

# The Center for Prisoner Health and Human Rights

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The Miriam Hospital *A Lifespan Partner*

May 21, 2018

Re: S 2279 SUBA - AN ACT RELATING TO CRIMINAL OFFENSES – HOMICIDE

Dear Senators:

We, the undersigned, are writing to request that the Senate delay a vote on S-2279 Sub A by recommitting it to Senate Judiciary Committee for further consideration.

For the first time in over a decade, overdose deaths in Rhode Island declined in 2017. This decline can be credited to collaborative, evidence based public health and safety efforts. We believe that passage of S-2279 Sub A, and its focus on harsh criminal penalties, will have a deleterious effect on these efforts.

Those of us who daily see patients and work in the community with those who will be affected by this bill had no opportunity to review the Sub A version or to testify on it. Unfortunately, the amendments that were proposed by the Attorney General's Office and approved by Senate Judiciary Committee do not allay our concerns about the harmful impact of the bill's passage on our efforts to address the state's opioid crisis.

For instance, one amendment requires that the drug be provided "in exchange for anything of value." But it is common for people who use drugs to sell and trade drugs to support their addiction. Other times, there are small exchanges of money. The Attorney General's Office testified that it is not the intent of the bill to prosecute low-level dealers or people who use drugs. However, the language provided in the Sub A does not protect these categories of individuals from prosecution. In fact, the "delivery through" clause contained in the Sub A exponentially widens who may be held culpable, with no attempt to focus on high-level drug traffickers.

Further, it is important to note that almost everyone who died of an overdose in 2017 had multiple substances in their body. Examples include: heroin, hydromorphone and methadone combination; methamphetamine and opiate combination; tobacco, marijuana, methamphetamine and cocaine combination. Alcohol was a major contributor, as were benzodiazepines. Yet a drug user can face up to life in prison for distributing a substance to a friend that may have been only a small factor in the friend's death or that the person had no idea was contaminated. Not only is it poor policy to leave such broad prosecutorial discretion to law enforcement, it sends a chilling message to the community. We know, based on decades of criminal justice based drug policy, that harsher penalties do not decrease drug using activity. So, this bill's disturbing message will not decrease drug use, nor drug trafficking – the economics ensure this – but it will further marginalize people who use drugs and increase their fears.

The undersigned, representing a broad range of medical professionals, community based organizations, and advocates working on harm reduction stand at the ready to work with you to amend S-2279 Sub A to more accurately reflect the proposed intent of convicting individuals with malicious, predatory behaviors, not low-level dealers and users. Use of a public health approach, not lengthy criminal sentences for users and small-time dealers, is essential for our state's ability to continue to make headway on this crisis.

Please refer to written testimony provided by the Center for Prisoner Health and Human Rights on April 26, 2018 outlining our general concerns with the original bill (attached), which, in light of the Sub A's continued breadth, still remain largely applicable. We hope that you will consider and support our request. We look forward to discussing this further with you, as we know we all share the same ultimate goal.

Responses to this letter can be sent to Sarah Martino at the Center for Prisoner Health and Human Rights, at [Sarah.Martino@Lifespan.org](mailto:Sarah.Martino@Lifespan.org), and they will be shared with the signatories below. Thank you.

Signed:

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