

Carrington 2024 testimony HB1057 taskforce de mini

Uploaded by: Darrell Carrington

Position: FAV



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House Bill 1057 – Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substances

SUPPORT

Carrington & Associates, LLC offers its support for HOUSE BILL 1057, "Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substances." We believe that this legislation represents a crucial step towards a more comprehensive understanding of the complex issues surrounding controlled dangerous substances and the potential implementation of more effective and fair policies.

Here are key reasons for our support:

1. Informed Decision-Making:

- HOUSE BILL 1057 establishes a Task Force comprising diverse stakeholders, including representatives from the legislature, law enforcement, healthcare, legal professionals, and community organizations. This diversity ensures a comprehensive and well-rounded approach to studying the issues related to de minimis quantities of controlled dangerous substances.

2. Evidence-Based Recommendations:

- The bill mandates the Task Force to conduct a thorough analysis of the relationship between drug use and crime, consult with experts, and review best practices in other states. This commitment to evidence-based decision-making is crucial for crafting effective policies that address the root causes of substance use issues.

3. Alternatives to Criminal Justice Intervention:

- The inclusion of objectives related to identifying alternatives to criminal justice intervention, such as assessments of substance use or mental health disorders, and referral to drug education programs, demonstrates a forward-thinking approach. This acknowledges the importance of addressing substance use as a public health concern rather than solely as a criminal matter.

4. Focus on Treatment and Support Services:

- The bill recognizes the need to increase the availability of low-barrier substance use disorder treatment, peer support services, transitional housing, and harm reduction interventions. This emphasis on a multi-faceted approach aligns with modern understanding and best practices in addressing substance use issues.

5. Inclusive Representation:

- The Task Force includes representatives with lived experiences, ensuring that the perspectives of those directly affected by substance use disorders are considered in the decision-making process. This inclusive representation contributes to a more empathetic and effective approach to policy development.

6. Transparent Reporting:

- The bill establishes a clear deadline for the Task Force to report its findings and recommendations to the Governor and the General Assembly. This commitment to transparency and accountability ensures that the public and policymakers are kept informed of the Task Force's work.

In conclusion, we believe that HOUSE BILL 1057 is a well-considered and timely initiative that addresses the complexities of controlled dangerous substances in a comprehensive and inclusive manner. We urge you to support this bill and contribute to the creation of evidence-based and compassionate policies that prioritize public health and community well-being.

Thank you for your attention to this matter. We look forward to seeing positive outcomes from the efforts of the Task Force.

For the foregoing reasons, we ask for your FAVORABLE report for House Bill 1057.

HB 1057 MOPD Fav.docx.pdf

Uploaded by: Elizabeth Hilliard

Position: FAV



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: House Bill 1057 Task Force to Study the Use and Possession of De Minimis

Quantities of Controlled Dangerous Substances

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: February 16, 2024

The Maryland Office of the Public Defender respectfully requests that this Committee issue a favorable report on House Bill 1057.

House Bill 1057 establishes a task force to, among other things:

- analyze and document the relationship between drug use and crime
- conduct a survey of research and consult with a panel of experts to recommend types of controlled dangerous substances and de minimis quantity amounts that should be eligible for a civil citation for use or possession;
- evaluate the use of dedicated drug courts in other states and identify best practices;
- identify alternatives to criminal legal system intervention, such as assessments of substance use or mental health disorders, or referral to drug education program;
- investigate ways to increase the availability of low barrier substance use disorder treatment, peer support and recovery services, transitional, supportive, and permanent housing for individuals with substance use disorder; and harm reduction interventions
- identify the application of de minimis quantity civil offense provisions, the fine

amounts, and ways in which youth under the age of 21 years might be treated differently under a de minimis quantity law.

Permitting persons convicted of possession and use of de minimis quantities of controlled dangerous substances to face civil penalties instead of criminal convictions or incarceration, reclassifies substance use and addiction as the public health crisis it is, not an action in need of punishment but of treatment.

Unfortunately, overdoses have increased in Maryland, with an especially notable uptick during the COVID-19 pandemic.¹ Marylander's struggle with addiction demonstrates that simply caging drug users in jail and punishing them has failed. A failure that this bill recognizes by removing drug addiction from the criminal system and into the realm of public health.

There are a few examples of the positive results of decriminalizing, or reducing the criminalization of drug use. In 2014, California voters defelonized possession of illegal drugs for personal use. In just one year, the jail population decreased from 51, 151 to 46, 384. The average cost for an inmate in California is \$64, 642. With 4,767 fewer inmates, California saved \$308 million dollars in 2015 after defelonizing possession of drugs for personal use.²

Portugal decriminalized drug possession in 2001. The drug use rates are far lower than in the United States. Between 1997 and 2012, the use of drug treatment programs rose by 60%. The drug overdose rates dropped from 80 to 16 in 10 years. The percentage of people in prison for drug violations dropped 20% within 14 years. Within 13 years, the number of HIV cases decreased from 1,575 to 78 cases. The number of AIDS cases decreased from 626 to 74 cases. Portugal's success with drug decriminalization provides Maryland a clear example of a better

¹ <https://www.baltimoresun.com/health/bs-hs-overdose-rate-maryland-coronavirus-pandemic-20210113-rll3kzzv3jd6he2bf44wah5cbm-story.html>

² https://www.ppic.org/wp-content/uploads/content/pubs/report/R_316MB3R.pdf;
<https://www.vera.org/publications/price-of-prisons-2015-state-spending-trends/price-of-prisons-2015-state-spending-trends/price-of-prisons-2015-state-spending-trends-prison-spending>.

way to deal with drug addiction.³

We can look at the concerns and criticisms in Oregon's decriminalization efforts to understand the importance of starting a task force that will guide Maryland's efforts to humanize, dignify, and treat those with substance use disorders.⁴ Where Oregon passed the decriminalization law first and worried about implementation second, Maryland should pass this task force bill, determine how we can implement treatment-focused drug laws, and then turn towards potential de minimis decriminalization efforts based on the recommendations of experts.

Addiction and use of drugs should not be handled in the criminal legal system, they must be addressed in the public health realm. Ensuring that we are providing individuals with treatment is critical to decreasing mass incarceration and improving Maryland. Establishing this task force is one small step in the direction of making it easier for people struggling with addiction to connect with their community and feel less ostracized and decreasing the stigma of drug use. Decreasing the stigma and decriminalizing de minimis possession, will make drug users feel more encouraged to seek treatment and support, which in turn will make recovering and healthy living within their communities more likely.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on House Bill 1057

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

³ <https://www.nytimes.com/2020/10/05/upshot/portugal-drug-legalization-treatment.html>;
<https://drugpolicy.org/issues/drug-decriminalization>;
<https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>.

⁴ <https://www.propublica.org/article/oregon-leaders-hampered-drug-decriminalization-effort>

House Bill 1057 - 2024.pdf

Uploaded by: Jessie Dunleavy

Position: FAV

House Bill 1057

Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substance - FAVORABLE

February 16, 2024

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

Dear Chair Clippinger and members of the House Judiciary Committee,

I am a lifelong resident of Maryland. My advocacy work, my investment in this legislation, and my insight into the suffering and neglected needs of people with a substance use disorder, stems from the path I walked with my son, who died of a mixed drug overdose in 2017. I loved and admired my son, and I know his death was preventable.

House Bill 1057 gives me hope for reducing the number of arrests and the impact on people who never recover from the consequences. My son had disabilities, he struggled in school and was socially awkward. I am sure he initially found that drugs eased his pain. Instead of the health-centered care he desperately needed, he was shamed and even incarcerated at one point for a relapse, where he was physically abused, consistently hungry, and robbed. He was innately sweet-natured and sensitive, and his being dehumanized and mistreated only magnified his self-doubt, dimmed his hopes for employment, and eroded his respect for criminal justice.

For more than 50 years, the war on drugs has shaped public opinion and justified our stance that those who use drugs are lesser people and are, in fact, criminals. This has brought mass incarceration, increasingly deadly substances, skyrocketing overdose deaths, loss of productivity, homelessness, disease, and untreated addiction. The impact on the lives of real people, often vulnerable people who need support, is heart wrenching.

History tells us that punitive policies do not motivate change, and that people subjected to mistreatment do not heal. Inflicting shame on individuals, and simultaneously fostering widespread societal stigma, has driven those who suffer into isolation and fear, exacerbating their problems with mental and physical health. This practice of disempowering the vulnerable, removing resources from them, and shaming them has failed. We must break this vicious cycle and think logically about how to help people move beyond destructive habits. Evidence shows us that criminal convictions diminish the likelihood of voluntary treatment and long-term wellness.

The idea that we devote substantial taxpayer dollars to criminalizing those who do not violate the rights of others when this practice has never diminished the prevalence of illicit drugs, the number of people suffering from addiction, or the death toll that has quadrupled in recent years—is hard to understand. We will never be a drug free society, but we can affect change, and be a far healthier society.

If we are comfortable with jails and prisons (where dehumanization is routine, and outright abuse, all too frequent), but are uncomfortable with alternative approaches which have proven to promote recovery, we have to examine why. How do we continue to justify a criminal justice response when the research tells us there is no relationship between drug imprisonment rates and drug use or overdose deaths? How many more people are we willing to lose until such time that we understand punitive measures for people who need help are inhumane and just plain wrong?

My son deserved to live. I would give anything to have him back, but absent that possibility, I work to spare others his fate.

Respectfully submitted,

Jessie Dunleavy
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MDDCSAM HB 1057 de minimis task force.pdf

Uploaded by: Joseph Adams, MD

Position: FAV

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.

HB 1057. Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substances

FAVORABLE House Judiciary Committee February 20, 2024

The criminalization of drug possession is the largest driver of arrests in the United States. Of 1.6 million annual drug arrests in the U.S., over 80% are for possession only.

When Portugal decriminalized small amounts of all illicit drugs, HIV infection rates plummeted and overdose deaths dropped over 80% over the ensuing 15 years, without an increase in drug use. It has decisively lowered problematic drug use and has improved health outcomes.

Last week National Public Radio featured a series of reports on decriminalization in Portugal, available as audio clips or transcripts at <https://www.npr.org/people/935764762/brian-mann> Titles:

'How Portugal got the number of fatal overdoses in the country to drop 80%' (7 minutes)

'Portugal's approach to the opioid epidemic is a flashpoint in U.S. fentanyl debate' (7 minutes)

'Portugal's Success Combating its Opioid Crisis' (14 minutes)

There is no evidence that arrest or incarceration reduces drug use. It is not clear why we as a society persist in expending resources in a way that causes profound harms by arresting people for possession of small quantities of drugs. This is counter-productive and disproportionately affects black and brown communities. Prolonged separation from communities and job prospects causes lasting, profound harm to the individual's entire family. Our taxpayer dollars spent on continuing the failed war on drugs (actually, a war on people) cause the most harm to those who need the most help.

Maryland taxpayers fund worthwhile efforts to address poverty and unemployment, while also perpetuating these problems by giving people criminal records unnecessarily.

This bill would be only a preliminary step, depending on the findings of the Task Force, toward complementing the goals of the Justice Reinvestment Act, as well as successful LEAD programs (Law Enforcement Assisted Diversion), both of which divert drug offenses from the criminal justice system.

Opposition to decriminalizing possession or use of small quantities of drugs is driven by anecdotes of individuals who stopped using while incarcerated (and with the passage of time). Although this has happened in isolated cases, this approach is not supported by evidence at the population level. Available evidence suggests that person-centered approaches will help vastly greater numbers of people in achieving sobriety, improved health and functioning, and/or staying alive.

Respectfully, Joseph A. Adams MD, FASAM, Board certified in internal medicine and addiction medicine

HB 1057 Testimony Mike Hilliard - LEAP.pdf

Uploaded by: Michael Hilliard

Position: FAV



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Chair, New Hampshire, USA

Det. Sgt. Neil Woods, Ret.
Derbyshire, England, LEAP UK

Date: February 20, 2024

Re: HB 1057 - Task Force to Study the Use and Possession of De Minimis
Quantities of Controlled Dangerous Substances

Position: **SUPPORT**

To: Maryland House Judiciary Committee

Dear members of the committee,

My name is Mike Hilliard, and I am testifying on behalf of myself, having spent my 27-year policing career with the Baltimore Police Department, and as a speaker for the Law Enforcement Action Partnership (LEAP). LEAP is a non-profit organization of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety, working toward healing police-community relations, and addressing the root causes of crime.

I appreciate the opportunity to submit testimony to express my strong support for House Bill 1057, which would establish a task force to study the use and possession of de minimis quantities of controlled dangerous substances. As an officer, I believe the establishment of this task force would rebuild police-community trust, identify ways to help people stabilize their lives to recover from addiction, and lead to the creation of beneficial harm reduction services.

First, this bill would help increase police-community trust. As a patrolman with the Baltimore Police Department, I understood that community trust was paramount to our success in suppressing and preventing crime. In every interaction with the East Baltimore community, I saw that in order to solve the most serious crimes, we needed people to talk to us. Across policing, the research underscores that having trust from the people we serve [directly impacts public safety](#) because, without trust, people do not report crimes or cooperate with law enforcement. When we arrest someone for drug possession, the community sees us wasting taxpayer

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

resources and punishing someone who needs treatment. By establishing a task force to study drug possession and alternatives to arrest, the community will be more open to working with us to investigate serious crime.

Second, this bill would help identify ways for people to stabilize their lives to recover from addiction. A criminal record can be a lifelong bar to opportunity. Individuals saddled with criminal penalties for simple possession are usually unable to stabilize their lives. A misdemeanor conviction can hinder an individual's access to employment, stable housing, and a range of public benefits, which increases chances of recidivism. By studying alternatives to criminal justice interventions, HB 1057 would reduce collateral consequences of [re-incarceration](#), [homelessness](#), and [unemployment](#).

Third, this bill would facilitate the study of evidence-informed, trauma-informed, culturally responsive, and patient-centered substance use disorder treatment. Most notably, the task force can lead to the reduction in overdose deaths by establishing proven and effective harm reduction services. One solution is to implement Overdose Prevention Centers (OPCs), which are safe spaces supervised by medical and harm reduction professionals. In 2021, two OPCs opened up in New York City, where staff [prevented 636 overdose deaths](#) and [averted 39,422 instances of public drug use](#) in their first year. In addition to [significantly reducing overdose deaths in their local communities](#), OPCs have also been shown to reduce [discarded syringes](#) and [crime](#).

In short, I believe this legislation would be beneficial to Maryland's public health and safety. The establishment of a task force to study the decriminalization of drug use and possession would rebuild police-community trust, identify ways to help people stabilize their lives to recover from addiction, and lead to the creation of beneficial harm reduction services.

Thank you for the opportunity to share my perspective in support of this bill.

Respectfully,

Major Mike Hilliard (Ret.)
Baltimore Police Department
Speaker, Law Enforcement Action Partnership

NCADD-MD - 2024 HB 1057 FAV - Task Force on Decrim

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**House Judiciary Committee
February 20, 2024**

**House Bill 1057
Task Force to Study the Use and Possession of De Minimis Quantities of
Controlled Dangerous Substances
Support**

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports House Bill 1057, a bill to create a task force to study the decriminalization of the possession of small amounts of illegal substances.

Among the lessons we have learned from this country's failed war on drugs is that making substances illegal and locking people up for using them does not solve our problems. Perhaps it is time to try a different strategy. We look to countries like Portugal where decriminalization of drugs in 1999 has led to:

- Reductions in reported illicit drug use among the overall population;
- Reduced expenditures related to drug offenders in the criminal justice system;
- Increased uptake of drug treatment; and
- Reduction in drug-related deaths and the transmission of infectious diseases.

The money spent on enforcing possession laws in Maryland would go a long way toward providing an adequate continuum of services for people with substance use disorders, including prevention, treatment and recovery supports. Funds could be used to invest in education and prevention strategies, especially for young people. Funds could be used to provide outreach and support services to people with co-occurring mental health and substance use disorders. Funds could create additional capacity for women with children who need intensive or residential levels of care.

There is also a significant racial disparity in the enforcement of drug possession laws. This was one of the main reasons the Maryland General Assembly decriminalized the possession of small amounts of cannabis. Despite that change, more than 70 percent of Maryland's prison population is African American, compared to 31 percent of the state population. Decriminalization is a smart and cost-effective way to address these issues.

We ask for your support of House Bill 1057.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

HB1057_Ruth_FAV_Testimony.docx.pdf

Uploaded by: S Ruth

Position: FAV



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

SPONSOR TESTIMONY IN SUPPORT OF HB1057
TASK FORCE TO STUDY THE USE AND POSSESSION OF DE MINIMIS QUANTITIES OF
CONTROLLED DANGEROUS SUBSTANCES

Delegate Sheila Ruth
February 20, 2024

We are all sadly familiar with the devastation that the widespread sale and use of potentially dangerous substances has and continues to cause so many communities not only in Maryland but across the nation. Whether you know a loved one who has struggled with addiction or have witnessed its effects on these communities, you won't likely find anyone entirely insulated from it. Stronger and stronger drugs are becoming more and more available - whether by choice or found laced in ostensibly weaker substances - which is exacerbating this already horrifically common problem. The sudden rash of xylazine-related overdose deaths should be enough of an example, but many more could unfortunately be shared.

However, our society and its laws have long treated drug use as a criminal issue rather than the public health issue that it truly is. People who suffer from substance use disorders (SUDs) are often grouped together with those who traffic in the very substances that harm them, cause addiction and/or physical dependence, can lead to serious and worsening health conditions, and - as we sadly all too often see - death by overdose. This approach punishes victims of these very real mental health disorders - officially recognized as such by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association - and does nothing to alleviate the problem. A new approach is clearly needed.

In order to help those suffering and mitigate the impact of this crisis, HB1057, which is supported by MedChi and the Maryland-DC Society of Addiction Medicine, will form a task force of experts from a diverse range of backgrounds and sectors including academic research and medicine (including addiction treatment), government and criminal justice, nonprofits and community organizations. This task force will be charged with, among other things:

- studying the relationship between drug use and crime;

- recommending minimal amounts of certain controlled substances that should be eligible for a civil rather than criminal citation for use and/or possession;
- evaluating best practices for State drug courts;
- identifying ways to redirect those found with certain amounts of substances to appropriate non-criminal alternatives like referral to drug education programs or assessments for substance use and/or other mental health disorders, and;
- investigating ways to lower the barriers to treatment modalities; and study harm reduction interventions like better access to appropriate medications, including naloxone (better known as NARCAN).

The purpose of this bill is simply to help those affected by substance use disorders in the best ways we can rather than continue to treat people suffering from mental health disorders like criminals and not the victims of a major public health crisis that they are, as well as their loved ones and communities.

This will require the input of the wide variety of experts this task force will be composed of.

The work this task force produces will be an important start in making sure our communities are safer and healthier. I urge a favorable report on HB1057. Thank you.

HB1057_Testimony_Written_Final.pdf

Uploaded by: Thomas Higdon

Position: FAV



HB1057 - Task Force to Study the Use and Possession of De Minimis Quantities of Controlled Dangerous Substance

Position: FAVORABLE

TO: Chair Luke Clippinger, Vice Chair Bartlett, and Members of the Judiciary Committee

FROM: The Maryland Coalition on Drug Use, Treatment, and Recovery.

The Maryland Coalition on Drug Use, Treatment, and Recovery is composed of groups and individuals committed to promoting alternatives to criminal justice intervention by concentrating on meaningful public health responses. We urge a favorable report for HB1057, a task force designed to bring key stakeholders together to recommend types of controlled dangerous substances and de minimis quantities that should be eligible for a civil citation for use or possession instead of criminalization. Our coalition believes that citations triggering assessments of substance use or mental health disorders can lead to meaningful referrals to drug education programs or treatment centers, rather than arrest and incarceration.

Representing survivors of substance use disorders and groups dedicated to sensible and meaningful drug policy reform, we have seen firsthand the devastating consequences of drug use – lives lost, families destroyed, and communities devastated. However, after taking a hard look at the data, it is clear that the harms traditionally associated with drug use (e.g., overdose, crime, poverty) are caused and/or exacerbated by long standing drug prohibition policies. To put it bluntly, the war on drugs has only made things worse.

The War on Drugs – 52 years of failure!

President Nixon announced his “war on drugs” almost 52 years ago and it has not been an inexpensive undertaking. To date, the United States has spent more than \$1 trillion on drug interdiction and enforcement.¹ And what did we get for all that money? Since 1980, the number of people incarcerated for drug related offenses in the United States increased 1,161%, to 353,000 in

¹ Dante Chinni, Cost in the war on drugs continue to soar (NBC News, July 2, 2023), available at <https://www.nbcnews.com/meet-the-press/data-download/costs-war-drugs-continue-soar-rcna92032>.

2023.² That is more than the populations of Allegany, Caroline, Dorchester, Garrett, Kent, Queen Anne's, Somerset, Talbot, and Worcester counties combined.

However, during that same period, drug use increased 23% and overdose deaths increased 1,141%. In 2023 alone, we lost an estimated 107,000 friends and loved ones to overdose deaths in our country, including more than 2,500 in Maryland.³ Clearly, drug prohibition is not working. Given the life-or-death stakes, we need to explore options beyond simply locking people up.

Decriminalization Works

In 2001, Portugal led the European Union in both drug use and fatal overdoses.⁴ In response, they decriminalized possession of drugs and increased investment in treatment and social services. As a result, the number of people seeking treatment increased⁵ and rates of drug use and fatal overdose fell.⁶ By 2019, Portugal's rates of drug use and fatal overdose were among the lowest in the European Union.⁷ In addition, there are numerous other benefits from decriminalization. Fewer lives were destroyed by the collateral consequences of a drug arrest, such as barriers to employment, professional licensing, housing, financial aid, and government benefits.⁸ Also, the money saved from reduced criminalization can be reinvested into other services such as voluntary treatment, housing, employment, harm reduction, and peer support.⁹

What about Oregon?

In November 2020, Oregon voters passed Measure 110, making it the first state to decriminalize possession of drugs. At the same time, the state redirected almost \$300 million to treatment and recovery support services. While it is still too early to say if Oregon will be as successful as Portugal, early results look promising. For example, in the first three quarters under Measure 110, service

² The number of people incarcerated for drug related offenses increased from 8.3 per 100,000 in 1980 to 104.7 per 100,000 in 2023. This is based on 19,000 incarcerated and a population of 226.5 million in 1980, and 353,000 incarcerated and a population of 334.2 million in 2023. Bureau of Justice Statistics, Correctional Populations in the United States (1995), available at <https://www.ojp.gov/pdffiles1/Digitization/153849NCJRS.pdf>; Sawyer W, & Wagner, P, Mass Incarceration: The Whole Pie 2023 (Prison Policy Initiative, March 14, 2023), available at <https://www.prisonpolicy.org/reports/pie2023.html>.

³ Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>; U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for the United States, Regions, States, District of Columbia, and Puerto Rico: April 1, 2020 to July 1, 2023 (NST-EST2023-POP) (December 2023), available at <https://www2.census.gov/programs-surveys/popest/tables/2020-2023/state/totals/NST-EST2023-POP.xlsx>.

⁴ Transform Drug Policy Foundation, Drug Decriminalization in Portugal: Setting the Record Straight (May 13, 2021), available at <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>.

⁵ Id.

⁶ Id.

⁷ Fatal overdose rate in Portugal was 6 deaths per million among people aged 15-64, compared to the EU average of 23.7 per million in 2019. T. Evan D. Gumas and Jesse C. Baumgartner, U.S. Overdose Deaths Remain Higher Than in Other Countries — How Harm Reduction Programs Could Help (June 22, 2023), available at <https://www.commonwealthfund.org/blog/2023/us-overdose-deaths-remain-higher-other-countries-how-harm-reduction-programs-could-help>;

⁸ American Bar Association, Collateral Consequences of Criminal Convictions: Judicial Bench Book (March 2018), available at <https://www.ojp.gov/pdffiles1/nij/grants/251583.pdf>.

⁹ Drug Policy Alliance, Decriminalize Drugs, Invest in Health Services, available at <https://drugpolicy.org/issue/decriminalize-drugs-invest-in-health-services/>.

providers reported more than 47,000 people seeking substance use treatment — that is a 134% increase.¹⁰ In addition, the number of people receiving services also increased:

- Employment services = up 365%
- Housing services = up 190%
- Substance use treatment = up 104%¹¹

Critics of decriminalization are quick to point out that Oregon's fatal overdose rate has increased since decriminalization. However, it is important to note that overdoses have increased across the country and Oregon is doing better than many other states. In fact, Oregon's fatal overdose rate in 2023 was lower than 17 other states – 7% less than Maryland's, 34% less than Tennessee's, and 66% less than West Virginia's.¹²

What's Next for Maryland?

Decriminalization worked in Portugal and is starting to work in Oregon. But that does not mean that Maryland should simply copy those jurisdictions. Carelessly rushing to replace failed prohibition policies could cause more unintended harm. Which is why HB1057 creates a task force to study what has worked in other jurisdictions, while learning from their mistakes. This bill will bring together representatives from law enforcement, public health, treatment providers, people with lived experience, and more to explore options beyond simply locking people up.

The war on drugs has failed. Ironically, the very policies intended to reduce drug use have only made things worse. Clearly, we cannot arrest our way out of this problem. It is time that Maryland does more to recognize that substance use disorders are health issues that require public health solutions. We must change course before more of our loved ones die from failed drug war policies. We believe that Maryland should invest in quality time at little cost of bringing key stakeholders and experts in the field to conduct a full assessment of how we can best minimize the harm of incarceration and maximize the availability of health care through de minimis efforts. For these reasons, we urge a favorable report on HB1057.

¹⁰ Oregon Health Authority, Measure 110 data report show gains continued in clients served substance use treatment and other service and supports (September 27, 2023), *available at* <https://content.govdelivery.com/accounts/ORHA/bulletins/372df30>.

¹¹ Id.

¹² Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>; U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for the United States, Regions, States, District of Columbia, and Puerto Rico: April 1, 2020 to July 1, 2023 (NST-EST2023-POP) (December 2023), available at <https://www2.census.gov/programs-surveys/popest/tables/2020-2023/state/totals/NST-EST2023-POP.xlsx>.

The Maryland Coalition on Drug Use, Treatment, and Recovery includes the following individuals and organizations:

American Civil Liberties Union of Maryland

Angel Traynor

Baltimore Action Legal Team

Cause Engagement Associates

Citizens Opposing Prohibition

Communities United

Dan Morhaim, MD

Diana Philip

Esi Mathis

Health Care for the Homeless

Jess Ahart

Jessie Dunleavy

Jennifer Tuerke

Joanna Diamond

Joseph Adams, MD

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National Coalition for Drug Legalization

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Testimony in Support of H.B. 1057.pdf

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Position: FAV

Testimony in Support of H.B. 1057
TO: Chair Luke Clippinger, Vice Chair Bartlett, and Members of the
Judiciary Committee
16 February 2024
National Coalition for Drug Legalization
Position: Support

The mission of the National Coalition for Drug Legalization (501(c)3) is to advance the conversation about legalization of **all** drugs through research and community service. The current drug war has had devastating effects on communities of color, the working poor, and those who suffer from medical illness in search of alternative medicine. Through meaningful and impactful research, the National Coalition for Drug Legalization can push for policies and laws that will save lives from drug overdoses and reduce incarcerations. We urge a favorable report for HB1057, a task force designed to bring key stakeholders together to recommend types of controlled dangerous substances and de minimis quantity amounts that should be eligible for a civil citation for use or possession instead of criminalization.

As the founder of the National Coalition for Drug Legalization please allow me to explain why I support HB 1057 but most importantly the legalization of all drugs. The following is an excerpt taken from our handbook and can be found on our website: www.nationalcoalitionfordruglegalization.org.

As late as 2017, I supported drug prohibition. However, when my cousin Duane passed away, his death made me think about issues that affect Black men and the Black community as a whole. Duane was born drug dependent. He later went to prison over drugs and died in his struggle with alcoholism. At his funeral, I met his son Desmond for the first time. I could not believe how much Desmond resembled Duane. He had Duane's fingers, body shape, and demeanor. There was no denying that he was Duane's son. Immediately, I made a commitment to ensure that Desmond did not live the life his father led. I made Desmond an offer: He could live with me provided that he graduates from high school, go to college, and work. Desmond kept his end of the deal when he graduated from high school. This was a proud moment for me, considering that his father dropped out of high school in the 12th grade. To see Desmond in college and working part time made me very happy, but I couldn't help but think why Duane's story of drug abuse and imprisonment is so common among Black families? Why couldn't Duane see his son graduate from high school? Why couldn't Duane move beyond his substance abuse problem? The answer is drug prohibition.

Our current drug laws negatively and disproportionately affect people of color, especially Black people. The felony record Duane received from his drug sentence prohibited him from finding a decent job, applying for Pell Grants, and accessing most kinds of public assistance. I then started to think about issues related to poverty and how drug prohibition contributes to crime and drug

overdoses in poverty-stricken communities. People will resort to selling drugs when job opportunities for low-skilled, low-wage workers are virtually non-existent. People will abuse drugs under the same circumstances. Our drug supply is not safe. Prohibition has created very fertile ground for organized crime. There are no standards for purity or potency, hence the increase of fentanyl overdoses due to contamination unbeknownst to drug users. Violence is common in an illicit economy where people cannot resolve their disputes through lawsuits or arbitration.

America needs to recognize that we will not see a reduction in violent crimes until we legalize drugs. All drugs. We need to recognize that we will not see a reduction in opioid overdoses until we legalize opioids like heroin. What is presented is unconventional, but it is clear that the current approach to drug use has failed.

While HB 1057 does not legalize all drugs, it is a step in the right direction. I hope to open your heart and inspire you to support HB1057. Thank you for your support of this bill.

Sincerely,

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