



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- The Maryland General Assembly repealed the criminal prohibition of cannabis-related paraphernalia in 2015,² granted exemption for possession of some drug paraphernalia for participants of syringe service programs in 2016,³ and repealed the criminal prohibition of items to test or analyze drugs, like fentanyl test strips, in 2018.⁴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