminalization of and negative health outcomes for trafficking survivors. MVLS supports Senate Bill 509 (with Sponsor Amendments). We respectfully urge a favorable report.

Mister Chair and members of the Committee, thank you again for the opportunity to testify.

# **Testimony 2022 - Para Decrim Senate.pdf**

Uploaded by: Jessie Dunleavy

Position: FWA

**Senate Bill 509**

**Criminal Law - Drug Paraphernalia for Administration - Decriminalization - FAVORABLE (with sponsor Amendment)**

February 16, 2022

Honorable Chair Will Smith  
2 East Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Chair Smith and Senate Judicial Proceedings Committee members,

I am in favor of decriminalizing the possession of drug paraphernalia because it prioritizes health and safety over criminalization and thus minimizes drug-related harms and improves the outcomes for those in need of support. It's clear that the current practice of paraphernalia prohibition does more harm than good, over-utilizing law enforcement resources for non-violent offenses, while simultaneously imposing barriers to vital services for those in need and undermining their capacity to take care of themselves.

Our nation is in crisis, and turning the corner is dependent on a legislative commitment to focus on evidence-based care rather than the threat and consequences of punishment. The need to address the shameful number of overdose fatalities calls for strategic interventions and a shift in thinking, recognizing that punitive measures have failed to reduce drug use or addictions, and have, instead given us mass incarceration, loss of productivity, homelessness, and the spread of infectious diseases such as HIV and hepatitis.

In looking at the impact of the current law on the lives of real people, and considering the nuances that may not readily meet the eye—such as those relating to Syringe Service Programs—decriminalizing paraphernalia represents an important step in reducing unnecessary arrests and the associated harms. Considering the increase in intravenous drug use, syringe programs are a crucial health-centered intervention in reducing harm. Endorsed by the World Health Organization and the American Medical Association, syringe access programs are well-researched with irrefutable scientific consensus: they are effective in saving lives and in squelching the spread of infectious disease; they are inexpensive and do not encourage drug use, nor do they encourage improper syringe disposal or crime.

Thankfully, Maryland passed legislation authorizing statewide syringe programs. Yet access in many jurisdictions throughout the state lags, ranging from woefully poor to non-existent. Therefore, individuals in much of the state are fearful of criminal charges and rightfully so. Unfortunately, existing exceptions that do take health and safety into account, often complicate circumstances, creating confusion for police officers, and promoting inequities by penalizing people based on circumstances beyond their control.

When law enforcement practices preclude the maximization of harm reduction services, we have to re-think whether arrests and incarceration should trump health care and wellness. For people who suffer from a substance use disorder, we must focus on interventions that put health care first. We have to put humanity and dignity at the center of our programs, and encourage the use of resources that exist to

minimize harm. Our practice of disempowering the vulnerable, of removing resources from them, and isolating them has failed. A rational and humane approach is needed.

Recovery from addiction is possible but the most effective programs are underutilized due to stigma. To tackle this increasingly deadly crisis, we must figure out a way to shed the stigma and prioritize health-based solutions—a practice too often sidelined, but one that has proven effective regardless of whether the benefit is measured in humanitarian or economic terms.

In consideration of the known facts, I believe that any steps we can take to reduce criminalizing those who suffer is a step in the right direction. Criminalizing people for drug use or for supporting safe use, has done nothing but fill the jails, rather than advancing the cause of reducing addictions or saving lives. **In that light, I am also urging the Judiciary Committee to include the sponsor amendments to House Bill 481 and vote in favor of its passage.**

Respectfully submitted,

Jessie Dunleavy  
49 Murray Avenue  
Annapolis, MD 21401  
[jessie@jessiedunleavy.com](mailto:jessie@jessiedunleavy.com)

**Directorate Support letter SB509 (HB481).pdf**

Uploaded by: Joan Sperlein

Position: FWA



# BALTIMORE CITY

## SUBSTANCE ABUSE DIRECTORATE

### OFFICERS

*Joan Sperlein*  
President  
*IBR REACH Health*  
*Services*

*Vacant*  
Vice President

*Vacant*  
Secretary

*Toni Maynard-Carter*  
Treasurer  
*Johns Hopkins Hospital*  
*Broadway Center*

*Vickie Walters*  
Immediate Past President  
*IBR REACH Health*  
*Services*

February 16, 2022

Senate Bill 509/House Bill 481 Support

The Baltimore City Substance Abuse Director (BCSAD) is an advocacy and provider organization comprised of Baltimore City substance use disorders treatment providers representing all levels of care from prevention to residential treatment. Our mission is the promotion of high-quality, best-practice and effective substance use disorders treatment for the citizens of Baltimore City. We are also involved in and support legislation that ensures our citizens get the best possible care through active consideration of legislation as it relates to the health and well-being of our consumer population.

BCSAD writes to express our support for Senate Bill 509 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization) with a House sponsor amendment to ensure that the bill matches the version passed by the Maryland General Assembly last year. SB509 with sponsor amendment will revise existing criminal law to remove items that could be used to consume drugs from what is considered drug paraphernalia, effectively decriminalizing possession of those items. Under current law, the use, possession, delivery, or sale of paraphernalia to inject, ingest, inhale, or otherwise introduce a controlled dangerous substance into the human body is a criminal offense in Maryland and a first-time violation is subject to a misdemeanor and \$500 maximum fine. Subsequent violations are subject to a misdemeanor, up to two years of imprisonment, and/or a maximum fine of \$2,000.

While documented program participants are exempt from prosecution for possessing hypodermic needles and other items to prevent the spread of infectious disease, the protection does not extend to those who don't have access to a program, or to those who deliver syringes on behalf of a syringe service program to those hard to reach participants. This includes people who are too afraid of public exposure to access the services on their own or individuals with physical and mental disability. This delivery tactic is known as secondary or satellite distributors. These participants are able to provide supplies to more people than actually visit the program. Unlike the myths purported by Governor Hogan in his veto message, this service is primarily conducted between people who already have a relationship with one another, such as friends and family members. Rarely do secondary distributors ever report supplying strangers with paraphernalia. The most common motivation for secondary distributors is to protect their community from the spread of diseases and to help their family and friends. In amending SB509 to match the language the bill was passed with last year, we will be protecting those family and community members who act as secondary distributors.

**Equipping people to use drugs more safely is positive for everyone in the community-- not only in stemming the spread of infectious disease, but also in lifting the stigma that isolates people who use drugs.** When our laws are unclear, law enforcement may use their discretion in a way that further marginalizes people who are most at risk of infectious disease and overdose, including people most disproportionately impacted by the COVID-19 pandemic.

We believe that this bill will simplify Maryland's paraphernalia laws and clarify that possession of harm reduction supplies to prevent infectious disease is not a crime. **We ask that the Judicial Proceedings Committee give SB509 a favorable report with sponsor amendments.**

**MDDCSAM paraphernalia SB509 FWA.pdf**

Uploaded by: Joseph Adams, MD

Position: FWA



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

SB 509 Criminal Law - Drug Paraphernalia for Administration - Decriminalization  
Senate Judicial Proceedings Committee. Hearing: February 16, 2022

#### SUPPORT WITH AMENDMENT

My name is Malik Burnett and I am a physician fellow in addiction medicine at the University of Maryland Medical Center. I would like to thank you for the opportunity to provide written testimony today on behalf of the Maryland DC chapter of the American Society of Addiction Medicine (MDDCSAM) whose members are physicians and other health providers who treat people with substance use disorders.

MDDCSAM is supportive of HB481 **with the sponsor's amendment** to make the bill match the bill as you passed it last year. Passage of this bill has the effect of increasing the adoption and fidelity of syringe service programs in counties across the state, providing clarity for law enforcement officers on how to handle individuals who possess drug paraphernalia for personal use, and lowering the stigma associated with drug use in the community.

Since 2016, the state of Maryland has allowed for the expansion of syringe service programs (SSPs) and to date there are currently 16 active programs in the state. These programs provide access to clean needles, cookers, sterilization equipment, water and other supplies which are currently classified as drug paraphernalia. Individuals who participate in these programs have reduced incidence of infectious disease and skin and soft tissue infections and have an opportunity to be linked to treatment and start the process of recovery. Unfortunately, these same individuals are **currently subject to arrest and criminal prosecution for being in possession of the equipment obtained from these legal and lifesaving programs** unless/until they can prove the equipment was obtained from an SSP. **This bill will increase participation in these morbidity and mortality reducing programs.**

Furthermore, as a member of the MDH Standing Advisory Committee on Opioid Disease Prevention and Outreach, I evaluate new applications for SSPs around the state and it is clear that **the current criminalization of drug paraphernalia creates legal ambiguity in the strategies that SSPs can use to disseminate clean supplies.** Some SSPs endeavor to go out into the community to make contact with people who use drugs who are otherwise difficult to reach in order to both establish a relationship and reduce the harms associated with drug use. Under the current statute, these **"mobile SSP" strategies create a burden of proof requirement for volunteers and employees at SSPs**, who would have to show their affiliation with a program in the event of an interaction with law enforcement during these

(next)



( . . . continued)

community outreach efforts. These **legal ambiguities have stifled innovation and slowed adoption of the Maryland Syringe Service program around the state.** Passage of this bill would eliminate this burden.

Finally, as a practical matter, Maryland law currently allows for the “sale of needles and syringes or other paraphernalia” by pharmacies without a prescription to patients “showing proper identification and indication of need.” (1) **Given the legal ability for individuals to purchase paraphernalia from pharmacies, it is appropriate and proper that the criminal code conform to allow individuals to possess these same items.** Passage of this bill would create clarity for law enforcement officers and has the potential to **increase the adoption of successful strategies like Law Enforcement Assisted Diversion** within the criminal justice community.

Overall, the Maryland General Assembly has taken a proactive role in passing legislation which lowers the stigma associated with drug use within the state. This legislation is very much within the spirit of this effort and why MDDCSAM supports its passage.

Sincerely,

G. Malik Burnett MD, MBA, MPH  
Board Member, Maryland DC Society of Addiction Medicine

1 Md. Code Regs. 10.13.08.01

# **Health Care for the Homeless - SB 509 - FWA - Para**

Uploaded by: Katharine Billipp

Position: FWA

HEALTH CARE FOR THE HOMELESS TESTIMONY  
FAVORABLE WITH SPONSOR AMENDMENT  
SB 509 – Drug Paraphernalia for Administration – Decriminalization

Senate Judicial Proceedings Committee  
February 16, 2022



Health Care for the Homeless supports SB 509 with the sponsor’s amendment to make the bills match the way the bill was passed last session. The amendments decriminalize the delivery or sale of paraphernalia because secondary distribution is a critical tactic in health care delivery, whether it’s drug paraphernalia to at-home COVID-19 testing kits.

SB 509 will save lives, reduce barriers to housing and employment, and prevent the spread of infectious diseases. As a health care facility serving over 10,000 of Maryland’s most vulnerable individuals each year, we see far too often the effects of criminalizing substance use. In Maryland, possession of drug paraphernalia can result in a fine up to \$500 and a misdemeanor – leading to a criminal record that can be used to deny someone housing and employment.<sup>1</sup> Without access to stable housing, it is unfathomable to expect an individual to succeed in treatment for substance use disorders. The criminalization of substance use and paraphernalia perpetuates homelessness and prevents individuals from seeking supportive services. When there is less fear or punishment or arrest by police, individuals feel safer accessing treatment.<sup>2</sup> By decriminalizing paraphernalia and implementing harm reduction principles, individuals are more inclined to carry and use life-saving supplies—such as sterile needles and safer smoking kits—that prevent overdose deaths and the spread of infectious diseases.<sup>3</sup> In addition to saving lives, this has enormous implications for lowering healthcare costs related to treating infectious diseases, like HIV.<sup>4</sup>

In Maryland, there were 515 opioid-related deaths between January and March 2019.<sup>5</sup> That is far too many. This bill would show Maryland’s commitment to reframing the way we view and treat substance use—as a public health issue, not a criminal one. **As a health clinic that sees how crucial and life-saving harm reduction and decriminalization are for the clients we serve, Health Care for the Homeless urges the committee to issue a favorable report on SB 509 with the sponsor’s amendment. We thank you for taking this action last year.**

*Health Care for the Homeless is Maryland’s leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

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<sup>1</sup> MD Code Ann., Crim. Law, § 5-619 (2013).

<sup>2</sup> Laura Vearrier, “The Value of Harm Reduction for Injection Drug Use: A Clinical and Public Health Ethics Analysis,” *Disease-a-Month* 65, no. 5 (May 2019), pp. 119–41, available at <https://doi.org/10.1016/j.disamonth.2018.12.002>.

<sup>3</sup> *Id.*

<sup>4</sup> David Wilson, et al., “The cost-effectiveness of harm reduction,” *International Journal of Drug Policy* 26, supp. 1 (February 2015), pp. S5-S11, available at <https://doi.org/10.1016/j.drugpo.2014.11.007>.

<sup>5</sup> Maryland Department of Health, *State Releases 2019 First Quarter Fatal Overdose Data* (June 2019), available at [health.maryland.gov/newsroom/Pages/State-Releases-2019-First-Quarter-Fatal-Overdose-Data.aspx](http://health.maryland.gov/newsroom/Pages/State-Releases-2019-First-Quarter-Fatal-Overdose-Data.aspx).

**Larry Stafford – SB 509 FWA.pdf**

Uploaded by: Lindsey Muniak

Position: FWA



# PROGRESSIVE MARYLAND

P.O. Box 6988 Largo, MD 20792  
www.ProgressiveMaryland.org  
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## Testimony of Larry Stafford, Jr., Executive Director of Progressive Maryland

### SB 509 – Drug Paraphernalia for Administration – Decriminalization

February 16, 2022

Position: Favorable with Amendment

Thank you, Chair Smith and members of the Senate Judicial Proceedings Committee, for the opportunity to offer testimony in support of Senate Bill 509.

I'm the Executive Director of Progressive Maryland, a statewide grassroots organization with over 100,000 members, supporters, and affiliates who live in nearly every legislative district across the state. Our mission is to improve the lives of working people and families in Maryland.

**Progressive Maryland supports the passage of SB 509 with the House sponsor amendment.** This common-sense legislation will decriminalize the possession of sterile syringes, hypodermic needles, and other paraphernalia that can be used to inject or consume controlled substances. It represents a meaningful public health effort to counteract the collateral spread of HIV, hepatitis, and other blood-borne diseases, and to encourage the safe disposal of used supplies.

We have seen the abysmal failures of the so-called War on Drugs. We know from physicians and experts on addiction that the continued criminalization of drug use has been ineffective and actively harmful, and that its impact has been especially damaging to members of low-income communities and communities of color. As overdose deaths continue to surge in Maryland and across the country, it's clear that it is indefensible to uphold outdated legal frameworks that prioritize criminalization over public health intervention.

Decriminalization of paraphernalia will decrease the spread of disease by reducing tendencies to share and reuse needles, and it will make it possible for community groups doing important harm reduction work to distribute clean tools. Ensuring that people who use drugs have the tools to do so in safer ways is better for everyone in our communities.

Thank you for considering Progressive Maryland's support for this urgent legislation. This bill is a small and extremely reasonable step to begin mending the harmful effects the ongoing criminalization of drug use has had in our state. **We urge the Committee to issue a favorable report on SB 509.**

Larry Stafford, Jr.  
Executive Director  
Progressive Maryland

**2022 -SB509-FAVAMEND-OOOMD.pdf**

Uploaded by: Michelle Livshin

Position: FWA



**On Our Own of Maryland, Inc.**  
7310 Esquire Court, Mailbox 14  
Elkridge, MD 21075

Phone 410.540.9020  
Fax 410.540.9024  
onourownmd.org

**TESTIMONY IN SUPPORT WITH AMENDMENTS**  
**Senate Bill 509 - Drug Paraphernalia for Administration - Decriminalization**  
Judiciary Committee - House - February 15, 2022

Thank you Chair Smith Clippinger, Vice-Chair Waldstreicher and committee members for the time, work, and care that you have put into improving the quality and accessibility of healthcare services for Marylanders of all ages. On Our Own of Maryland is a statewide behavioral health (BH) education and advocacy organization. Our network of 20+ affiliated peer-run Wellness & Recovery Centers throughout the state offer free, voluntary recovery support services to 5,000+ community members with mental health and substance use disorders.

**We are writing to share our support of Senate Bill 509 with the sponsor's amendment to ensure that the bill matches the version passed by the Maryland General Assembly last year (SB420).** With these amendments, the bill will effectively decriminalize the possession and secondary distribution of drug paraphernalia (e.g. clean syringes, needles, spoons, etc.), which are critical harm reduction practices.

Maryland currently considers the possession or use of these items as a criminal offense, with a few exceptions. Since 2016, Syringe Service Programs (SSPs) have been authorized to distribute harm reduction supplies to prevent the transmission of infectious diseases such as HIV and Hepatitis C, and participants of these programs were made exempt from the criminal offense of the possession of some drug paraphernalia.<sup>1</sup> Public health research has shown SSPs to be effective in preventing the spread of infectious disease and increasing access to treatment,<sup>2</sup> and having access to clean supplies (i.e. paraphernalia) has not resulted in increased rates of drug use<sup>3</sup> and other criminalized activity.<sup>4</sup>

For people who use drugs, the threat of law enforcement involvement and/or incarceration still creates fear and stigma that deters them from accessing clean supplies through the 16 currently active SSPs in Maryland.<sup>5</sup> One of our affiliated centers in Baltimore City reports some peers choose to not participate in Baltimore City Needle Exchange Program due to the very real fear of being arrested and forced through the traumatizing experience of detoxing in jail instead of in a treatment setting.

Decriminalization of drug paraphernalia is essential to expanding harm reduction programs and practices that help keep the community safer and healthier. Currently, harm reduction program workers, family members, and loved ones all put themselves at significant risk of being arrested for 'secondary distribution' when delivering clean supplies to help someone who is using drugs to avoid infection and disease.

Without the sponsor's amendment to this bill, we will lose opportunities to expand harm reduction programs and protect individuals who provide safer, sterile tools and support to people using drugs. **OOOMD is urging the committee to pass this critical piece of legislation with the sponsor's amendments.**

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<sup>1</sup> Public Health – Opioid-Associated Disease Prevention and Outreach Program (2016). SB0097 (CH0348)

<sup>2</sup> Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

<sup>3</sup> P. Lurie, A.L. Reingold, B. Bowser (eds). The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations (1993)

<sup>4</sup> Murphy, S., Kelley, M. S., & Lune, H. (2004). The health benefits of secondary syringe exchange. Journal of Drug Issues, 34(2), 245-268.

<sup>5</sup> <https://health.maryland.gov/phpa/Pages/Syringe-Services-Program.aspx>

# Hilliard Paraphernalia Decrim MD 2022 SB509 Testim

Uploaded by: Mike Hilliard

Position: FWA





# LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

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Derbyshire, England, LEAP UK

Date: February 16th, 2022

Re: SB509 - Drug Paraphernalia for Administration - Decriminalization

Position: FAVORABLE WITH AMENDMENT

To: The Maryland Senate Judicial Proceedings Committee

Dear Chair Smith and Members of the Judicial Proceedings Committee,

Thank you for hearing this bill. I am testifying today as a resident of Towson and a retired Major with the Baltimore City Police Department. I support SB509 with amendments to ensure that the bill matches the version passed by the Maryland General Assembly last year. I believe that decriminalizing paraphernalia possession will reduce disease and overdose deaths and help rebuild police-community trust.

Heroin use was a crisis in Baltimore when I began as a patrol officer in 1975. 46 years later, with fentanyl mixed in the drug supply, overdoses are higher than ever before.

Fortunately, we are finally learning that arresting people for drug use does not stop overdoses, disease transmission, or drug-related crime. In fact, it is counterproductive, because it makes people hide from the authorities, share syringes, and fail to report crimes. We are moving in the right direction by establishing syringe access programs, because they reduce HIV and Hepatitis C transmission without increasing drug use or crime.

It's time for our state to take the next step and decriminalize paraphernalia possession. There is no public safety rationale to keep arresting people on this charge. In all my years of policing, I have never seen a serious threat to public safety be resolved by a paraphernalia arrest. I have, however, seen this charge used to unnecessarily arrest hundreds of people who use drugs.

Decriminalizing syringe possession would also help patrol officers, who are at risk of accidental needle-stick. Every time police make an arrest, we search the person before detaining them. As we pat them down, we ask the

suspect if there's anything in their pockets or bags that could hurt us. Suspects will often lie if they're in possession of a syringe, hoping to avoid a paraphernalia charge. Researchers have found that one in three police officers are stuck with a needle while on the job.<sup>1</sup> Imagine the stress that police and their families experience while waiting to receive their test results after a needle-stick injury. This legislation would enable suspects to warn officers that there is a needle in their pocket without fear of a further criminal charge.

This legislation would also reduce the chance that the needle in their pocket carries an infectious virus. When people know they can be arrested for syringe possession, they are more likely to share syringes to minimize their chance of arrest.

This bill would also reduce syringe littering. When we punish people for syringe possession, they do not risk carrying a used syringe with them to dispose of it safely. Instead they leave it wherever they use it -- in a park, in an alley, or in a public restroom. We shouldn't have to worry about our children playing barefoot in the park or our custodians being stuck by needles at work. This legislation would enable people to carry their syringe until they have a safe means of disposal.

Finally, this bill would help reestablish police-community trust. When we arrest someone for drug paraphernalia, the community sees us wasting taxpayer resources and punishing someone who needs treatment. People who use drugs see these arrests and become afraid to report a crime or call 911 when a friend overdoses. We need the cooperation of the whole community, including those who are currently hiding from the police, in order to protect public safety.

In short, supporting this legislation is common sense. We have a clear opportunity to reduce disease transmission and syringe littering, protect officers, and improve community trust. Anyone who supports public safety and public health should support this legislation. I urge the committee to give SB509 a favorable report including amendments to match the House version of the bill from last year.

Thank you for considering this important issue today.

Respectfully,

Major Mike Hilliard (Ret.)  
Baltimore Police Department

1. "References in Occupational needlestick injuries in a metropolitan ...."  
[https://www.ajpmonline.org/article/S0749-3797\(99\)00137-3/references](https://www.ajpmonline.org/article/S0749-3797(99)00137-3/references). Accessed 11 Feb. 2022.

# **SB0509\_FWA\_MedChi\_Drug Paraphernalia for Administr**

Uploaded by: Pam Kasemeyer

Position: FWA

# MedChi

*The Maryland State Medical Society*  
1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org

TO: The Honorable William C. Smith, Jr., Chair  
Members, Senate Judicial Proceedings Committee  
The Honorable Jill P. Carter

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine K. Krone

DATE: February 16, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 509 – *Drug Paraphernalia for Administration – Decriminalization*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 509, with the sponsor's amendment to make the bill conform to the legislation passed last session because secondary distribution is a critical element in health care delivery, from drug paraphernalia to at-home COVID-19 testing kits.

Senate Bill 509 would decriminalize possession of items that can be used to inject, ingest, inhale, or otherwise consume a controlled dangerous substance. Reducing the harm caused by substance use has been a priority of the General Assembly. The decriminalization of paraphernalia proposed by this legislation will continue to help ensure that people are accessing services, such as syringe service programs, and will avoid unnecessary arrest and incarceration. Decriminalization will provide greater incentive to seek treatment as people who are using substances will be less afraid of law enforcement interaction. In decriminalizing paraphernalia, the State will also reduce the need for people to re-use certain items that may contribute to the transmission of infectious diseases. This will have a positive public health impact on the spread of HIV and Hepatitis C. Further, the collateral damage of unnecessary incarceration continues to harm people in Maryland, and disproportionately people of color. Passage of Senate Bill 509 will demonstrate a commitment to reframing substance use as a public health issue, not a criminal issue and with the sponsors amendments urge a favorable report.

**For more information call:**

Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine Krone  
410-244-7000

**SB509\_ FAV W AMENDMENT\_BHRC Written Testimony.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FWA



February 16, 2022

Honorable Chair Will Smith  
2 East Miller Senate Office Building  
Annapolis, Maryland 21401

**Senate Bill 509 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization)  
- FAVORABLE WITH SPONSOR AMENDMENT**

Dear Chair Smith and Senate Judicial Proceedings Committee members,

Baltimore Harm Reduction Coalition writes to express our support for Senate Bill 509 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization) with a House sponsor amendment to ensure that the bill matches the version passed by the Maryland General Assembly last year. SB509 with sponsor amendment will revise existing criminal law to remove items that could be used to consume drugs from what is considered drug paraphernalia, effectively decriminalizing possession of those items. Under current law, the use, possession, delivery, or sale of paraphernalia to inject, ingest, inhale, or otherwise introduce a controlled dangerous substance into the human body is a criminal offense in Maryland and a first-time violation is subject to a misdemeanor and \$500 maximum fine. Subsequent violations are subject to a misdemeanor, up to two years of imprisonment, and/or a maximum fine of \$2,000.<sup>1</sup>

There are a few exceptions to paraphernalia criminalization under current law. The Maryland General Assembly repealed the criminal prohibition of cannabis-related paraphernalia in 2015,<sup>2</sup> granted exemption for possession of some drug paraphernalia for participants of syringe service programs in 2016,<sup>3</sup> and repealed the criminal prohibition of items to test or analyze drugs, like fentanyl test strips, in 2018.<sup>4</sup>

Legislation passed by the Maryland General Assembly in 2016 has allowed for the expansion of syringe services programs (SSPs) statewide in order to distribute harm reduction supplies to prevent transmission of infectious diseases such as HIV and Hepatitis C. The research supporting the numerous health benefits of SSPs is clear and extensive. **Every scientific and medical organization to study the issue has shown that legal access to sterile supplies reduces the spread of HIV, hepatitis, and other blood-borne diseases.** Studies have also shown that access to supplies does not increase improperly discarded needles,<sup>5</sup> rates of drug

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<sup>1</sup> COMAR § 5-619 Drug Paraphernalia

<sup>2</sup> Criminal Law – Use and Possession of Marijuana and Drug Paraphernalia (2015). SB0517 (CH0004)

<sup>3</sup> Public Health – Opioid-Associated Disease Prevention and Outreach Program (2016). SB0097 (CH0348)

<sup>4</sup> Criminal Law – Prohibitions, Prosecutions, and Corrections (2018). SB1137 (CH0145)

<sup>5</sup> New York Academy of Medicine. New York State Expanded Syringe Access Demonstration Program Evaluation. January 15, 2003

use,<sup>6</sup> or other criminalized activity.<sup>7</sup> Additionally, people who use SSPs are more likely to reduce injections, to stop injecting altogether, to begin drug treatment, and to remain in drug treatment once started.

**For these health benefits to materialize in Maryland, people need to trust that they can access supplies without law enforcement interference.** When supplies are broadly considered illegal, even some registered SSP participants experience harassment and citation from law enforcement who do not understand the confusing patchwork of paraphernalia exceptions. The citation is usually dismissed as *nolle pros* once a participant goes to court with the proper documentation. However, the harassment experienced and the resources required to attend court is disruptive and unjust, and should not be underestimated.

While documented program participants are exempt from prosecution for possessing hypodermic needles and other items to prevent the spread of infectious disease, the protection does not extend to those who don't have access to a program, or to those who deliver syringes on behalf of a syringe service program to those hard to reach participants. This includes people who are too afraid of public exposure to access the services on their own or individuals with physical and mental disability.<sup>8</sup> This delivery tactic is known as secondary or satellite distributors.<sup>9</sup> These participants are able to provide supplies to more people than actually visit the program. Unlike the myths purported by Governor Hogan in his veto message, this service is primarily conducted between people who already have a relationship with one another, such as friends and family members. Rarely do secondary distributors ever report supplying strangers with paraphernalia.<sup>10</sup> The most common motivation for secondary distributors is to protect their community from the spread of diseases and to help their family and friends.<sup>11</sup> In amending SB509 to match the language the bill was passed with last year, we will be protecting those family and community members who act as secondary distributors.

This also includes those Marylanders who live in rural areas and must obtain supplies from other sources, such as pharmacies. The Code of Maryland Regulations (COMAR) states that **syringes may be sold without a prescription with an indication of need**,<sup>12</sup> and the Maryland Board of Pharmacy voted unanimously in 2007, and renewed support again in 2017, to approve that prevention of disease is an acceptable indication of need. Therefore, in all circumstances that a pharmacist believes that the provision of syringes will reduce the spread of disease, they are acting in accordance with COMAR and the Maryland Board of Pharmacy. However, the

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<sup>6</sup> National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).

<sup>7</sup> P. Lurie, A.L. Reingold, B. Bowser (eds). The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations (1993)

<sup>8</sup> Murphy, S., Kelley, M. S., & Lune, H. (2004). The health benefits of secondary syringe exchange. *Journal of Drug Issues*, 34(2), 245-268.

<sup>9</sup> Valente, T. W., Foreman, R. K., Junge, B., & Vlahov, D. (1998). Satellite exchange in the Baltimore Needle Exchange Program. *Public health reports (Washington, D.C. : 1974)*, 113 Suppl 1(Suppl 1), 90-96.

<sup>10</sup> Snead J, Downing M, Lorvick J, et al. Secondary syringe exchange among injection drug users. *J Urban Health*. 2003;80(2):330-348. doi:10.1093/jurban/jtg035

<sup>11</sup> *ibid*.

<sup>12</sup> Maryland Board of Pharmacy News. Fall 2017.

individual obtaining syringes from a pharmacy or other source is not protected by law. As a result, they are at risk of being saddled with a citation and criminal record which can affect future access to employment, education, and social services.

**To ensure safe disposal of supplies once used, people need to be able to trust that they can hold onto supplies until they reach a proper disposal site without law enforcement interference.** People may throw their used supplies away quickly because they fear the police could use these items as evidence of drug use and arrest them. Indeed, paraphernalia charges are often used as a catch-all tool that enables an officer to make an arrest even when no other evidence of a crime may be present.

Reducing infection and encouraging proper disposal are compelling reasons on their own, and this measure also has a beneficial economic impact. Studies and cost benefit analyses show that access to sterile supplies saves money, largely from averted HIV, hepatitis B, and hepatitis C infections.<sup>13</sup> A sterile needle costs about 10 cents wholesale and 50 cents retail. Lifetime AIDS care for one person costs about \$618,000.<sup>14</sup> A safer smoking kit costs a couple of dollars, but annual care for one person with hepatitis C infection is \$10,000 with a lifetime cost of \$100,000. Preventing only one case of HIV or hepatitis C infection annually translates into enormous savings.<sup>15</sup>

**Equipping people to use drugs more safely is positive for everyone in the community-- not only in stemming the spread of infectious disease, but also in lifting the stigma that isolates people who use drugs.** When our laws are unclear, law enforcement may use their discretion in a way that further marginalizes people who are most at risk of infectious disease and overdose, including people most disproportionately impacted by the COVID-19 pandemic.

We believe that this bill will simplify Maryland's paraphernalia laws and clarify that possession of harm reduction supplies to prevent infectious disease is not a crime. **We ask that the Judicial Proceedings Committee give SB509 a favorable report with sponsor amendments.**

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<sup>13</sup> Australian Commonwealth Department of Health and Aging. Return on Investment in Needle and Syringe Programs in Australia.

<sup>14</sup> Schackman, Bruce R., et al. The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. *Medical Care*. 44 (11):990-997 (2006).

<sup>15</sup> Winnipeg Regional Health Authority, Population and Public Health Program. Safer Crack Use Kit Distribution in the Winnipeg Health Region. October 2012.



# **SB509\_BHRC Paraphernalia FAQ 2022.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FWA



## **Amend Paraphernalia Statutes & Decriminalize Safety**

### **Is possession of drug paraphernalia a crime in Maryland?**

- Yes, with some exceptions. The use, possession, delivery, or sale of paraphernalia to inject, ingest, inhale, or otherwise introduce drugs into the human body is a criminal offense in Maryland and a first-time violation is subject to a Misdemeanor and \$500 maximum fine. Subsequent violations are subject to a Misdemeanor, up to two years of imprisonment, and/or a maximum fine of \$2,000.<sup>1</sup>
- The Maryland General Assembly repealed the criminal prohibition of cannabis-related paraphernalia in 2015,<sup>2</sup> granted exemption for possession of some drug paraphernalia for participants of syringe service programs in 2016,<sup>3</sup> and repealed the criminal prohibition of items to test or analyze drugs, like fentanyl test strips, in 2018.<sup>4</sup>

### **We already have syringe service programs, isn't that enough?**

- MD General Assembly passed legislation in 2016 to allow for expansion of syringe service programs statewide, but programs have been slow to implement. Not all people who use drugs have access to existing programs and they must obtain supplies from other sources.
- Despite overwhelming success of existing syringe service programs, current paraphernalia laws don't provide explicit protection for distributing other life-saving supplies like safer smoking kits.
- When supplies are illegal, even registered program participants fear, and sometimes experience, harassment and citation by law enforcement.

### **Will access to supplies reduce disease transmission and overdose deaths?**

- Yes. Every scientific and medical organization to study the issue has concluded that sterile syringe access reduces the spread of HIV, hepatitis, and other blood-borne diseases.
- Non-injection drug use is associated with high rates of hepatitis C.<sup>9</sup> Studies of Canadian programs to distribute safer smoking kits found they significantly reduced risky behaviors like supply sharing that spread MRSA, HIV, hepatitis B and hepatitis C.<sup>10</sup>
- Providing users with sterile supplies saves lives and allows public health officials to track deadly trends, like fentanyl, in the drug supply.

### **Does access to sterile supplies increase or encourage drug use?**

- No. Seven U.S. government funded studies concur that access to sterile syringes reduces the spread of HIV and does not increase drug use.<sup>11</sup>

## Does access to sterile supplies increase improperly discarded syringes?

- No. A major evaluation was done by the New York Academy of Medicine after New York State changed its law to allow for non-prescription sale of syringes in pharmacies. After the law changed, evaluators found no increases in the following: improperly discarded syringes, accidental needle sticks among law enforcement or sanitation workers, criminal activity or drug use.<sup>12</sup>

## Does access to sterile supplies increase crime or criminal activity?

- No. No study has ever found an increase in categorized crime associated with a syringe access program. A 1993 review of 16 syringe access programs reported no evidence of increased crime.<sup>13</sup>

## Will access to sterile supplies hinder existing harm reduction and drug treatment efforts?

- No. This legislation will allow our existing syringe exchange programs to be even more effective and offer more services.
- Access to sterile supplies is associated with increased treatment uptake. Access programs provide a bridge to drug treatment and other social services for drug users, with staff providing clients referrals to drug treatment, medical services, and other social services.

## What is the economic impact of sterile supply access?

- Economic impact studies and cost benefit analyses show that access to sterile supplies saves money, largely from averted HIV, hepatitis B, and hepatitis C infections.<sup>14</sup>
- A sterile needle costs about 10¢ wholesale and 50¢ retail. Lifetime AIDS care for one person costs about \$618,000.<sup>15</sup>
- A safer smoking kit costs about 59¢. Annual care for one person with hepatitis C infection is \$10,000, with a lifetime cost of \$100,000. Preventing only one case of hepatitis C infection annually translates into enormous savings.<sup>16</sup>

For more information, contact BHRC's director of mobilization, Rajani Gudlavalleti at  
[rajani@baltimoreharmreduction.org](mailto:rajani@baltimoreharmreduction.org)

<sup>1</sup>COMAR § 5-619 Drug Paraphernalia

<sup>2</sup>Source: Department of Legislative Services

<sup>3</sup>Criminal Law – Use and Possession of Marijuana and Drug Paraphernalia (2015). SB0517 (CH0004)

<sup>4</sup>Public Health – Opioid-Associated Disease Prevention and Outreach Program (2016). SB0097 (CH0348)

<sup>5</sup>Criminal Law – Prohibitions, Prosecutions, and Corrections (2018). SB1137 (CH0145)

<sup>9</sup>Tortu, McMahon, Pouget & Hamid, 2004; Scheinmann, Lelutiu-Weinberger, Stern, Jarlias, Flom & Strauss, 2007.

<sup>10</sup>City of Ottawa Public Health. Evaluation Report: Safer Crack Use Initiative. October 2006. Find at: [http://www.ohrdp.ca/wp-content/uploads/pdf/Final\\_Crack\\_Report\\_ES\\_f.pdf](http://www.ohrdp.ca/wp-content/uploads/pdf/Final_Crack_Report_ES_f.pdf)

<sup>11</sup>National Commission on AIDS, The Twin Epidemics of Substance Abuse and HIV (Washington DC: National Commission on AIDS, 1991); General Accounting Office, Needle Exchange Programs: Research Suggests Promise as an AIDS Prevention Strategy (Washington DC: US Government Printing Office, 1993); Lurie, P. & Reingold, A.L., et al., The Public Health Impact of Needle Exchange Programs in the United States and Abroad (San Francisco, CA: University of California, 1993); Satcher, David, MD, (Note to Jo Ivey Bouffard), The Clinton Administration's Internal Reviews of Research on Needle Exchange Programs (Atlanta, GA: Centers for Disease Control, December 10, 1993); National Research Council and Institute of Medicine, Normand, J., Vlahov, D. & Moses, L. (eds.), Preventing HIV Transmission: The Role of Sterile Needles and Bleach (Washington DC: National Academy Press, 1995); Office of Technology Assessment of the U.S. Congress, The Effectiveness of AIDS Prevention Efforts (Springfield, VA: National Technology Information Service, 1995); National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: National Institutes of Health Consensus Program Information Center, February 1997).

<sup>12</sup>New York Academy of Medicine. New York State Expanded Syringe Access Demonstration Program Evaluation. January 15, 2003 <sup>13</sup>P. Lurie, A.L. Reingold, B. Bowser (eds). The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations (1993).

<sup>14</sup>Australian Commonwealth Department of Health and Aging. Return on Investment in Needle and Syringe Programs in Australia. 200 <sup>15</sup>Schackman, Bruce R., et al. The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States. Medical Care. 44 (11):990- 997 (2006).

<sup>16</sup>Winnipeg Regional Health Authority, Population and Public Health Program. Safer Crack Use Kit Distribution in the Winnipeg Health Region. October 2012. Find at: <http://sagecollection.ca/en/system/files/scukdistributioninthewinnipeghealthregion-revisedoct2012.pdf>

**SB509\_Para Decrim Across the U.S. BHRC memo.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FWA



## Drug Paraphernalia Decriminalization in Maryland and the United States

While there are no laws prohibiting drug use in Maryland, drug paraphernalia statutes effectively criminalize people who use drugs and create barriers to safer practices. In considering methods to address these issues, we investigated drug paraphernalia statutes across the United States. This research identified three legislative strategies that state governments tend to employ: (1) the full absence of criminal statutes prohibiting the possession of drug paraphernalia, (2) the removal of certain items from the criminal definition of drug paraphernalia, and (3) the addition of defined legal protection for certain items that could be considered drug paraphernalia. This research only identifies legislative strategies for addressing paraphernalia statutes and does not include an analysis into the consequential legal outcomes for people who use drugs.

### Drug Paraphernalia Statutes in Maryland

- [§ 5-619 Drug Paraphernalia](#)
- [MD Health 24, Subt. 9 Opioid-Associated Disease Prevention and Outreach Programs](#)
  - See [§ 24-901 Definitions](#), [§ 24-908 Immunity from criminal prosecution, exemptions](#), [§ 24-909 Possession Offenses](#)

### Three Strategies for Decriminalization

1. *No criminal statutes prohibiting the possession of drug paraphernalia.*

AK, MI, OR, WV, WY

- i. **Benefits:** Possession of all forms of paraphernalia is completely deregulated at the state level
- ii. **Gaps:** Does not decriminalize sale and distribution of paraphernalia, local governments may create laws prohibiting possession of paraphernalia

2. *Removal of certain items from the criminal definition of drug paraphernalia.*

CO, CT, D.C., ME, MA, NM, NV, NH, NJ, SC, WI

- i. **Benefits:** Possession of hypodermic devices is decriminalized
- ii. **Gaps:** Does not include other forms of paraphernalia, criminal statutes can prohibit possession of hypodermic devices (but they are not in



relation to “drug paraphernalia”); sometimes injection-specific so does not protect tools used for other routes of administration

3. *Specifically defined legal protections of certain items that could be considered drug paraphernalia.*

CA, ME, MA, MN, NV, VT, WI

- i. **Benefits:** Direct language prevents misinterpretation of the law
- ii. **Gaps:** Legal protections do not apply to all people (i.e. SSP participants only, adults 18+ only)






# **SB509\_Paraphernalia Supplies List\_BHRC.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FWA

# HARM REDUCTION SAFER USE SUPPLIES



## safer injecting

item	best practice	without access to this item
	<p><b>Water</b> is required to dissolve drugs prior to injection. Pre-packaged sterile water is best to use, and water boiled in a kettle is also a safe method.</p>	<p>Using possibly contaminated water from a sink tap, toilet bowl, or puddle can lead to abscess wounds, bacterial infections, and Hepatitis C.</p>
	<p>Drugs are mixed with water in a <b>cooker</b>. A single-use clean cooker made from stainless steel or aluminum is best.</p>	<p>Sharing cookers can transfer bacteria and infectious diseases such as Hepatitis C which can live on surfaces for weeks.</p>
	<p>A single-use piece of <b>cotton</b> is used to filter out any solids left in the drug solution.</p>	<p>Used filters can harbor bacteria, viruses and mold, and re-using can cause bloodstream infections often referred to as 'cotton fever.'</p>
	<p>A single-use <b>alcohol swab</b> to clean any bacteria from the injection site.</p>	<p>Injecting without cleaning the site can push bacteria or fungi into the bloodstream, leading to life-threatening blood, heart, and joint infections.</p>
	<p>A new sterile <b>syringe</b> should be used for every injection to avoid transfer of infectious diseases and dulling of the needle tip.</p>	<p>Sharing syringes can transfer infectious diseases including HIV and Hepatitis C, and reusing a dull needle can cause damage to veins and muscles.</p>




# HARM REDUCTION SAFER USE SUPPLIES

## safer smoking

item	best practice	without access to this item
	A Pyrex <b>pipe with rubber mouthpiece</b> does not conduct heat like some other materials, so burns are less frequent.	Using plastic, copper, or soda cans that emit toxic fumes when heated, or thin glass like light bulbs that break easily, leads to cuts and burns.
	Porous brass metal makes for a safer <b>screen</b> for smoking drugs. They are non-toxic and do not break down when heated.	Using steel wool (Brillo), which can break apart when heated, can burn the lips, mouth, and throat, and damage the lungs.

## safer sniffing

item	best practice	without access to this item
	Use of a new clean <b>straw</b> each time to avoid transfer of bacteria and virus through blood vessels in the nose.	Re-using or sharing straws or using rolled-up dollar bills which can transmit bacteria and infectious diseases such as Hepatitis C.



@BmoreHRC



It's important to use clean equipment with **EVERY** use, which could be multiple times per day!

BaltimoreHarmReduction.org

# **SB509\_SB509 BHRC Amendment Fact Sheet.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FWA



## **HB481/SB509 - Drug Paraphernalia Decriminalization**

### **Mythbusting Secondary Distribution: Support for the Sponsor Amendment**

When [Governor Hogan vetoed SB420](#) to decriminalize paraphernalia last session, he cited in part that his reasoning spoke to a clause in the bill that would decriminalize possession intended for delivery or sale of harm reduction supplies. The Governor and policymakers have focused on this clause, building upon the racist and classist myth of drug sellers stockpiling paraphernalia and distributing it to vulnerable populations. We know this to be untrue. Baltimore Harm Reduction Coalition supports HB481/SB509 with a sponsor amendment to ensure that the bills match the way they were passed last session. Secondary distribution is a critical tactic in healthcare delivery, from drug paraphernalia to at-home COVID-19 testing kits.

**MYTH #1: *People who sell drugs will capitalize on selling paraphernalia if sale and delivery are decriminalized.***

**Reality:** From an economic standpoint, there is no incentive to sell drug paraphernalia in large quantities given that over 20 Maryland State-authorized syringe service programs distribute these health care supplies for free.

**MYTH #2: *People who distribute paraphernalia are exploiting individuals with substance use disorder.***

**Reality:** People who distribute drug paraphernalia on behalf of a syringe service program are known as secondary (or satellite) distributors.<sup>1</sup> If decriminalized in Maryland, secondary distributors would be able to expand the reach of this life-saving program. Secondary distribution is primarily done between people who already have a relationship with one another, such as friends and family members—rarely do secondary distributors ever report supplying strangers with paraphernalia.<sup>2 3</sup> Secondary distributors are not “exploitative drug kingpins,” they are altruistic family and community members who support the efforts of existing syringe service programs.

**MYTH #3: *People who receive paraphernalia through secondary distribution can be reached in other ways.***

**Reality:** Individuals who receive supplies from secondary distributors face the highest barriers to accessing health and social service programs. The number one reported barrier is fear of public exposure, specifically from law enforcement.<sup>4</sup> People who receive supplies from secondary distributors often have heightened concerns about legal interaction. After public exposure, physical and mental disability were the greatest barriers.<sup>5</sup> These are barriers that changes in outreach and service provision are unlikely to fix, but expansion of secondary distribution can. Particularly during the COVID-19 pandemic, this type of service delivery is recommended by the CDC to prioritize the health of vulnerable program participants.<sup>6</sup>

<sup>1</sup> Valente, T. W., Foreman, R. K., Junge, B., & Vlahov, D. (1998). Satellite exchange in the Baltimore Needle Exchange Program. *Public health reports (Washington, D.C. : 1974)*, 113 Suppl 1(Suppl 1), 90–96.

<sup>2</sup> Snead J, Downing M, Lorvick J, et al. Secondary syringe exchange among injection drug users. *J Urban Health*. 2003;80(2):330-348. doi:10.1093/jurban/jtg035

<sup>3</sup> *ibid.*

<sup>4</sup> Murphy, S., Kelley, M. S., & Lune, H. (2004). The health benefits of secondary syringe exchange. *Journal of Drug Issues*, 34(2), 245-268.

<sup>5</sup> *ibid.*

<sup>6</sup> Centers for Disease Control and Prevention. Recent HIV Clusters and Outbreaks Across the United States Among People Who Inject Drugs and Considerations During the COVID-19 Pandemic. 2020.

**SB 509\_Paraphernalia Decrim\_BHSB\_FAVwithAmend.pdf**

Uploaded by: Stacey Jefferson

Position: FWA



February 16, 2022

**Senate Judicial Proceedings Committee**  
**TESTIMONY IN SUPPORT With AMENDMENTS**  
*SB 509- Drug Paraphernalia for Administration- Decriminalization*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore supports SB 509- Drug Paraphernalia for Administration- Decriminalization with the sponsor amendment.** This bill decriminalizes the possession and use of drug paraphernalia to inject, ingest, inhale, or otherwise introduce in the human body a controlled dangerous substance (CDS). It also repeals the prohibition on possessing or distributing controlled paraphernalia under circumstances, which indicates an intention to use the controlled paraphernalia for purposes of illegally administering a CDS.

The number of overdose deaths in Maryland in 2020 was 2,773. This represents a 16.6 percent increase from 2019. During the same period Baltimore City reported 954 fatal overdose deaths<sup>1</sup>. The increase in overdose deaths highlights how important it is to continue to promote harm reduction practices and to treat substance use disorder as a public health issue.

BHSB supports SB 509 because we recognize the criminalization of substance use and paraphernalia often prevents people from seeking treatment and supportive services. Also, current drug paraphernalia laws create a disproportionate impact on people of color further exacerbating inequities in treatment access. Evidence has shown that when there is less fear of punishment or arrest by police, individuals feel safer accessing treatment.<sup>2</sup> SB 509 will reduce the collateral damage caused by incarceration by helping to ensure that people are accessing syringe service programs or carry and use lifesaving supplies that prevent overdose deaths and the spread of infectious diseases.

Decriminalizing paraphernalia will help prioritize health and safety over punishment and begin to reduce the harm caused by the war on drugs particularly in black and brown communities. As such, **BHSB urges the Senate Judicial Proceedings Committee to support SB 509 with the sponsor amendment.**

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<sup>1</sup> Maryland Opioid Operational Command Center 2020 Annual Report  
<https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/04/2020-Annual-Report-Final.pdf>

<sup>2</sup> Laura Vearrier, “The Value of Harm Reduction for Injection Drug Use: A Clinical and Public Health Ethics Analysis,” *Disease-a-Month* 65, no. 5 (May 2019), pp. 119–41, available at <https://doi.org/10.1016/j.disamonth.2018.12.002>.

# **SB 509 - Drug Paraphernalia Decriminalization - O**

Uploaded by: Ella Ennis

Position: UNF



Ella Ennis, Legislative Chairman  
Maryland Federation of Republican Women  
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Senator William Smith, Chairman  
and Members of the Judicial Proceedings Committee  
Maryland Senate  
Annapolis, Maryland

RE: **SB 0509** -- Decriminalize Drug Paraphernalia for Administration into the Body – **OPPOSED**

Dear Chairman Smith and Committee Members,

The Maryland Federation of Republican Women opposes SB 0509 that would repeal the prohibition against a person using or possessing with intent to use drug paraphernalia to inject, ingest, inhale, or otherwise introduce into the human body a controlled dangerous substance.

Maryland was 4<sup>th</sup> in the nation for drug overdose deaths in 2019 according to Centers for Disease Control (CDC) statistics. The fatal drug overdose rate in Maryland was 38.2 deaths per 100,000 people<sup>1</sup>. The average death rate nationally was 23.7 deaths – almost 40% lower than Maryland.

The CDC reports that from 2015 to 2017, nearly all racial/ethnic groups and age groups experienced significant increases in opioid-involved and synthetic opioid-involved overdoses death rates. The report indicated a need for culturally competent interventions targeted to populations at risk and expanding evidence-based interventions.<sup>2</sup> The report made no mention of decriminalizing paraphernalia.

Our efforts should be directed towards interdiction, not legalization. This legislation does nothing to help those addicted to drugs recover from their addiction or to reduce the drug-related crimes that are endangering our communities. Eliminating a misdemeanor charge for possession of paraphernalia serves no purpose in the fight against addiction.

Please give SB 0509 an **UNFAVORABLE** report.

Sincerely,

Ella Ennis  
Legislative Chairman

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<sup>1</sup> [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)

<sup>2</sup> <https://www.cdc.gov/mmwr/volumes/68/wr/mm6843a3.htm>