

WRITTEN TESTIMONY for the BEHAVIORAL HEALTH COMMITTEE

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Michigan House of Representatives

from Derek Frasure, Ph.D. Candidate, Policy Director SSDP, University of Michigan

In Strong Support of HB 5178 and HB 5179

To the Honorable Members of the Michigan State House:

I write to you today in strong and unequivocal support of Michigan House Bills 5178 and 5179, which seek to amend the Michigan public health codes related to Syringe Service Programs (SSPs), drug checking supplies, and drug paraphernalia. As someone deeply involved in drug policy and harm reduction, I believe these bills represent a significant step forward in our collective efforts to address the challenges posed to the health and safety of people in our communities.

Introduction:

My name is Derek Frasure, and I have been studying the experience of drug use in 20th Century America for over five years, and I have been Policy and Social Media Director of Students for Sensible Drug Policy at the University of Michigan for the past two years. I have published in both popular and peer reviewed academic publications, including researching and co-authoring Harm Reduction International's 2022 "Global State of Harm Reduction" report. Additionally, I have served on U of M's biannual drug policy review board, as a peer reviewer for Springer Nature's *Harm Reduction Journal*, and I was an invited speaker on drug harm reduction at this year's Washtenaw County Opioid Summit.

Narrative context:

My work and life have provided me with a unique perspective on the complexities of drug use and the policies that govern it. I have experienced firsthand the benefits of harm reduction strategies, as well as the pitfalls of punitive and exclusionary responses to problematic drug use. I became aware of and involved in harm reduction and drug policy when looking to make sense of a senseless tragedy, one where an entirely preventable opioid overdose took the life of my friend and roommate Daniel Bollenbaugh in March of 2018, likely a victim of the coming surge of fentanyl. But he would probably be alive and healthier today, if HB 5178 and 5179 had passed into law during those last months of his life, especially if it had come in conjunction with the elimination of driver responsibility fees that occurred in 2019.

Before living with my wife and I, achieving the only few months of adult stability he'd ever experienced, Dan had spent more than a decade in and out of what seemed like nearly every detox, rehab, outpatient treatment, jail, and prison in the lower peninsula. He wore the wounds of criminalized drug paraphernalia all over his arms and chest in the scar tissue from abscesses and infections caused by reusing and sharing injection supplies. Dan told me that was afraid of a pharmacist reporting his needle purchases as suspicious, potentially leading to a paraphernalia charge, more than he feared getting endocarditis again and being treated badly by hospital staff.. So, he reused supplies and stayed sickly, tore his skin with dull and bent needles, which given his fear of being raided were left in inconspicuous hiding places that endangered me with accidental needlestick in the task of cleaning his room after his death.

It wasn't that he didn't care, because he'd warned me to take care not to dig through his stuff; nor was his use a sign that he was flirting with an urge to commit suicide as the hospital staff would alledge. The conditions of his probation kept him bound in state lines, his court fines and fees were unimaginably large for someone who could usually only find work at, or barely above the minimum wage, making it hard for him to start fresh with a mountain of debt over his head and nowhere to go but back to the only life and people he knew. When you're poor all you have to rely on are family and friends; but many people who use drugs chaotically burn these bridges, so they can only turn back to a chosen family of other people who use drugs.

The punishment and stigma that the criminal justice system applies as deterrence well beyond the prison doors for repeat offenders like Dan increased his desire for comfort and relief from his daily stresses, his chronic physical pain, and the lasting childhood trauma of suffering probably every form of abuse, torture, and neglect that one can at one time or another. Criminalization from high school onward left Dan with more trauma and never equipped him to succeed in another life. Toward the end he admitted to me that because he'd been in and out of institutions so much he didn't know how to file his taxes or do other basic adult things. He wanted to learn and engage with the world, to become a better person and stop getting into trouble, but criminalization made those goals more unattainable than serving as rehabilitation. Using heroin was the thing that allowed him to function like everyone else and feel happy when he had no reason to be. Users realize the product varies from batch to batch or vendor to vendor, and I can say with certainty that realizing this, Dan would have tested his drugs with each batch and made safer choices if he or I had known that reagent testing was an option then.

The Importance of SSPs:

Despite decreasing initiation of drug use by adolescents, harsh criminalization and social stigma, greater access to safety information online, as well as physical resources like naloxone, the number of fatal overdoses and costly medical complications rises year by year. This bill represents a broader pivot that recognizes that criminal solutions have failed for over a century as drugs have never been cheaper, more readily available, more potent, nor deadlier.

Criminalization has failed to increase public health, safety, and human rights, and generally works at cross-purposes to our stated goals in intervening in the lives of people who use drugs.

Syringe Service Programs (SSPs) are evidence-based interventions that have been shown to reduce the transmission of infectious diseases, such as HIV and Hepatitis C, among people who inject drugs.¹ By providing sterile injection equipment and safe disposal methods, SSPs not only protect individuals but also contribute to broader public health goals. A study in the *Journal of Acquired Immune Deficiency Syndromes* found that cities with SSPs experienced an average 18.6% reduction in HIV diagnoses compared to cities without SSPs.² Furthermore, Maia Szalavitz, in her book *Undoing Drugs*, emphasizes the importance of harm reduction strategies, including SSPs, in addressing the opioid crisis and other drug-related challenges.³ Contrary to popular misconceptions, SSPs and other harm reduction interventions don't enable use, they enable safer use; and they're well demonstrated to reduce use and move many people into long-term abstinence with the SSP playing a vital intermediary role as people take control of their health and reevaluate the role drugs are playing in their lives.

Benefits of Drug Checking Supplies:

The legalization of drug checking supplies, such as fentanyl testing strips and reagents, is another crucial step in harm reduction. These tools allow individuals to test their substances for the presence of potentially lethal adulterants. A study published in the *International Journal of Drug Policy* found that when people who use drugs had access to drug checking services, they were ten times more likely to reduce their dose and five times more likely to avoid using the drug altogether if it tested positive for fentanyl.⁴ This result has been replicated from the most dependent daily users to one-off recreational users at festivals and clubs. People aren't trying to poison themselves, but toxicity and potency go hand in hand, as prohibition selects for more doses per smuggled unit. Drug checking is an excellent individualized, market-based intervention that can reduce or eliminate some of the most dangerous drug use.

Widespread community drug checking also would allow for a weekly bulletin like the one Substance Vic in Victoria, Canada publishes. They test the drugs with lab equipment, then talk to users to gather qualitative data about batches: branding, color, smell, taste, and if any those properties change depending on the route of administration. Then the combination of the qualitative assessment lab results are published weekly to give the community an idea of what adulterants are common at the moment, what the average concentration of potentially fatal drugs like fentanyl are being sold at, and if there's a particularly dangerous batch they send out immediate warnings on social media and text. Not only would this increase drug user safety, but it will also give scientists here better, more current data, as what is discussed in the cutting edge medical literature is a couple years behind the black market, while the FDA and DEA are in many cases regulating drugs that haven't even been available on the black market for a decade or

two. Time and information are two resources that we desperately need to save lives, and that's what legalizing drug checking services gets us.

Decriminalizing Drug Paraphernalia:

Decriminalizing drug paraphernalia is not just about reducing the burden on our criminal justice system; it's about recognizing the humanity of people who use drugs and treating them with dignity and respect. Criminalizing paraphernalia often serves as a barrier to accessing essential health services and can exacerbate the stigma associated with drug use.⁶ By removing these penalties, we can foster an environment where individuals are more likely to seek help and support. As it is, people roll up dirty dollar bills that have been handled by dozens of people, never being sanitized, rather than purchase a set of metal snorting tools that can be sterilized between use to stop the spread of bloodborne pathogens, which in the case of hepatitis C can survive outside the body, on that dollar bill, for up to three weeks.

Opportunities for Improvement:

While HB 5178 and 5179 represent significant progress, there are areas where the legislation could be further strengthened. For instance, ensuring that the definition of "drug paraphernalia" is comprehensive and inclusive of all tools and equipment that people who use drugs might require. Additionally, while the bills provide immunity for those associated with SSPs, it might be beneficial to consider broader protections for all individuals, irrespective of their association with an SSP.

When I surveyed experts from every US state and Canadian province for the 2022 Global State of Harm Reduction report, respondents in states like Virginia, a state that registers and licenses SSP participants to qualify for exempted status from paraphernalia and trace residue charges (like HB 5178 and 5179 plans to) reported a chilling effect that they believe depresses their SSP utilization, because certain police offices send or allow officers to camp outside the local SSP to intimidate and harass the clients who want to utilize the SSP. I received similar reports while working on that project that suggest that certain individuals who were already targeted by police were subject to frequent, unjustified pretextual stops, questioning, and searches as licensure effectively creates a target-rich list of people who presumably will be in possession of more than trace amounts of drugs if police try enough times. Other police were reported as trying to catch participants without a license so they could throw them in jail for the weekend, even knowing that their lawyer would contact the SSP and verify their status and that a judge would likely release them on Monday. The potential abuses of a licensure system, along with alienating people who don't want their private healthcare decisions to involve a government bureaucrat point us once again to the human rights, medical autonomy, cognitive liberty, and greater efficacy to be gained by not creating a licensure system. Our goal should be to lower barriers for receiving potentially life-saving medical care, and simplicity and ease are key with this

population who has very little trust in most social institutions. SSPs can be a place where alienated people get plugged back into society and their own lives; or we can mark them as different and alienate them further. But these are mutually exclusive paths, and I urge you to take the one that help

Conclusion:

In conclusion, Michigan House Bills 5178 and 5179 are vital pieces of legislation that will undoubtedly improve the lives of many Michiganders. By adopting a harm reduction approach, we can ensure that our policies are rooted in evidence, compassion, and a genuine desire to improve public health outcomes. I urge you to support these bills and continue working towards a more just and equitable drug policy framework, including making revisions that will make these initiatives more successful..

Thank you for your time and consideration. Please reach out if you wish to discuss any of these issues in greater depth, or to explore other opportunities to legislate harm reduction initiatives that will reduce problematic drug use and increase neutral and positive outcomes for people who use illicit drugs and those who do not alike,

Sincerely,

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Endnotes:

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2. Abdul-Quader, A. S., et al. (2013). "Effectiveness of structural-level needle/syringe programs to reduce HCV and HIV infection among people who inject drugs: a systematic review." *AIDS and Behavior* 17(9): 2878-2892.
3. Szalavitz, M. (2022). "Undoing Drugs: The Untold Story of Harm Reduction and the Future of Addiction." Hachette Books.
4. Sherman, S.