

**WRITTEN TESTIMONY for the BEHAVIORAL HEALTH COMMITTEE  
Michigan House of Representatives**

**of Ashley Shukait, MPH, CHES  
In Support of HB 5178 and HB5179**

Thank you, Chairperson and members of the committee, for the opportunity to submit written testimony. My name is Ashley Shukait. I come to you as a person in long-term recovery from problematic substance use, a public health professional and harm reductionist, a former healthcare worker, a proud mother, wife, and community-centered Michigander. I am writing to testify in **strong support of HB 5178 and HB5179**. Specifically, I urge the committee to:

- **Bring the bill to the floor as soon as possible, and**
- **Approve the language which protects second and third-party distribution.**

This bill is close to my heart, personally and professionally. As someone who utilized a legacy harm reduction program in Ypsilanti, Michigan many years ago, before Naloxone was widely available, I know the life-saving impact it had on myself, my friends, and our community back in the early 2000's when illicitly manufactured fentanyl was entering the drug supply. Having the support of someone who truly cared about their community members, not judging them based on what substances they used, but listened and respected their autonomy and dignity providing supports without coercion or force to go into treatment is what kept many of us alive and helped us on our journey of healing and any positive change. This individual made a lasting impact, and provided me supplies with others to distribute as a secondary distributor for over a decade while I worked in healthcare and before I worked with them as a Harm Reduction Program Manager for a couple of years before taking up opportunities to expand my career consulting for multiple agencies such as Strategies to Overcome Obstacles to Avoid Recidivism (SOOAR), and the University of Michigan. This is how I became such a strong advocate for harm reduction, I have watched these practices truly center individuals' well-being and provide compassion and unconditional love while fighting against the multitude of devastation that the war on people who use drugs has caused to them, their families, and their communities.

The overdose crisis is preventable and every overdose is a policy failure. I urge this committee to support this bill, which provides much needed operational and legal support and would move in a better direction to promote best practices for Syringe Service Programs (SSPs) in Michigan.

Syringe Service Programs (SSPs), a core component of harm reduction services are evidence-based health-centered interventions originally created over 40 years ago by early pioneers of individuals who used drugs and community activist who provided care to keep their communities healthy and safe. The Center for Disease Control has declared SSPs are safe, effective, and cost-saving public health approaches to preventing infectious diseases, including hepatitis C (HCV) and HIV, reducing skin, soft-tissue, and venous infections (SSTVIs), endocarditis, sepsis, osteomyelitis, and overdoses.<sup>1,6</sup> SSPs have been proven to also reduce the number of publicly discharged syringes, reduce unintended needle sticks experienced by law enforcement officers and first responders, as well as they do not increase drug use or crime.<sup>7,8</sup> Harm reduction programs address the public health and social justice issues of HIV, viral hepatitis, non-fatal and fatal overdoses and substance use management utilizing a harm reduction philosophy, providing comprehensive services around these issues, ranging from prevention and testing to linkage to care, case management and treatment for individuals who do not seek medical services due to lack of trust, discrimination, racism, homophobia, structural and systemic violence.<sup>5,9</sup>

**Michigan's Syringe Service Programs:** Our Syringe Service Programs (SSPs) are being restricted throughout the state from operating legally. Under the current state law, syringes and other equipment provided by health programs are not classified as drug paraphernalia. However, throughout the 1,700+ municipalities, majority maintain and enforce paraphernalia ordinances that criminalize the possession of public health supplies and trace amounts of residual substances within these supplies. These laws deem life-saving supplies like Fentanyl Test Strips and other drug checking equipment as paraphernalia. This leaves many programs to decide what law applies and state, county, and city lines blur from where people live, where community needs are, and how to even travel across lines that are not always apparent. This means we can have our car impounded, arrested, jailed, fined, and charges pressed against us with no protections from the very state that is funding our programs to operate. This also includes trace amount residuals when returning and disposing of used syringes and other equipment to keep our communities and environments free of syringe litter.

Despite this, in the last year I have had over 100 engagements with individuals that the vast majority, more than 90% are not registered to my program for various reasons, mainly because the understanding that there are no legal protections for them that has been clearly demonstrated by the vast amount of police encounters and harassments that have occurred because of public health equipment on them, even when identifying their SSP card, even for brand new not out of the package supplies. I primarily work in Out-Wayne County, eastern Washtenaw County, and parts of northern Monroe County. This year, I have provided to 20 registered participants, over 300 community members and had over 1,300 secondary distributions. I have provided over 73,000 syringes along with thousands of other risk reduction supplies including over 14,000 condoms preventing the transmission of HIV/HCV and other STI's as well as skin, soft tissue injury and endocarditis.

I have provided over 1,000 hygiene kits to reduce infections and ensure dignity for those who may not have access to resources such as running water or stable housing. I have also given out almost 1,000 wound care kits to assist in the healing and prevention of infection from simple abscesses to large concerning wounds that required a trusted connection to medical evaluation and interventions. I have provided numerous formal and informal overdose prevention and response trainings, distributed almost 15,000 doses of nasal Naloxone, 28 Injectable Naloxone vials, and over 5,000 Fentanyl test strips, and 590 overdose reversals reports through our Naloxone distribution. Most of these reports as consistent with other historical and national reporting that do not call 911 for fear of criminalization, because of the sub-par and poorly implemented Good Samaritan Laws and Drug Induced Homicide laws within Michigan.

During this last year, I was able to screen and embrace any positive change through 58 engagements for substance use management, create 14 safety plans with multiple support groups, and provide 103 referrals to substance use management/treatment services. I made 69 food deliveries to assist with food insecurity within our communities. The housing crisis impacts all of this, and can turn someone to substance use, as well as create conditions for substance use to become chaotic and problematic as a means of survival and to treat pain. I made 21 referrals to housing and shelter, many of which are still struggling to receive services by housing agencies as well as feeling safe within a shelter system. Of the 36 mental health connections and referrals, the vast majority had to do more with the compounding stressors from discriminations against people who use drugs, lack of services and quality evidence-based treatment systems, than the stigmatizing labels people often outside have for them. I have provided transportations to treatment centers, visitations to children, to helping with car repairs for jobs.

This is community members saving themselves because of failed policies that lack of action within our state and nationally to address the overdose crisis and harms of prohibition. We are all just staying afloat and could have such a larger impact if only we treated substance use as a health issue and not a criminal one.

### **HB 5718 and 5179 is Needed NOW!**

The criminalization of drug paraphernalia interferes with SSP operations and expansion efforts within MDHHS's State Opioid Response Strategy and seeks to clarify state law.<sup>4</sup> Currently, hundreds of municipalities prevent SSP operation under local drug paraphernalia laws, particularly in the rural counties most vulnerable to HIV/HCV outbreaks. Without state legislative action, SSPs will be unable to operate effectively and reliably where we most need them. West Virginia<sup>10</sup> is an example of barriers and a lack of legal protection for SSPs have resulted in their closure resulting in increasing HIV rates and overdoses.

Since 2000, Michigan has demonstrated significant increases in HIV, HCV, overdoses, and other complicated related to drug use, lack of access to services, and criminalization of substance use and supplies, with determination of need submitted to the CDC in 2016.<sup>1</sup> Lack of access to sterile supplies and fentanyl test strips increases the risk of HIV, viral hepatitis, skin and soft tissue infections, and non-fatal and fatal overdoses.<sup>2</sup>

This restriction to access the risk reduction tools to keep individuals healthy as possible puts additional burdens on emergency rooms and healthcare facilities' staff and capacity.<sup>3</sup> Michigan tax payers are spending millions yearly in healthcare costs, from lack of access to sterile supplies such as syringes.<sup>3</sup>

Based on Michigan Incident Crime Reporting (MICR) data in 2019,41 Michigan had 5,067 offenses of narcotic equipment (paraphernalia) violations and 1,683 arrests. During the same year, Washtenaw County had 183 offenses and 110 arrests for narcotic equipment violations. In Pittsfield Township in 2019, there were 99 narcotic equipment offenses and 75 arrests made. Pittsfield Township (population in 2019 was 33,623 people), accounts for 68.2% of these offenses and arrests in Washtenaw County (population in 2019 was 424,146 people), while only making up 7.9% of the county's population.<sup>11</sup> In Ypsilanti Township in 2019, there were 30 narcotic equipment offenses and 15 arrests made. During 2019 in the City of Ypsilanti, there were 25 narcotic equipment offenses and 13 arrests made. During this same year, Eastern Michigan University, which operates in the City of Ypsilanti, there were 4 narcotic equipment offenses and 2 arrests made. During 2019 in the City of Ann Arbor, there were 4 Narcotic Equipment offenses and 0 arrests made.<sup>11</sup>

This highlights the discrepancies even with state police and local ordinances and the confusion among law enforcement, individuals who use drugs, and state-funded syringe service programs. People move and travel throughout Washtenaw and various counties, as well as throughout the state. This creates conflict for service programs providing public health equipment to reduce harms that are directly contradicted with harms of arrests from narcotic equipment (paraphernalia).<sup>12-17</sup> The practices by law enforcement and the criminal legal system related to stopping, ticketing, arresting and charging people for possession of sterile syringes is associated with syringe and additional equipment sharing and reusing, which raises the risk of HIV, hepatitis C, skin and soft tissue injuries, infective endocarditis sepsis, and non-fatal and fatal drug overdoses.<sup>12-19</sup> In addition, when people are released from jail, they are more likely to have a fatal overdose within months of release.<sup>19-23</sup>

People cannot have any positive change when they are continuously cycled through the criminal legal system that will forever limit their abilities to healthy productive lives.

### **Why we need language that protects second- and third-party distribution**

Decades of research have demonstrated that SSPs that remove as many barriers as possible to distributing materials beyond SSP, have the maximum impact. This primarily includes second and third-party distributions that can include SSP participants, street medicine teams, shelters, and other social service agencies to distribute risk reduction tools are so well documented and supported by research that the CDC recommends this model as standard practice.<sup>2</sup> From various researchers who have been studying SSPs for decades, ranges from 3-10% of people who inject drugs ever directly contact an SSP, because of various reasons. This number may decrease with the number of efforts from tertiary supplies even including healthcare facilities and pharmacies who provide legal access to syringes and other equipment. Centering people most impacted is what makes SSPs effective in reducing overdose and the spread of infectious disease, comes from the many secondary and tertiary distributors of these life-saving supplies.<sup>24-26</sup> These comparisons of low-barrier, needs basis, and meaningful engagement of communities served is highlighted by drug policies in states that are supportive or in opposition of harm reduction, that facilitate the use of best practices and health-centered policies compared to criminalized ones.

### **Conclusion**

The overwhelming consensus among public health, healthcare, and addiction medicine research is that SSPs are effective, costs-effective, prevent non-fatal and fatal overdoses, prevent HIV, Hepatitis C, and other infectious diseases in a way that does not increase drug use, reduces crime, and reduces syringe litter. SSPs improve quality of life and the quantity of life for not only individuals, but for their families and communities. As a public health professional and harm reductionist, the evidence is clear that our communities need these programs to reduce the various intersecting crises they are facing with guaranteed protections. As a person on the ground, reversing overdoses more and more every year that passes, providing access to the tools and resources people need to be healthy, **HB 5178 and HB5179 means so much more. *It means I may not have to keep seeing more and more friends, community members, and now an increasing amount of youth who may have tried a drug for the first time die because of the continuously worsening unpredictable drug supply trying to escape the whack-a-mole game being played instead of just ending the war on drugs and centering health-policies.***

Thank you again for the opportunity to testify, and please me with any questions at my email below. Please also let me know if you need access to any of the literature cited here, and plenty more.

Thank you,

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