

**RE: SUPPORT of House Bill 556 - Criminal Law - Drug Paraphernalia for Administration - Decriminalization)**

**FAVORABLE**

Dear Chair Clippinger and members of the House Judiciary Committee,

My name is Darci Curwen-Garber. I am a Baltimore City resident, a public health professional for over a decade, and an outreach provider at a Syringe Service Program (SSP). I am writing to **support** House Bill (HB) 556 - Criminal Law - Drug Paraphernalia for Administration – Decriminalization.

**Access to sterile paraphernalia **does not** increase or encourage drug use.**

- A U.S. Department of Veteran Affairs systematic review of over 123 studies found that syringe access programs do not increase injection frequency or drug use.<sup>1</sup> The review states that syringe access programs reduce HIV transmission and risky injection behaviors.<sup>1</sup>

**Access to sterile paraphernalia **does not** increase crime or criminal activity.**

- No study has ever found an increase in categorized crime associated with a syringe access program. A study specifically completed in Baltimore shows no association between the implementation of a syringe access program and crime rates.<sup>2</sup>

**Access to paraphernalia **does** reduce disease transmission and overdose deaths.**

- 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.<sup>3</sup> Ten studies found that access to safer smoking kits led to fewer risky drug use behaviors and improved health outcomes for people who use drugs.<sup>4</sup>

**Access to sterile paraphernalia **does** make existing programs more effective.**

- Access to sterile supplies is associated with increased treatment uptake - the CDC states that access program participants are 5x more likely to enter drug treatment and 3x more likely to stop using drugs.<sup>5</sup> Access programs provide a bridge to drug treatment and other social services for people who use drugs through referrals and support.

**Access to sterile paraphernalia **does** save Maryland money.**

- 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.
- A sterile needle costs about 10¢ wholesale and 50¢ retail. Lifetime HIV/AIDS care for one person costs about \$618,000.<sup>6</sup>
- A safer smoking kit costs about 59¢. Annual cost of care for one person with hepatitis C infection is over \$10,000,<sup>7</sup> with a lifetime cost of over \$65,000.<sup>8</sup>

**Decriminalizing paraphernalia **does** decrease ‘syringe litter’.**

- People who use drugs dispose of used syringes safely when given safe options to do so.<sup>9-10,11</sup>
- Drug paraphernalia laws are associated with an increased likelihood of unsafe and improper

syringe disposal.<sup>12,13</sup>

- The CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention recommends revising drug paraphernalia laws as a tool to reduce syringe litter.<sup>14</sup>

**Decriminalizing paraphernalia **does** decrease the risk of needle-stick injuries for law enforcement.**

- The less someone fears penalties for paraphernalia, the likelier they will disclose possession of syringes to law enforcement when being patted down.<sup>15</sup>
- Needle-stick injuries for police officers in Connecticut decreased after the partial repeal of drug paraphernalia laws.<sup>16</sup>
- A North Carolina study that anonymously surveyed law enforcement found that the majority of officers agreed that decriminalizing paraphernalia would be “good for the community” and “good for law enforcement”.<sup>17</sup>

**Opponents of this bill claim that maintaining the criminalization of paraphernalia increases recovery through incarceration. Data definitively does not support this.**

**Detention **does** lead to extreme increased risk of opioid overdose death.**

- In a systematic review, 2 weeks after release from detention, opioid overdose deaths were 27x higher than expected in the general population. Even one year after release, they were 15x higher than expected.<sup>18</sup>

**Evidence **does not** support the efficacy of compulsory, coercive, and involuntary treatment for substance use.**

- In a systematic review that looked at multiple studies on compulsory drug treatment, the majority of studies did not detect any significant positive impacts on drug use or criminal recidivism and some studies found negative impacts on criminal recidivism compared to control groups.<sup>19</sup>
- “The data does not show that it’s beneficial to put someone in jail or prison or force them against their will to go to treatment. There are absolutely instances where people may have had a positive outcome. But it’s the minority.” - Dr. Nora Volkow, director of the National Institute on Drug Abuse - NIDA (2022)<sup>20</sup>

I believe that this bill is a common-sense measure to simplify Maryland’s paraphernalia laws and to clarify that possession of harm reduction supplies to prevent infectious disease is not a crime. **I urge the House Judiciary Committee to give HB 556 a favorable report.**

Sincerely,

Darci Curwen-Garber

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