

February 3, 2023

Re: Support of HB0173

Delegate Luke Clippinger and members of the Judiciary Committee,

We are Masters of Science in Nursing students at Johns Hopkins University School of Nursing, graduating this year; however, the following is our view as constituents and not a reflection of the beliefs of the institution. We have been given a unique opportunity to participate in a Public Health clinical rotation at SPARC and IBR Reach – both organizations within the Baltimore community that serve people who use drugs – and gain first-hand experience with this population from a public health and clinical perspective.

We are advocates of HB0173 because of the burden that criminalization of drug paraphernalia places on our communities. A substance use disorder (SUD) is a diagnosable disease for which people deserve to receive treatment, not punishment. Incarceration is not treatment for SUD and is actually linked to higher rates of overdose, which is the leading cause of death for people who have recently been released from incarceration. Rather than helping, prohibitive and punitive drug policies have had counterproductive effects on the health of people who use drugs. Laws that are “tough on drugs,” and promote incarceration also disproportionately affect people of color. Black Americans are six times more likely to be incarcerated for drug-related charges than their white counterparts, despite equal rates of use. Additionally, there is evidence that laws discourage the acquisition and use of sterile paraphernalia increases the spread of infectious disease. Criminalization related to paraphernalia does not contribute to solutions towards treating SUD or ending the overdose crisis, but rather the opposite has been proven.

Without resources protecting the health and safety of this population, health conditions such as HIV, hepatitis, fatal overdoses, and other comorbidities are much more likely to occur and place increased pressure and economic strain on the healthcare system. Hospitalization in the United States due to substance-use related infections alone costs of \$700 million annually. Access to sterile supplies reduces the strains related to these infections and comorbidities.

The General Assembly passed a law in 2016 legalizing the expansion of syringe service programs state-wide. Research shows that new users of syringe service programs (SSPs) are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don't use the programs. The administration's 2022 National Drug Control Strategy aims to, among other objectives, increase both the number of U.S. counties that have at least one SSP and the percentage of these programs that offer drug-checking services and devices, such as fentanyl test strips. But unless the administration works to counter the states' criminalization of important components of these initiatives, it may be nearly impossible for it to accomplish these objectives. Despite the overwhelming success of these programs, current laws don't provide explicit protection for other life-saving supplies.

As future health care providers and constituents, we are asking you to help us in our mission to increase harm reduction services and decrease the numerous disparities that exist for people who use drugs.

Sincerely,

Shobha Ambi, Sara Ghavidel, Willa Langworthy, Kayleigh McCagg, Sara McDaniel, Lindsay Reese, Rachael Teague