



# Pass legislation that would allow creation of Overdose Prevention Centers in Michigan

## Overdose Landscape in Michigan

The opioid crisis continues to have a devastating impact on the state of Michigan. A Michigan resident dies every four hours due to an overdose, with opioids being involved in 80% of these cases. The financial burden is equally staggering, with the combined cost of opioid use disorder and fatal opioid overdose exceeding \$41 million annually—amounting to over \$4,000 per capita. The nation's overdose crisis is characterized by profound disparities:

- Black males are twice as likely to die from an opioid overdose compared to white males.<sup>3</sup>
- The rate of overdose deaths among unhoused individuals is 30 times higher than that of the general population.<sup>4</sup>
- Between 2010 and 2021, overdose death rates rose faster among Latinx than non-Latinx people.<sup>5</sup>

## **Overview of Overdose Prevention Centers (OPCs)**

Overdose Prevention Centers, also known as safe consumption sites, are healthcare facilities where pre-obtained illegal drugs can be consumed under the supervision of nurses, social workers, and other healthcare professionals. OPCs support vulnerable populations incapacitated by opioid addiction that have historically been neglected by policy initiatives. Free sterilized syringes, stems, and pipes, and testing equipment to detect if a drug is laced with fentanyl are provided to visitors to the site, along with naloxone administration in the case of an overdose. OPCs offer health care, counseling, and referrals to health and social services, including drug treatment for participants.

### **Benefits of Overdose Prevention Centers**

Health Benefits:

- OPCs curb the number of overdose-related fatalities by enabling prompt treatment in the event of an overdose.<sup>6</sup>
- Sterile, private injection centers reduce the spread of blood-borne diseases and aid in the prevention of rushed injections. Rushed injections increase the risks of using non-sterile equipment, developing and spreading infections, and overdosing that result from fear of being caught by law enforcement.

#### Community Benefits:

- OPCs ease community-level trauma caused by public use as well as overdose by providing a safe, nonintimidating space for vulnerable individuals to get treatment and access basic needs, especially during the winter months.<sup>8</sup>
- OPCs generate spillover effects, creating more secure and healthier neighborhoods. OPCs through their provision of sterile injection materials such as syringes have been shown to reduce litter associated with public drug use.<sup>9</sup>
- Evaluations have found that the presence of OPCs does not result in increases in crime in the area and
  may actually reduce arrests for drug possession near OPCs and a reduction in their broader
  neighborhoods.<sup>10</sup>

#### Cost Saving Benefits:

- Cost-benefit analyses of various cities show the potential of OPCs to save local governments millions of dollars in healthcare costs.<sup>11</sup>
  - New York City's OPCs, projected to save \$7 million annually, exceeded expectations by averting an average of 565 overdoses per year—430% above initial estimates. 12
  - San Francisco found that one OPC in the city would result in a net savings of \$3.5 million per year.
  - Baltimore estimated an annual net savings of \$7.8 million with OPC implementation. 13
- Savings are achieved by preventing overdose deaths, decreasing the transmission of infectious diseases, reducing skin and soft tissue infections, and increasing the use of medications for opioid use disorder (MOUD).<sup>14</sup>

## Federal legislation hinders OPC implementation

The Federal Controlled Substances Act section 416 (21 U.S.C. 856; commonly referred to as the "Crack House Statute") prohibits individuals or organizations from maintaining or opening any location for the purpose of drug consumption. This legislation is the key inhibitor to national OPC implementation, despite the endorsement of OPCs from various medical associations and 64% of U.S. voters backing OPCs.<sup>15</sup>

#### Rhode Island is an example of effective OPC implementation

In July 2021, Rhode Island became the first state to implement a state-regulated OPC.<sup>16</sup> The two-year pilot program to prevent drug overdoses through the establishment of harm reduction centers is legally authorized by state law.<sup>17</sup> The OPC is overseen by the Rhode Island Department of Health, similar to other medical facilities.<sup>18</sup> Rhode Island's OPC is privately funded, primarily through opioid settlement dollars negotiated by the state's Attorney General with pharmaceutical companies as reparations for the harm caused by prescription opioids.<sup>19</sup> Additional support comes from private foundations, grants, and individual donors.

Michigan should adapt Rhode Island's OPC legislation to address the opioid overdose crisis and increase public safety across the state.

<sup>&</sup>lt;sup>1</sup> "Scope and statistics for Vulnerable People: Quick Response Team," City of Traverse City, (2024), https://www.traversecitymi.gov/government/city-departments/police-department/community-policing/scope-and-statistics-for-vulnerable-people.html

<sup>&</sup>lt;sup>2</sup> "State-level economic costs of opioid use disorder and fatal opioid overdose - United States," Centers for Disease Control and Prevention, (2021), https://www.cdc.gov/mmwr/volumes/70/wr/mm7015a1.htm

<sup>&</sup>lt;sup>3</sup> John Gramlich, "Recent Surge in U.S. Drug Overdose Deaths Has Hit Black Men the Hardest," Pew Research Center, last modified January 19, (2022), https://www.pewresearch.org/shortreads/2022/01/19/recent-surge-in-u-s-drug-overdose-deathshas-hit-black-men-the-hardest;

<sup>&</sup>lt;sup>4</sup> DR Fine et al., "Drug Overdose Mortality Among People Experiencing Homelessness, 2003 to 2018," JAMA Network Open, (2022), doi:10.1001/jamanetworkopen.2021.42676

<sup>&</sup>lt;sup>5</sup> Ruby Romero et al., "US Drug Overdose Mortality Rose Faster among Hispanics than Non Hispanics from 2010 to 2021," Drug and Alcohol Dependence, (2023), https://doi.org/10.1016/j.drugalcdep.2023.109859.

<sup>&</sup>lt;sup>6</sup> Mary Clare, Mohammad Karamouzian, and Thomas Kerr, "Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review," Current HIV/AIDS Report, (2017), 161-183. https://doi.org/10.1007/s11904-017-0363-y.

<sup>&</sup>lt;sup>7</sup> A Chalfin, B Del Pozo, D Mitre-Becerril, "Overdose Prevention Centers, Crime, and Disorder in New York City," JAMA Network Open, (2023), doi: 10.1001/jamanetworkopen.2023.42228.

<sup>&</sup>lt;sup>8</sup> Irwin Amos et al. "A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA." Journal of Drug Issues 47, no. 2 (2016): 164-184. https://doi.org/10.1177/0022042616679829.

<sup>&</sup>lt;sup>9</sup> Alex H. Kral et al., Improved Syringe Disposal Practices Associated with Unsanctioned Safe Consumption Site Use: A Cohort Study of People Who Inject Drugs in the United States, 229 DRUG & ALCOHOL DEPENDENCE Part A, 109075 (2021); Elizabeth N. Kinnard et al., Self-Reported Changes in Drug Use Behaviors and Syringe Disposal Methods Following the Opening of a Supervised Injecting Facility in Copenhagen, Denmark, 11 HARM REDUCTION J. 29 (2014).

<sup>&</sup>lt;sup>10</sup> A Chalfin, B Del Pozo, D Mitre-Becerril, "Overdose Prevention Centers, Crime, and Disorder in New York City," JAMA Network Open, (2023), doi: 10.1001/jamanetworkopen.2023.42228.

<sup>&</sup>lt;sup>11</sup> Irwin Amos et al. "A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA." Journal of Drug Issues 47, no. 2 (2016): 164-184. https://doi.org/10.1177/0022042616679829.

<sup>&</sup>lt;sup>12</sup> "Overdose Prevention in New York City: Supervised Injection as a Strategy to Reduce Overdose Death and Public Injection," New York City Department of Health and Mental Hygiene, New York: NYC Department of Health, (2018), https://www.nyc.gov/assets/doh/downloads/pdf/public/supervised-injection-report.pdf.

<sup>&</sup>lt;sup>13</sup> Irwin Amos et al. "Mitigating the Heroin Crisis in Baltimore, MD, USA: A Cost-Benefit Analysis of a Hypothetical Supervised Injection Facility." Harm Reduction Journal 14, no. 29 (2017), https://doi.org/10.1186/s12954-017-0153-2.

<sup>&</sup>lt;sup>14</sup> K Thakarar, K Nenninger, W Agmas, "Harm Reduction Services to Prevent and Treat Infectious Diseases in People Who Use Drugs," Infect Dis Clin North Am, (2020), 34(3):605-620. doi: 10.1016/j.idc.2020.06.013. PMID: 32782104; PMCID: PMC7596878.

<sup>&</sup>lt;sup>15</sup> "Bipartisan Majority of Voters Support Harm Reduction Measures and Decriminalizing Small Amounts of Drug Possession," Data for Progress, (2022), https://www.dataforprogress.org/blog/2022/4/20/bipartisan-majority-ofvoters-support-harm-reduction-measures-and-decriminalizing

<sup>&</sup>lt;sup>16</sup> Laura C. Chambers et al. "The estimated costs and benefits of a hypothetical supervised consumption site in Providence, Rhode Island." International Journal of Drug Policy 108 (2022): 103820. https://doi.org/10.1016/j.drugpo.2022.103820.

<sup>&</sup>lt;sup>17</sup> State of Rhode Island General Assembly. RI State Seal. (2021, July 7). https://www.rilegislature.gov/pressrelease/\_layouts/RIL.PressRelease.ListStructure/Forms/DisplayForm.aspx?List=c8baae31-3c10-431c-8dcd-9dbbe21ce3e9&ID=371925

<sup>&</sup>lt;sup>18</sup> Overdose prevention center. Project Weber/RENEW, (2024), https://weberrenew.org/overdose-prevention-center/

<sup>&</sup>lt;sup>19</sup> Overdose prevention center, Project Weber/RENEW, (2024), https://weberrenew.org/overdose-prevention-center/