

STATEMENT OF
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SUBMITTED TO
THE MARYLAND SENATE
FINANCE COMMITTEE
HON. PAMEL BEIDLE, CHAIR
HON. ANTONIO HAYES, VICE CHAIR
FEBRUARY 4, 2025

IN SUPPORT OF
SB 83

Public Health – Overdose and Infectious Disease Prevention Services Program

Chair Beidle, Vice Chair Hayes and Honorable Senators, thank you for reading my statement in support of SB 83. I commend Senator Shelly Hettleman for her steadfast advocacy for this legislation and her commitment to save the lives of some of the most despised people in our state.

I support SB 83 and urge its favorable report. The small program it proposes follows in the footsteps of similar programs operating legally in New York City, and scores of others operating underground that are saving lives every day.

Like most Americans, you probably know someone who is or was addicted to some substance. You may know someone who has died from an overdose. This is often not talked about because the stigma and shame are so great. These deaths have been a plague for decades, and my family believes that my first cousin, Cliff, died from an opioid overdose in New York City about 25 years ago.

In the 1980s, I was figuratively a “colonel” in America’s “war on drugs” as assistant counsel to U.S. House Subcommittee on Crime. I was the committee counsel principally responsible for federal drug laws and oversight.

In March 1980, when I first organized an oversight hearing on the U.S. Drug Enforcement Administration (DEA), **the number of drug overdose deaths in the U.S. was about 6,100.** In the following years, I played a major role in Congress’s shaping of anti-drug policy. I accompanied Members of Congress to Mexico, Peru, Bolivia, Colombia and Jamaica to encourage those nations to more fully participate in America’s “war on drugs.” I organized dozens of congressional hearings on every aspect of the drug abuse problem and wrote many provisions of the Anti-Drug Abuse Acts of 1986 and 1988. **Yet, every year the number of people who die from drug overdose had gone up until 2022 – when 112,582 were estimated to have died,** according to the CDC. Fortunately, this number has started to go down. Yet, in the 12-months ending August 2024, 89,740 are estimated to have died. Unfortunately, we don’t know why we are experiencing this decline. Has the increasingly widespread distribution and use of naloxone to reverse overdoses been the cause? We don’t know yet.

As a general proposition, what we have been doing to prevent drug overdose deaths has not been working. **One reason for America's failure to save lives is that we have defined the problem improperly and thus listened to the wrong voices.**

The physiological condition of addiction is not wrongful or criminal. Managing addiction in society should not be a criminal justice matter. The police – as admirable, courageous and well-trained as they are – are not the proper authority for guidance or management of this phenomenon.

The foundations of the policies that have created our current drug use crisis were laid 150 years ago and grounded in White racism against Chinese immigrants and African-Americans. To hold back hard-working Chinese immigrants competing for jobs in the American west, legislators stigmatized and criminalized opium use, and claimed Chinese men intentionally addicted White women with opium for sex and prostitution. To hold down the children and grandchildren of the men and women freed from their enslavement who, 50 and 60 years after emancipation, were achieving economic success and status, some legislators falsely associated Black people with the use of cocaine, heroin, marijuana, and the rape of White women to justify the Harrison Narcotics Act of 1914. This federal law is the foundation of America's drug laws today.ⁱⁱ These false social constructs were deliberate and explicit. The police were assigned the responsibility of enforcing these laws and suppressing these people. Much of our distorted contemporary thinking about drugs is the legacy of these falsehoods, myths, and exaggerations which leaves all of us with a perspective that sees drug use as deviant and depraved. And we have come to rely on the testimony of police and prosecutors for guidance about a public health and medical problem that is outside their expertise. They know how to investigate and prosecute crimes. But they are not experts in epidemiology, physiology, psychology or economics. They are wrong voices to heed. They are charged with finding and punishing wrongdoers. Because the law has wrongly called people addicted to drugs wrongdoers, drug users have been the target of the police and prosecutors. That has been tragic.

For 150 years, our drug policy has been grounded in the dehumanization of the people who use drugs. **The goal of drug policy should be to protect the lives of persons who use drugs, to reduce their suffering, and to honor their dignity.**

The center of drug policy should no longer be about improving enforcement or giving law enforcement more tools to “fight” the drug trade, etc.

The center of drug policy should be the well-being of people who use drugs.

The policies should not be grounded in the fear that someone else may be tempted or encouraged to use drugs.

When we take seriously the lives of people who use drugs and see them as the loved children, siblings and parents in families that struggle – like all families – then our communities can save them from overdose and death.

The use of drugs is risky, but that does not provide a constitutional or logical basis for punishing the use of drugs. American culture is grounded on risk. The entirety of our nation's wealth is based on the risk of our capitalist system. We celebrate almost obsessively the athletes who risk the most – the hardest hitting, the fastest, those with the smallest margin for error and catastrophe. Many of us encourage our kids to play football and other sports with significant risks of potentially devastating injury. This is truly dangerous.

We also organize to protect against risks. At taxpayer expense, for example, we train and employ *lifeguards* and station them along the beaches in Ocean City and throughout the state and the nation to protect the general public. We require *lifeguards* at public and large private swimming pools. Lifeguards will try to rescue anyone who is in danger. Lifeguards don't discriminate against people who are intoxicated or take excessive risks.

What makes drug use most dangerous is the illegality of the use, sale, and production of the drugs, and the stigma around the use of drugs. The legislature has guaranteed that criminals make, mix, package, label (or mislabel) and distribute all kinds of drugs that people want to use or that people are addicted to. The legislature has said that the people who are addicted who possess these drugs are criminals. Thus, most of us see people who use drugs as criminals deserving punishment and blame, not care and protection. That perspective is killing our children.

It is long past time to stop conditioning health care and harm reduction for people who use drugs on a demand that they abstain from using illegal drugs, notwithstanding the compulsion of their addictions.

SB 83 would save the lives of those who use drugs by bringing risky drug use into spaces with *lifeguards for drug users*, trained and equipped with the tools to save them.

I believe many of our faith traditions support the services authorized by this legislation. I regret that I am not deeply familiar with many of the faith traditions of our wonderfully diverse Maryland population. Yet I have a faith that **a central tenet of almost every faith tradition is compassion for those who are suffering**, and that the scriptures of those traditions hold up acts of compassion.

I hope that no Senator will feel slighted if I note, as an example of one of our faith traditions, that many Christians often ask, "What would Jesus do?" I think for those who take the Gospel According to Matthew to heart, many would agree that Jesus -- who reached out and *touched* a despised leper to heal him (Matt. 8:3) -- today would work at an overdose prevention center to help save the lives of "despised" persons who use drugs like heroin, fentanyl and cocaine.

There is another story in the Book of Matthew that is relevant to consideration of this bill having to do with the law. A key concern about SB 83 is that overdose and infectious disease prevention centers involve drugs that remain illegal under state and federal law.

In the verses in Matthew immediately after Jesus heals the person with leprosy, a Roman centurion in Capernaum approaches Jesus appealing to him to heal the centurion's paralyzed servant (Matt. 8:5-13). Jesus offers to go to the servant and heal him. But the centurion demurs. The centurion says he is "a man under authority".ⁱⁱⁱ As a Roman officer, it would be legally and reputationally risky to have Jesus – a suspect of stirring up trouble and violating the law – come to his home. Yet the centurion recognizes the rightness and urgency of the healing. Jesus heals the servant and praises the centurion.

Senators, like the Roman centurion, you are men and women of authority. When we recognize the rightness of the Roman centurion in going outside the norms of the law of Rome to obtain unorthodox healing for his servant, we can see a lesson for approving this legislation.

You have done this before. The General Assembly over the last dozen years, repeatedly created, modified and improved and expanded Maryland's medical cannabis program (now an adult use cannabis program), **knowing in every instance that this program was in plain violation of Federal law.** Across the nation, legislatures are saving lives by disregarding outdated, discredited laws.

Enactment of SB 83 will save the lives of thousands of our loved ones suffering from substance use disorders by bringing effective overdose and infectious disease prevention programs to Maryland.

I urge a favorable report.

ⁱ Eric E. Sterling was Executive Director of the Criminal Justice Policy Foundation (1989-2020). He has lived in Maryland 32 years and the 18th legislative district over 27 years. From 1979 to 1989 he was Assistant Counsel, U.S. House of Representatives Committee on the Judiciary responsible for drug abuse matters among many other issues. From 2013 to 2017, on the appointment of Gov. Martin O'Malley, he served on the Maryland Medical Cannabis Commission and chaired its Policy Committee. In Montgomery County, he served for 10 years on the Alcohol and Other Drug Abuse Advisory Council including three years as chair. From 2022 to 2024, he was chair the Montgomery County Advisory Commission on Policing. He received a B.A. from Haverford College in 1973, and a J.D. from Villanova University Law School in 1976.

ⁱⁱ David F. Musto, M.D., *The American Disease: Origins of Narcotic Control*, Yale University Press, New Haven, 1973, pp. 6-8; 15-21; 43-44; 65.

ⁱⁱⁱ Matthew 8:9; Oxford Annotated Bible, *The Holy Bible*, Revised Standard Version, 1962.