



## **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.