

HB551 / SB327: End Paraphernalia Penalties

Sponsors: Delegate Karen Simpon (House Judiciary), Senator Cory McCray (Judicial Proceedings)

Criminal Law - Drug Paraphernalia and Controlled Paraphernalia Prohibitions - Repeal

Maryland's paraphernalia law incentivizes unsafe behaviors that harm people who use drugs, first responders, business owners, families, and neighborhoods. Ending all paraphernalia penalties is a proven, cost-free way to improve health and public safety statewide.

Ending paraphernalia penalties **is** common sense and overdue.

- **Legal items should remain legal.** Paraphernalia law criminalizes legally obtained, everyday objects - small plastic bags, spoons, and scales. Syringes can be purchased legally at a pharmacy without a prescription. These *become* illegal when associated with suspected drugs, even if no drugs are present.
- **Maryland is falling behind other states.** 20 states have decriminalized syringe possession for personal use. Minnesota has fully repealed paraphernalia penalties, and Alaska has never criminalized paraphernalia.¹ Maryland's paraphernalia laws are outdated.

Ending paraphernalia penalties **does** decrease 'syringe litter'.

- **Safe disposal works** when paraphernalia isn't criminalized. People are more likely to carry and properly dispose of used syringes when doing so doesn't risk arrest or police stops.²
- **Federal public health experts recommend this approach.** The CDC recommends revising paraphernalia laws as a tool to reduce syringe litter and improve community safety.³
- **Cleaner public spaces benefit everyone.** Fewer discarded syringes means safer sidewalks and playgrounds for families and businesses across Maryland.

Ending paraphernalia penalties **does** make Maryland's existing programs more effective.

- **Criminalization deters participation in life-saving services.** Fear of arrest is a major barrier to Syringe Service Programs (SSPs), which connect people to sterile supplies, healthcare, recovery, and social services. SSP participants are 5x more likely to enter treatment and 3x more likely to stop using drugs.⁴
- **Current law limits Maryland's ability to track the drug supply.** Paraphernalia law restricts participation in the Maryland Department of Health's Rapid Analysis of Drug (RAD) program, weakening one of the state's few tools to monitor and respond to a rapidly changing illicit drug supply.

Access to sterile paraphernalia **does** reduce disease transmission and death.

- **The evidence is clear and overwhelming.** Every major scientific and medical body to study syringe access has found it reduces the spread of HIV, hepatitis C, and other blood-borne diseases.
- **Criminalization drives risky behavior.** Fear of arrest leads people to share syringes rather than carry sterile supplies; disease transmission is caused by shared paraphernalia, not by drug use itself.⁵

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

- **Prevention is far cheaper than treatment.** A sterile syringe costs \$0.10 wholesale (\$0.50 retail), while lifetime HIV care costs about \$618,000 per person. Access to sterile supplies reduces expensive infections like HIV and hepatitis.⁶
- **High-return, no-cost policy.** As Maryland faces a \$1.5 billion budget shortfall and an ongoing overdose crisis, ending paraphernalia penalties is a practical and cost-free way to strengthen overdose prevention efforts by local health departments and community-based organizations.

Ending paraphernalia penalties **does** reduce needle-stick injuries for law enforcement.

- **Criminalization increases risk for officers.** People fearing arrest are less likely to disclose syringes during interactions with law enforcement, putting officers at higher risk for needle-stick injuries.⁷
- **Evidence shows safety improvements.** States that have repealed paraphernalia laws report fewer officer injuries,⁸ and surveys show most law enforcement agree decriminalization is “good for the community” and “good for law enforcement.”⁹

Ending paraphernalia penalties **does not** halt drug enforcement efforts.

- **Drug laws remain fully enforceable.** Possession, sale, and manufacturing of illegal drugs are still illegal. States that have removed paraphernalia penalties continue robust drug enforcement.

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

- **Syringe access is safe and effective.** A U.S. Department of Veterans Affairs review found that syringe access programs do not increase drug use or injection frequency, while reducing HIV transmission and risky injection behaviors.¹⁰

Access to sterile paraphernalia **does not** increase crime.

- **No link to criminal activity.** Studies, including one in Maryland, show that syringe programs do not increase crime rates or other criminal activity.¹¹

For additional questions, please contact Darci Curwen-Garber at darci@baltimoreharmreduction.org

1. Public Health Law Network, Harm Reduction Legal Project (2025)

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3. CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, *Needs-Based Syringe Distribution and Disposal at Syringe Services Programs*, Sept. 2020. Available at <https://www.house.mn.gov/comm/docs/Bne4aN5Mc06Y6ZgPDXM7sQ.pdf>

4. CDC, *Syringe Service Programs (SSPs)*, 2025. Available at <https://restoredcdc.org/www.cdc.gov/syringe-services-programs/php/index.html>

5. Davis, Corey S et al. “Paraphernalia Laws, Criminalizing Possession and Distribution of Items Used to Consume Illicit Drugs, and Injection-Related Harm.” *American journal of public health* vol. 109,11 (2019): 1564-1567. doi:10.2105/AJPH.2019.305268

6. Schackman, Bruce R et al. “The lifetime cost of current human immunodeficiency virus care in the United States.” *Medical care* vol. 44,11 (2006): 990-7. doi:10.1097/01.mlr.0000228021.89490.2a

7. Franco, Carol Y et al. ““We’re actually more of a likely ally than an unlikely ally”: relationships between syringe services programs and law enforcement.” *Harm reduction journal* vol. 18,1 81. 4 Aug. 2021, doi:10.1186/s12954-021-00515-2

8. Groseclose, S L et al. “Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers—Connecticut, 1992-1993.” *Journal of acquired immune deficiency syndromes and human retrovirology* vol. 10,1 (1995): 82-9.

9. Davis, Corey S et al. “Attitudes of North Carolina law enforcement officers toward syringe decriminalization.” *Drug and alcohol dependence* vol. 144 (2014): 265-9. doi:10.1016/j.drugalcdep.2014.08.007

10. U.S. Department of Veteran Affairs, *Effectiveness of Syringe Service Programs*, 2023. Available at <https://www.hsrdr.research.va.gov/publications/esp/syringeservice.cfm>

11. Marx, M A et al. “Trends in crime and the introduction of a needle exchange program.” *American journal of public health* vol. 90,12 (2000): 1933-6. doi:10.2105/ajph.90.12.1933