

Senate Bill 370 – SUPPORT

Criminal Law – Drug Paraphernalia for Administration - Decriminalization -

FAVORABLE January 29, 2025

The Honorable William C. Smith, Jr., Esq.
Chairman, Senate Judicial Proceedings Committee
Miller Senate Office Building, 2 East Wing
11 Bladen St., Annapolis, MD 21401

Dear Chair Smith and Senate Judicial Proceedings Committee Members,

I am a retired educator and a lifelong resident of Maryland. I am in favor of decriminalizing the possession of drug paraphernalia because doing so would save lives and reduce the spread of infectious disease while minimizing the undue burden on our criminal justice system.

The current practice of criminalizing possession of paraphernalia serves no purpose. Instead, it creates barriers to health care and other life-affirming opportunities while disproportionately targeting marginalized communities.

Overdose deaths for the most recent 12-month period represent a decrease. While the death toll remains at crisis levels, there is newfound hope for identifying, and expanding, strategies that work. Here in Maryland, we have shifted on some measures and not others. Naloxone, for example, has gained acceptance and has proven to reduce fatalities. But a person who seeks his own safety by using a clean needle (a sign that he cares about his own health) is subject to arrest and jail time.

We will not overcome the tragic loss of life until we embrace the full array of proven strategies. Literally every major health organization in the world urges low barrier access to all initiatives that prioritize safe drug use—with clean syringes as a primary example. Yet Maryland, year after year, despite its comparatively high overdose and HIV rates, continues to support roadblocks to these life-saving programs.

Promoting health and safety over criminalization should be our highest priority, particularly in light of the fact that punitive measures have failed to reduce the prevalence of drugs or the number of addictions and, instead, have given us mass incarceration, loss of productivity, homelessness, disease, and untreated addictions.

I recently attended a two-day workshop put on by the National Academies of Sciences, Engineering, and Medicine on harm reduction services and related research. Sponsored by the Federal Government Office of National Drug Control Policy, the event featured a wide array of experts—research scientists, public health providers, medical professionals, and leaders of organizations such as the National Institute of Drug Abuse (NIDA), SAMHSA, and the CDC. The running theme: Harm reduction and treatment exist on a public health continuum, but availability of services is impeded by drug policies—steeped in stigma rather than research—that do not reflect a collaborative approach to patient-centered care.

It is hard to understand reluctance to adopt strategies that have proven to promote wellness. Blanket

statements refuting the merits of harm reduction are worrisome. According to Health and Human Services, "Harm reduction is critical to keeping people who use drugs alive and as healthy as possible." Those who can't subscribe to this simple principle should rethink their commitment to serving the people.

Harm reduction is about respect, public health, and human rights. 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 counterproductive?

Respectfully submitted,

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