

MDDCSAM - SB 420 FAV - Paraphernalia Decrimination

Uploaded by: Adams, MD, Joseph

Position: FAV



SB 420

Criminal Law - Drug Paraphernalia for Administration - Decriminalization

Senate Judicial Proceedings Committee; hearing: February 11, 2021

SUPPORT

Chairman Smith and the members of the Senate Judicial Proceedings Committee,

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 SB 420, a bill to decriminalize drug paraphernalia in the state of Maryland as **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. **Passage of this bill will eliminate the risk of arrest and criminal prosecution for these citizens**, and increase the likelihood of their 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

(over)

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 community outreach efforts. **These legal ambiguities have had the effect of stifling innovation and slowing adoption of the Maryland Syringe Service program in counties 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 the MDDCSAM is supportive of its passage.

¹ Md. Code Regs. 10.13.08.01

Sincerely,

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

2021 Paraphernalia Decrim Testimony - SB420_CCCC.p

Uploaded by: Alheri, Onyinye

Position: FAV

Senate Bill 420 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization)
FAVORABLE

Greetings Senate Judicial Proceedings Committee members,

Charm City Care Connection, based in E. Baltimore, is in support of Senate Bill 420 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization).

Decriminalization is an evidence-based method that has proven successful across the world. In the US, Oregon is leading the way in implementing harm reduction practices, setting an example by centering the needs of individuals and communities impacted by substance use disorder and policing. Baltimore City has also led the way, in 1994 establishing the country's first syringe services programs (SSPs) which greatly improved public health by reducing rates of HIV infection among people who use drugs by over 75% in seventeen years¹. In 2016, the Maryland General Assembly passed legislation that expanded SSPs statewide in order to distribute harm reduction supplies to prevent transmission of infectious diseases such as HIV and Hepatitis C.

Charm City Care Connection operates one such SSP, including offering street-based and mobile syringe services via our stellar outreach team. This is an issue that directly impacts the people we serve. Facing criminal charges and incarceration for possession of harm reduction items and medical supplies imparts greater trauma on people who have already experienced deep and consistent harm.

Amending existing criminal law to remove items that could be used to consume drugs from what is considered drug paraphernalia would effectively decriminalize possession of those items. We must keep in mind that this law is rooted in stigma. Many items on the paraphernalia list are those which are used by people with a variety of medical conditions including diabetes and depression. This law has disproportionately targeted black people, other people of color, and the poor, yet has done nothing to quell the opioid epidemic which has been killing our loved ones for decades.

We must begin decoupling policing from public health. Our loved ones 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. Too many of the people we encounter have faced violence and harassment from law enforcement officers.

Harm reduction practices such as decriminalization, remove the harmful structures which allow the racist war on drugs to continue harming our communities in a multitude of ways. **We ask that the Judicial Proceedings Committee give SB420 a favorable report.**

11 February, 2021

For more information about Charm City Care Connection or our position on this matter, please contact director@charmcityclinic.org. You can also reach me at the phone number or email provided below.

Thank you,

Onyinye Alheri
Charm City Care Connection
oaalhei@charmcityclinic.org
443-478-3015

Testimony_JPC_SB0420.pdf

Uploaded by: Carter, Jill

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

**Testimony of Senator Jill P. Carter
In Favor of SB0420 - Criminal Law - Drug Paraphernalia for
Administration - Decriminalization
Before the Judicial Proceedings Committee
on February 11, 2021**

Mr. Chairman, Vice Chair, and Members of the Committee:

Senate Bill 420 no longer makes it a criminal offense to possess syringes or other items commonly used to prepare and consume illegal drugs. Specifically, it decriminalizes possession of drug paraphernalia used to inject, ingest, inhale, or otherwise introduce into the human body a controlled dangerous substance by removing such devices from the definition of drug paraphernalia. In addition, the bill reduces the penalty for a second violation from 4 years of imprisonment and a fine of \$25,000 down to 1 year of imprisonment and a fine of up to \$1,000.

Research shows that those who fear arrest for paraphernalia are much more likely to share and reuse supplies. But, if it is legal to possess drug administering materials, drug users will be safe to get clean paraphernalia rather than reuse their supplies. They would rather run the risk of infections such as HIV, tetanus, and hepatitis than hazard an arrest.

Because possessing such paraphernalia is illegal, there is intense pressure to ditch used supplies immediately rather than hold on to

them until they can be disposed of properly. Dumping used materials on the street puts the general public at risk.

The first thing a police officer asks someone they are about to search is, “Do you have any needles or anything else that can stick me?” If possessing drug paraphernalia, like a needle, is illegal, it is less likely one will admit to it. This puts the officer in harm’s way.

People involved in syringe service programs are still getting arrested and charged. Even if such cases charged under the current law are typically dismissed, the process of being arrested and charged itself is the punishment. It is enormously disruptive to the person arrested. Having to go to court takes them away from their treatment. Having to meet with their attorney can cause them to miss a dose of buprenorphine. Recovery is a frail process. Any disruption could derail it entirely. Additionally, unnecessarily going through the court process ends up putting needless financial burden on the State.

Ultimately, Senate Bill 420 is about improving our public health and safety by decriminalizing drug addiction.

As such, I urge this committee to give a favorable report on SB0420. Thank you.

Respectfully,

A handwritten signature in blue ink that reads "Jill P. Carter". The signature is written in a cursive, flowing style.

Jill P. Carter

Health Care for the Homeless - SB 420 - FAV - Para

Uploaded by: Diamond, Joanna

Position: FAV



HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 420 – Criminal Law – Drug Paraphernalia for Administration – Decriminalization

Senate Judicial Proceedings Committee
February 11, 2021

Health Care for the Homeless supports SB 420, which will amend 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.

SB 420 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.¹ 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.² 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.³ In addition to saving lives, this has enormous implications for lowering healthcare costs related to treating infectious diseases, like HIV.⁴

In Maryland, there were 515 opioid-related deaths between January and March 2019.⁵ 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 420.**

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.

¹ MD Code Ann., Crim. Law, § 5-619 (2013).

² 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>.

³ *Id.*

⁴ 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>.

⁵ 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.

Testimony for Paraphernalia Decrimin 2021.pdf

Uploaded by: Dunleavy, Jessie

Position: FAV

Drug Paraphernalia Decriminalization - SB 420

Written Testimony

Submitted by Jessie Dunleavy

I am in favor of decriminalizing the possession of drug paraphernalia because I believe the current practice does more harm than good in that it over-utilizes law enforcement resources while discouraging the use of interventions that promote health and safety. 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.

Even though overdose fatalities have quadrupled in the last decade, we continue to fumble with comprehensive drug policy reform, a failure that leaves so many harms in its wake: mass incarceration, loss of productivity, homelessness, and the spread of infectious diseases such as HIV and hepatitis.

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.

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 with 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.

Jessie Dunleavy
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Progressive Maryland Paraphernalia Testimony SB420

Uploaded by: Dwyer, Jennifer

Position: FAV



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Testimony on Maryland House Bill 420 Criminal Law - Drug Paraphernalia for Administration - Decriminalization

TO: Sen. Smith, Chair, and members of the Senate Judicial Proceedings Committee
FROM: Katy Edwards, Progressive Maryland Drug Policy Taskforce Leader,
Anne Arundel County (D30)
DATE: February 9, 2021
POSITION: Support

Thank you for the opportunity to offer testimony on SB 420. Progressive Maryland is a grassroots, nonprofit organization with 9 chapters from Frederick to the Lower Shore and more than 100,000 members and supporters who live in nearly every legislative district in the state. In addition, there are dozens of affiliated community, faith, and labor organizations across the state that stand behind our work. Our mission is to improve the lives of working families in Maryland. Please note our strong support for this bill.

My name is Katy Edwards and I currently work as program manager who oversees a police diversion grant here in the city of Annapolis. I have nine years of experience in behavioral health and throughout this time I have seen how the War on Drugs is a direct attack on impoverished communities throughout this country.

This bill would allow for greater access to Harm Reduction resources throughout the state. An example as to how this would assist those seeking Harm Reduction services deals with the transportation and exchange of new and used syringes. If a person is on their way to utilize a syringe exchange in Anne Arundel county, they could be pulled over and charged with paraphernalia even though their ultimate aim is to utilize services which directly counteract the spread of disease.

I know my representatives in the state of Maryland understand the need of disease prevention in our community as well as the necessary increased access to lifesaving services such as syringe exchange and Narcan. This year, our national overdose rate doubled. The CDC [stated](#), "Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020." We are losing our community to this War on Drugs.

Please stand up against policies which morally condemn our community members who are currently experiencing a public health crisis. You can do this by supporting Senate Bill 420. This policy would be one step closer to helping those that are in need of evidence-based assistance without subjective condemnation. We urge a favorable report.

sb 420 criminal law drug paraphernalia for adminis

Uploaded by: Fraser, Stanford

Position: FAV



POSITION ON PROPOSED LEGISLATION

Bill: SB 0420 Criminal Law – Drug Paraphernalia for Administration Decriminalization

Position: Favorable

Date: February 11, 2021

The Office of the Public Defender supports SB 420, which decriminalizes the possession and use of drug paraphernalia in certain circumstances.

Drug addiction is a medical condition and caging individuals is not treatment. Unfortunately, overdoses in Maryland increased in 2020 during the public health crisis.¹ Thus, Maryland is currently facing two public health emergencies. In order to deal with drug addictions and overdose deaths, Maryland needs to treat addiction as a public health issue. This bill is in line with proven public health practices such as needle exchange programs that reduce the spread of HIV and Hepatitis B.

As public defenders, we've seen cases where individuals have called 911 to help a friend experiencing an overdose. And despite Maryland's Good Samaritan law, we've 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. Further, the criminal statute carries a maximum four years incarceration while drug possession carries a maximum one year incarceration. We don't think the potential of a four-year sentence is in line with the legislature's recent changes to the penalties section for drug possession and paraphernalia respectively. Therefore, we support this proposed legislation.

¹ <https://www.baltimoresun.com/health/bs-hs-overdose-rate-maryland-coronavirus-pandemic-20210113-rl13kzzv3jd6he2bf44wah5cbm-story.html>

BHRC Paraphernalia Decrim FAQ 2021.pdf

Uploaded by: Gudlavalleti, Rajani

Position: FAV



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 \$2,000.¹
- The Maryland General Assembly repealed the criminal prohibition of cannabis-related paraphernalia in 2015,² granted exemption for possession of some drug paraphernalia for participants of syringe service programs in 2016,³ and repealed the criminal prohibition of items to test or analyze drugs, like fentanyl test strips, in 2018.⁴

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.⁹ 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.¹⁰
- 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.¹¹

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.¹²

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.¹³

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.¹⁴
- A sterile needle costs about 10¢ wholesale and 50¢ retail. Lifetime AIDS care for one person costs about \$618,000.¹⁵
- 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.¹⁶

For more information, contact BHRC's director of mobilization, Rajani Gudlavalleti at
rajani@baltimoreharmreduction.org

¹ COMAR § 5-619 Drug Paraphernalia

² Source: Department of Legislative Services

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

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

⁵ Criminal Law – Prohibitions, Prosecutions, and Corrections (2018). SB1137 (CH0145)

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

¹⁰ 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

¹¹ 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).

¹² New York Academy of Medicine. New York State Expanded Syringe Access Demonstration Program Evaluation. January 15, 2003 ¹³ 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).

¹⁴ Australian Commonwealth Department of Health and Aging. Return on Investment in Needle and Syringe Programs in Australia. 200 ¹⁵ 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).

¹⁶ 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>






Paraphernalia Supplies List_BHRC.pdf

Uploaded by: Gudlavalleti, Rajani

Position: FAV



HARM REDUCTION SAFER USE SUPPLIES

safer injecting


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

HARM REDUCTION SAFER USE SUPPLIES

safer smoking

item	best practice	without access to this item
	A Pyrex pipe with rubber mouthpiece 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 screen 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 straw 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.



BaltimoreHarmReduction.org

@BmoreHRC



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

PeoplesCommissionTestimony_2021_SB420.docx.pdf

Uploaded by: Higdon, Thomas

Position: FAV



**Testimony in Favor of Senate Bill 420 - Criminal Law – Drug Paraphernalia for
Administration – Decriminalization**

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

FROM: Thomas Higdon, on behalf of The People's Commission to Decriminalize Maryland

My name is Thomas Higdon, I live in Reisterstown in the 10th district and I am the co-chair of the Drug Policy work group for The People's Commission to Decriminalize Maryland. I submit this testimony on behalf of The People's Commission To Decriminalize Maryland, and in favor of Senate Bill 420.

As a member of The People's Commission and a person in recovery I have both experienced Maryland drug policy and continue to be concerned about how my legislature addresses drug policy in my community. The "War on Drugs" has always been a war on people. No matter if the intent was ever to help those who use, drug policy has always hurt, and it has disproportionately targeted Black communities and lower-income communities. Finally, this bill gives you the legislators the opportunity to decriminalize people who use drugs, and opens the door for investment in community support. The COVID-19 pandemic has disrupted all markets, including traditional systems of care and the illicit drug market. People who use drugs have had a more difficult time accessing support all while facing economic disaster and an increasingly adulterated drug supply, which is reflected in increasing overdose fatalities. Maryland must divest from a carceral approach to drug use and invest in harm reduction and community mutual aid to keep people alive and build systems of care that are non-judgmental and person-centered.

Not only does the overreliance on a carceral solution to a health crisis serve a role in producing conditions of "social determinants of *ill* health", but criminalization also creates barriers in accessing harm reduction services. The ongoing removal and return of community residents from correctional institutions destabilizes already disadvantaged neighborhoods. And while these are my opinions as a person who has experienced this system and as an advocate for change, they are also backed by extensive research and data from the World Health Organization, The American Public Health Association, and researchers from universities across this country. The just thing to do, the action that would best serve the health of our community, would be to take this first step and decriminalize paraphernalia.

We urge a favorable repost on Senate Bill 420.

Hilliard Paraphernalia Decrim MD 2021 Testimony SB

Uploaded by: Hilliard, Michael

Position: FAV



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Derbyshire, England, LEAP UK

Date: February 11th, 2021

Re: SB 420 - Criminal Law - Drug Paraphernalia for Administration -
Decriminalization

Position: SUPPORT

To: The Maryland State Senate Judicial Proceedings Committee

From: Major Mike Hilliard (Ret.)

Dear 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 SB 420 because 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

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

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.¹ 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.

Thank you for the opportunity to speak to you today.

Major Mike Hilliard (Ret.)

¹ [https://www.ajpmonline.org/article/S0749-3797\(99\)00137-3/abstract](https://www.ajpmonline.org/article/S0749-3797(99)00137-3/abstract)

Baltimore Police Department

BHSB_ SB 420-Paraphernalia_SUPPORT.pdf

Uploaded by: Jefferson , Stacey

Position: FAV



February 11, 2021

**Senate Judicial Proceedings Committee
TESTIMONY IN SUPPORT**

SB 420- Criminal Law- 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 is in support of SB 420- Criminal Law- Drug Paraphernalia for Administration- Decriminalization. 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 reasonably indicate an intention to use the controlled paraphernalia for purposes of illegally administering a CDS.

In Maryland in the first six months of 2020 there was a total of 1,326 overdose deaths. This represents an increase of 9.1 percent from the first half of 2019. During the same period Baltimore City reported 427 fatal overdose deaths¹. The increase in overdose deaths highlight 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 420 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.² SB 420 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 420.**

¹ *Maryland Opioid Operational Command Center, 2020 Second Quarter Report* (September 2020) available at [Second-Quarter-OOCC-Report-2020-Master-Copy-9-21-20-Update.pdf \(maryland.gov\)](https://www.maryland.gov/publications/Second-Quarter-OOCC-Report-2020-Master-Copy-9-21-20-Update.pdf)

² 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>.

SB0420_FAV_MedChi_Drug Paraphernalia for Administr

Uploaded by: Kasemeyer, Pam

Position: FAV



The Maryland State Medical Society

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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

DATE: February 11, 2021

RE: **SUPPORT** – Senate Bill 420 – *Criminal Law – Drug Paraphernalia for Administration – Decriminalization*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 420.

Senate Bill 420 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 420 will demonstrate a commitment to reframing substance use as a public health issue, not a criminal issue. For these reasons, a favorable report is requested.

For more information call:

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

HB372-SB420 - Drug Parphernalia - Decriminalizatio

Uploaded by: Niemann, Doyle

Position: FAV

To: Members of The House Judiciary Committee and Senate Judicial Proceedings Committee

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

Date: February 9, 2021

Subject: HB372 – SB420 – Criminal Law – Drug Paraphernalia for Administration - Decriminalization

Position: Support

The Legislative Committee of the Criminal Law & Practice Section of the Maryland State Bar Association (MSBA) **Supports HB372 – SB420 – Criminal Law – Drug Paraphernalia for Administration – Decriminalization.**

This bill repeals part of the current law governing the possession of drug paraphernalia that is possessed by users.

This is a sensible change that reflects the current state of prosecutions in most jurisdictions. It also corrects an oversight in the passage of laws related to marijuana possession, which left the charge of paraphernalia punishable by incarceration and a criminal charge when possession of small amounts of the substance itself is only subject to a civil citation.

For the reasons stated, we **Support HB372 – SB420 – Criminal Law – 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.

Should you have other questions, please contact The MSBA's Legislative Office at (410)-269-6464 / (410)-685-7878 ext: 3066 or at Richard@MSBA.org.

SB420 Sign on Letter.pdf

Uploaded by: O'Keefe, Owen

Position: FAV



February 11, 2021

The Honorable William C. Smith, Jr.
Chairman, Senate Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, Maryland 21401

**Senate Bill 420 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization)
- FAVORABLE**

Dear Chair Smith and Senate Judicial Proceedings Committee members,

We, the undersigned individuals and organizations, write to express our support for Senate Bill 420 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization). This bill will amend 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 \$2,000.¹

There are a few exceptions to paraphernalia criminalization under current law. The Maryland General Assembly repealed the criminal prohibition of cannabis-related paraphernalia in 2015,² granted exemption for possession of some drug paraphernalia for participants of syringe service programs in 2016,³ and repealed the criminal prohibition of items to test or analyze drugs, like fentanyl test strips, in 2018.⁴

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

¹ COMAR § 5-619 Drug Paraphernalia

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

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

⁴ Criminal Law – Prohibitions, Prosecutions, and Corrections (2018). SB1137 (CH0145)

shown that access to supplies does not increase improperly discarded needles,⁵ rates of drug use,⁶ or other criminalized activity.⁷ 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. This includes those Marylanders who live in rural areas and must obtain supplies from other sources. The Code of Maryland Regulations (COMAR) states that **syringes may be sold without a prescription with an indication of need**,⁸ 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 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

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

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

⁷ 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)

⁸ Maryland Board of Pharmacy News. Fall 2017.

C infections.⁹ A sterile needle costs about 10 cents wholesale and 50 cents retail. Lifetime AIDS care for one person costs about \$618,000.¹⁰ 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.¹¹

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 SB420 a favorable report.**

Adrian Rakochi, Baltimore City
Alice K Barry, LMSW Baltimore City
Aline Thompson, Baltimore City
Amanda DeStefano, licensed social worker, 45th district Baltimore City
Amanda Wisniewski LMSW Baltimore City
Amaylah Israel
Angel Dawson
Anika Hamilton, Baltimore City
Anna Whitney, Baltimore City
Anthony Williams
Antoinette Thomas LCPC, NCC, MAC, RPS, CTMH
Augusta Gribetz, Baltimore City
Baltimore Harm Reduction Coalition
Baltimore Safe Haven
Behavioral Health System Baltimore
Bmore POWER
BRIDGES Coalition for Overdose Prevention Sites
Candy Kerr, Baltimore City
Cause Engagement Associates LLC
Charm City Care Connection
Choices Recovery Trainings
Christopher Robinson
Claire Knezevic
Communities United

⁹ Australian Commonwealth Department of Health and Aging. Return on Investment in Needle and Syringe Programs in Australia.

¹⁰ 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).

¹¹ Winnipeg Regional Health Authority, Population and Public Health Program. Safer Crack Use Kit Distribution in the Winnipeg Health Region. October 2012.

Councilmember Scott B. Cecil, Prince George's County
Damain Teat PRA,PRC Baltimore City
Dan Morhaim, M.D.
Danielle Pelaez, Baltimore City
Dave Fell, Baltimore City
David Avruch, Baltimore City
David O. Fakunle, Ph.D.,Baltimore City
Denise Camp, Baltimore County
Dillon McManus, LMSW
Dolan Research International, LLC - Frederick County
Donna Bruce,Certified Peer Recovery Specialist-Family,RPS /Baltimore County
Dr. Maria Celleri, Assistant Professor UMBC
Drug Policy Alliance
E Jane Richardson, MD - Baltimore City
E. Cameron Hartofelis, MPH, Baltimore City
Earl Matthews aCPRS-RPS
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Health Care for the Homeless
Heather Kansas LCSW-C Baltimore City
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Jessie Dunleavy, Anne Arundel Co.
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Karen Jackson, CPRS,RPS
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Kelly McColligan (CPRS), Wicomico County
Kendra Marsh, Baltimore City
Kirk Rhodes, PharmD, Baltimore County
Laura Bartolomei-Hill, LCSW-C, Baltimore City
Lauren Ojeda, MPH, Baltimore City

Law Enforcement Action Partnership
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 Leah Litchfield CPRS
 Lee Gilman, CRNP, Johns Hopkins School of Medicine, Division of Chemical Dependence
 Leslie Burgess PRC
 Lukah Love, Baltimore City
 M. Blair Franklin, Baltimore City
 Mark Sine
 Martha P. Stein, LCSW-C, Baltimore City
 Maryland Coalition of Families
 Maryland Peer Advisory Council (MPAC)
 Maryland-DC Society of Addiction Medicine (MD chapter of the American Society of Addiction Medicine)
 MEDPEARL LLC
 Megan Kenny MPP, Baltimore City
 Meredith Kerr, MSN, RN (Baltimore City)
 Meredith Zoltick, CRNP
 Michael Bull, Baltimore City
 Molly Greenberg, MPH, RN, BSN
 Montressa Tripps
 Muriel Rogers certified peer recovery coach specialist
 NARAL Pro-Choice Maryland
 Natalie Flath, MPH
 National Council on Alcoholism and Drug Dependence - Maryland Chapter
 Natnael Aklile
 Nikhil Yesupriya
 North Avenue Mission
 Onyinye Alheri, Case Manager, Charm City Care Connection, Baltimore City
 Open Society Policy Center
 Owen O'Keefe, Baltimore City
 People's Commission to Decriminalize Maryland
 PIVOT, Inc
 Power Inside, Inc.
 Progressive Maryland
 Rachel Moler, Howard County
 Rae Hample, Baltimore city
 Rajani Gudlavalleti MPP, Baltimore City
 Reah Vasilakopoulos, Johns Hopkins Krieger School of Arts & Sciences '20, Baltimore City
 Repair Now
 Ricky Morris, Baltimore City
 Ronald Phillips, Bmore POWER
 Sam Wu, MS, Baltimore City
 Samantha Alley, CHES, PG County
 Samantha Blau, Baltimore City
 Samantha Spehr, MSN, RN - Anne Arundel County
 Sarah Kattakuzhy, MD; Howard County
 Smitha Mahesh, JHU Student, Baltimore County
 SPARC Center for Women, Baltimore City
 Susan Tuberville

Sydney Feldman, Baltimore City
Terry Bethea
The Daniel Carl Torsch Foundation Baltimore County
Thomas Higdon, Baltimore County
Tori McReynolds, MSW Baltimore City
Tralando Ellerbe (CPRS)
Vikram, Baltimore County
Yahtiley Phoenix, Peer Recovery Specialist, MPAC Maryland Peer Advisory Council
Zachary Canter, Harford
Zoe Renfro, BA, EMT-B, Baltimore City

NCADD-MD - SB 420 FAV - Paraphernalia Decriminaliz

Uploaded by: Rosen-Cohen, Nancy

Position: FAV



**Senate Judicial Proceedings Committee
February 11, 2021**

**Senate Bill 420
Criminal Law – Drug Paraphernalia for Administration – Decriminalization
Support**

NCADD-Maryland supports Senate Bill 420 which would decriminalize possession of items that can be used to inject, ingest, inhale, or otherwise consume a controlled dangerous substance. As Maryland continues to consider and implement programs and strategies that reduce the harms caused by substance use, the decriminalization of paraphernalia will continue to help ensure that people are accessing services such as syringe services programs and avoid arrest and incarceration.

The benefits of decriminalization include:

- Improved treatment outcomes when someone with a substance use disorder is ready to enter treatment;
- Greater incentive to seek treatment as people who are using substances are less afraid of law enforcement interaction;
- A reduction in the racial disparities in the criminal justice system, as Maryland is among the worst states in its proportion of people of color who are incarcerated;
- A reduction in the collateral damage caused by incarceration; and
- Improvement in the impact of limited public health resources.

In decriminalizing paraphernalia, we will 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, 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 420.

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.

in support of Senate Bill 420, Anne Sawyer 02-09-2

Uploaded by: Sawyer, Anne

Position: FAV

February 11, 2021

The Honorable William C. Smith, Jr.
Chairman, Senate Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, Maryland 21401

**Senate Bill 420 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization)
- FAVORABLE**

Dear Chairman Smith and Senate Judicial Proceedings Committee members,

As a resident of Baltimore City, I support Senate Bill 420 (Criminal Law - Drug Paraphernalia for Administration - Decriminalization).

This bill will amend 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. 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.

Current syringe services program benefit my community, but decriminalization of drug paraphernalia would do even more to encourage drug users in my area to use as safely as possible and would help curb the spread of HIV and Hepatitis C.

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.

Equipping people to use drugs more safely reduces the oppression people targeted by the drug war face everyday. When our laws are unclear, law enforcement use their discretion in a way that further marginalizes people who are most at risk of infectious disease and overdose. 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 SB420 a favorable report.**

Thanks for your consideration,

Anne Sawyer

3432 Leverton Ave.
Baltimore, MD 21224