

House Bill 481

Criminal Law - Drug Paraphernalia for Administration - Decriminalization - FAVORABLE

February 15, 2022

The Honorable Luke Clippinger
Chairman, House Judiciary Committee
Room 101, House Office Building
Annapolis, MD 21401

Dear Chair Clippinger and House Judiciary 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. 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,

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