

February 6, 2026

The Honorable Sandy Bartlett
Chairwoman, House Judiciary Committee
Taylor House Office Building, Room 100
6 Bladen St., Annapolis, MD 21401



**RE: SUPPORT of House Bill 551
(Criminal Law - Drug Paraphernalia and Controlled Paraphernalia Prohibitions - Repeal) - FAVORABLE**

Dear Chair Bartlett, Vice Chair Davis, and House Judiciary Committee Members,

The Baltimore Harm Reduction Coalition (BHRC) writes to express our strong support of **House Bill 551 (Criminal Law - Drug Paraphernalia and Controlled Paraphernalia Prohibitions - Repeal)** to end all penalties for drug paraphernalia. This is a common-sense, evidence-based, cost-free reform that prioritizes public health and community safety for all Marylanders. BHRC is proud to be one of 29 MDH-authorized syringe service programs (SSPs) in Maryland. We partner with local churches for street outreach to ensure people who are actively using drugs have critical survival items and connections to stabilizing care. The criminalization of paraphernalia directly and negatively impacts our participants and us as a program.

Ending paraphernalia penalties improves community safety and public spaces. We know intimately that paraphernalia criminalization discourages safe syringe disposal. We hear consistently from our participants that holding on to used syringes is legally dangerous for them. Participants that pick up syringes in their neighborhoods and return them for safe disposal do so at great risk to themselves. Policies that remove paraphernalia penalties are even recommended by the CDC for communities that want to reduce syringe litter. [1] Cleaner sidewalks, parks, and playgrounds benefit families, businesses, and local governments across Maryland.

Ending paraphernalia penalties strengthens Maryland's public health response. Fear of arrest is a major barrier to SSP participation. SSP participants are significantly more likely to enter treatment and reduce drug use. [2] Paraphernalia penalties also limit participation in the Maryland Department of Health's Rapid Analysis of Drugs (RAD) program, weakening one of the state's only tools to track what's in our illicit drug supply. Currently, RAD cannot legally exist in every county, leaving huge gaps in data that participants, programs, doctors, and governments rely on. Paraphernalia criminalization undermines both of these life-saving programs.

Access to sterile paraphernalia reduces disease and saves money. Extensive research shows syringe access reduces the transmission of HIV, hepatitis C, and other blood-borne diseases.[3] Criminalization increases risk by driving syringe sharing, a fact supported by both participant experiences and research. Prevention is far less expensive than treatment. A sterile syringe costs pennies, while lifetime HIV care costs approximately \$618,000 per person. Preventing infections saves Maryland millions in long-term healthcare costs.[4]

Ending paraphernalia penalties improves safety for law enforcement and does not increase crime. When people fear arrest, they are less likely to disclose syringes during police encounters, increasing the risk of needle-stick injuries. States that have repealed paraphernalia laws report improved officer safety. [5,6] Syringe access does not increase drug use or crime, a finding supported by studies conducted nationally and in Maryland. [7,8] This bill does not take tools away from law enforcement - the possession, sale, and manufacturing of illegal drugs remain illegal, and drug enforcement remains fully intact.

Ending paraphernalia penalties is a proven, cost-effective policy that strengthens Maryland's existing life-saving programs, maximizes our state's ability to track and adapt to the illicit drug market, enhances community safety for families and first responders, and brings Maryland law in line with evidence-based best practices. **We ask that the House Judiciary Committee give HB551 a favorable report.**

For more information about this position, please contact Darci Curwen-Garber, BHRC Policy Manager, at darci@baltimoreharmreduction.org.

Sincerely,

The Baltimore Harm Reduction Coalition (BHRC)
Baltimore City, Maryland

1. 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>
2. CDC, *Syringe Service Programs (SSPs)*, 2025. Available at <https://restoredcdc.org/www.cdc.gov/syringe-services-programs/php/index.html>
3. 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
4. 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
5. 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
6. 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.
7. U.S. Department of Veteran Affairs, *Effectiveness of Syringe Service Programs*, 2023. Available at <https://www.hsrd.research.va.gov/publications/esp/syringeservice.cfm>
8. 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