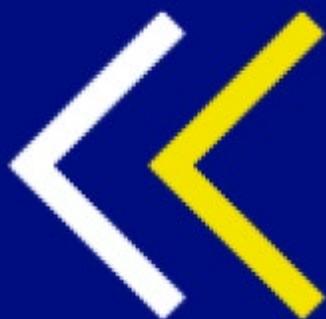


2019



MICHIGAN HARM REDUCTION SUMMIT



TUESDAY, APRIL 2, 2019

**CROWNE PLAZA HOTEL - LANSING WEST
925 S. CREYTS ROAD, LANSING, MI 48917
8:00 A.M. - 4:00 P.M.**

Many Thanks to our Planning Committee!

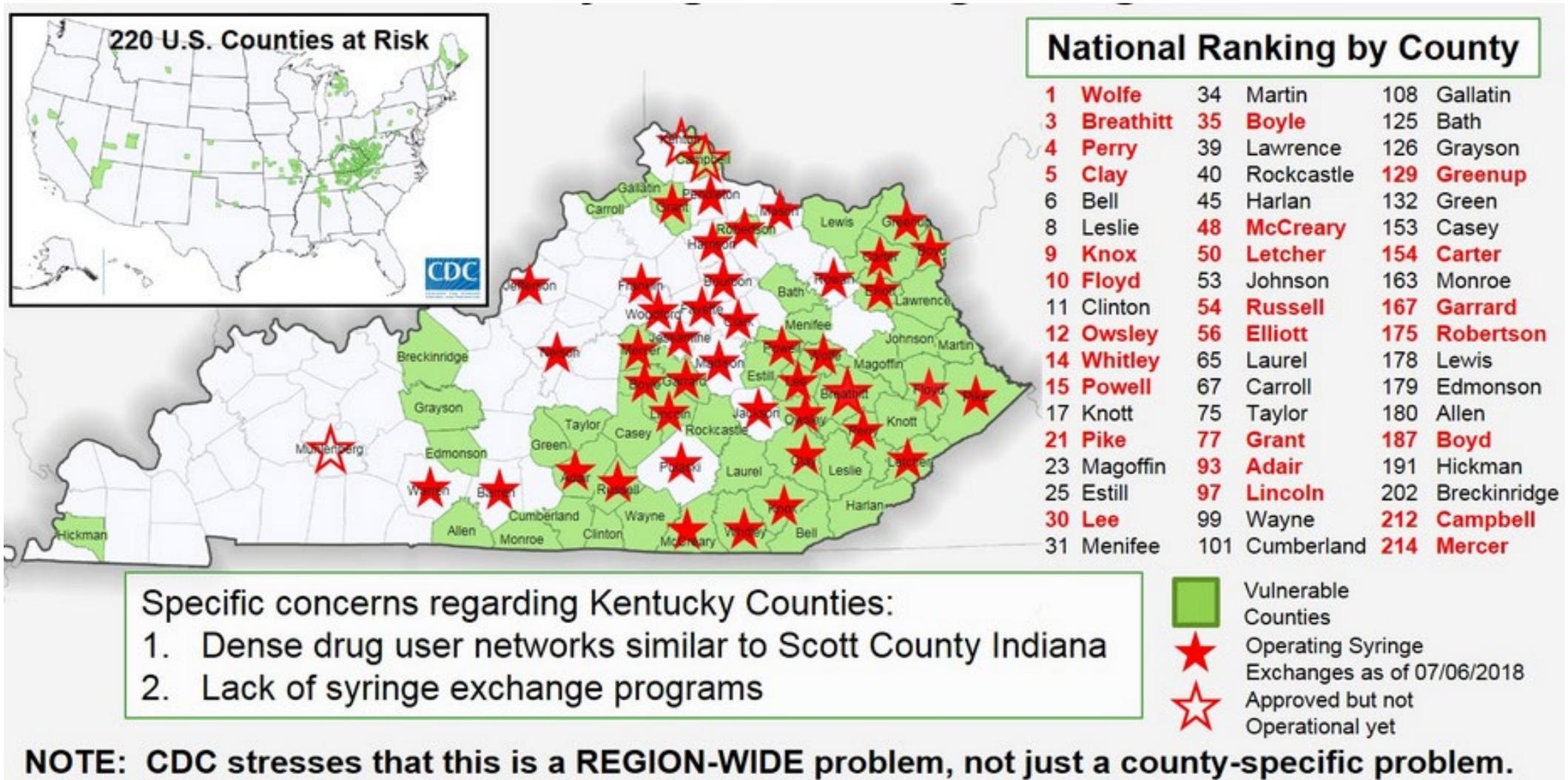
- Teresa Wong – SOM – Viral Hepatitis Prevention Coordinator
- Brandon Hool – SOM – Harm Reduction Specialist
- Steve Alsum – Grand Rapids Red Project – Executive Director
- Christopher Finch – SOM – HIV Prevention and Intervention Unit Manager
- Christiane Arnold – SOM – Risk Reduction Activities Coordinator
- Heather Villareal – DHD #2 – Public Health Coordinator
- Kimberly Sutter – DHD #2 – Health Officer
- Laura Pegram – NASTAD – Senior Manager, Drug Use Health
- Jennifer Morse – CMDHD, DHD # 10, Mid-Michigan – Medical Director
- Michigan Public Health Institute

National Governor's Association Learning Lab

- Karen MacMaster – SOM – Public Health Administration – Team Lead
- Elizabeth Gorz – Governor's Office
- Robert Kirkby – Michigan State Police
- Larry Scott – SOM – Office of Recovery Oriented Systems of Care
- Katie Macomber – SOM – State AIDS Director
- Steve Alsum – Grand Rapids Red Project – Executive Director
- Joe Coyle – SOM – Communicable Disease
- Jared Welehodsky – SOM – Policy Analyst
- Dr. Catherine Reid – SOM - Medicaid



National Governor's Association Learning Lab



9:00 AM to 9:15 AM

Opening Remarks

Joseph Coyle, MPH, HAI, Body Art, TB, & Viral Hepatitis Section Manager, MDHHS

9:15 AM to 10:15 AM

Keynote: Scott County Outbreak

Pam Pontones, MA, Deputy Health Commissioner/
State Epidemiologist, Indiana State Dept. of Health

10:15 AM to 11:00 AM

Stigma and Cultural Competency

Laura Pegram, MSW, MPH, Senior Manager of Drug User Health, NASTAD

11:00 AM to 11:30 AM

Break (*Vendor Exhibits, Networking, Mobile Unit Tours*)

Weather permitting, Chippewa County HD and The Grand Rapids Red Project have mobile unit tours available in the parking lot.

11:30 AM to 12:15 PM

Benefits of Syringe Access

This session will include personal stories shared by community speakers who have benefitted from the services provided and relationships built through accessing a syringe services program.

1:15 PM to 2:15 PM
Breakout Session 1A
Ballroom AB

Injection Drug Use 101 for Non-Injection Drug Users
Pamela Lynch, LMSW, CAADC, Director, Harm
Reduction Michigan

1:15 PM to 2:15 PM
Breakout Session 1B
Ballroom CD

Best Practices for SSP Implementation

- Heather Villarreal, BSN, RN, Public Health Coordinator, District Health Department #2
- Emily Pratt, BS, CHES, Health Educator, Marquette County Health Department
- Debra Mills, RN, Public Health Nurse, Chippewa County Health Department
- Jennifer Morse, MD, MPH, FAAFP, Medical Director, Central MI District Health Dept., DHD#10, MMDHD
- Yashica Ellis, BS, Client Services Coordinator, Wellness AIDS Services, Inc.
- Leon Golson, Director of Prevention Programs, UNIFIED
- Barbara Locke-Jones, MSA, Community Health Awareness Group
- Echo Brown, Recovery Coach/SSP Technical Assistant, Grand Rapids Red Project

Moderator: Steve Alsum, BS, Executive Director, Grand Rapids Red Project

2:15 PM to 3:00 PM

Break (*Vendor Exhibits, Networking, and Mobile Unit Tours*)

3:00 PM to 3:45 PM
Breakout Session 2A
Ballroom AB

Overdose Prevention Sites
Iliana Espinosa-Ravi, MPH, MSW, Outreach Specialist &
Community Overdose Prevention Program Manager,
Chicago Recovery Alliance

Breakout Session 2B
Ballroom CD

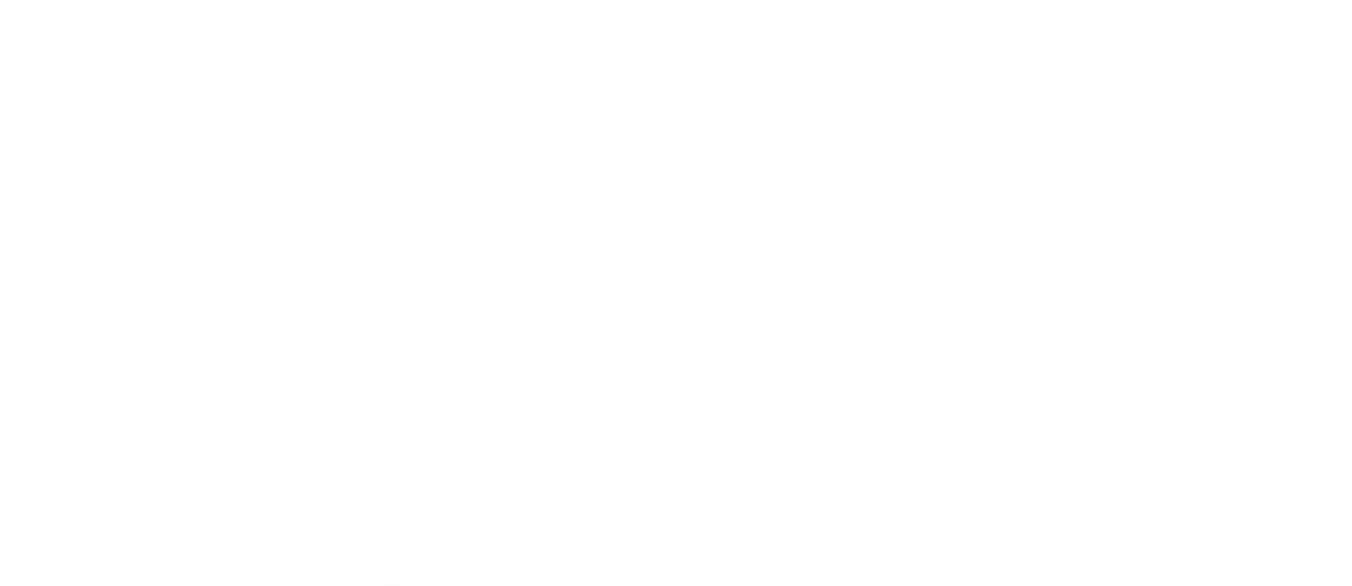
Naloxone Distribution & Overdose Prevention

- Megan Rocha-Adams, Opioid Program Manager, Grand Rapids Red Project
- Heather Martin, BS, Lieutenant, Kent County Sheriff's Department
- Julie Walding, RN, Retired Employee, St. Clair County HD

Moderator: Lisa Coleman, BA, CPC-R,
Departmental Prevention Specialist, MDHHS

3:45 PM to 4:00 PM

Closing Remarks Brandon Hool, BS, Harm Reduction Analyst, MDHHS

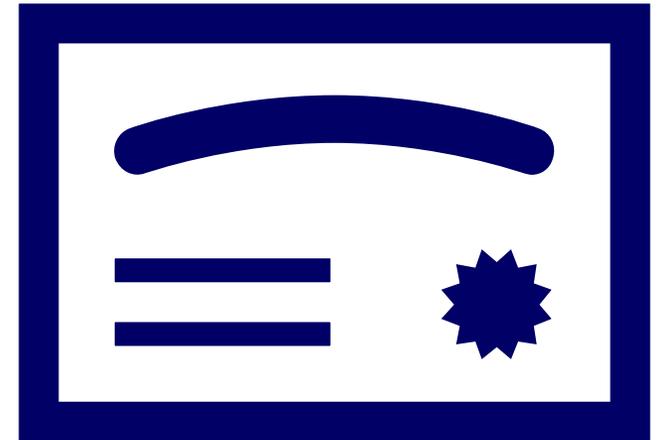


Continuing Education

- Nursing CE Credits (Ohio Nurses Association)
 - 4.25 nursing contact hours
- Social Work CE Credits (Social Work CE Collaborative)
 - 4.00 social work clock hours
- Michigan Certification Board for Addiction Professionals Credits (MCBAP)
 - 4.25 specific MCBAP hours
- Other Healthcare Professionals (Certificate of Attendance)
 - 4.25 educational hours

Evaluations

- Purpose, Objectives, and Disclosures (POD)
- Easy Steps (Walkthrough Instructions)
- Post-Event Evaluation
 - Required to receive a Certificate of Attendance (COA)
 - Required to receive Continuing Education Credits
 - If you do not receive a link to the evaluation within **5 business days** of the event, e-mail CEInfo@mphi.org for next steps.



Who's here today?

From Michigan Department of Health and Human Services:

- Public Health Administration Leadership
- Injury Prevention
- Opioid Surveillance
- HIV Prevention
- HIV Care
- Viral Hepatitis
- Immunization
- Office of Recovery Oriented Systems of Care
- Child Protective Services
- Medicaid Leadership
- MDHHS Policy
- MDHHS Communications

Who's here today?

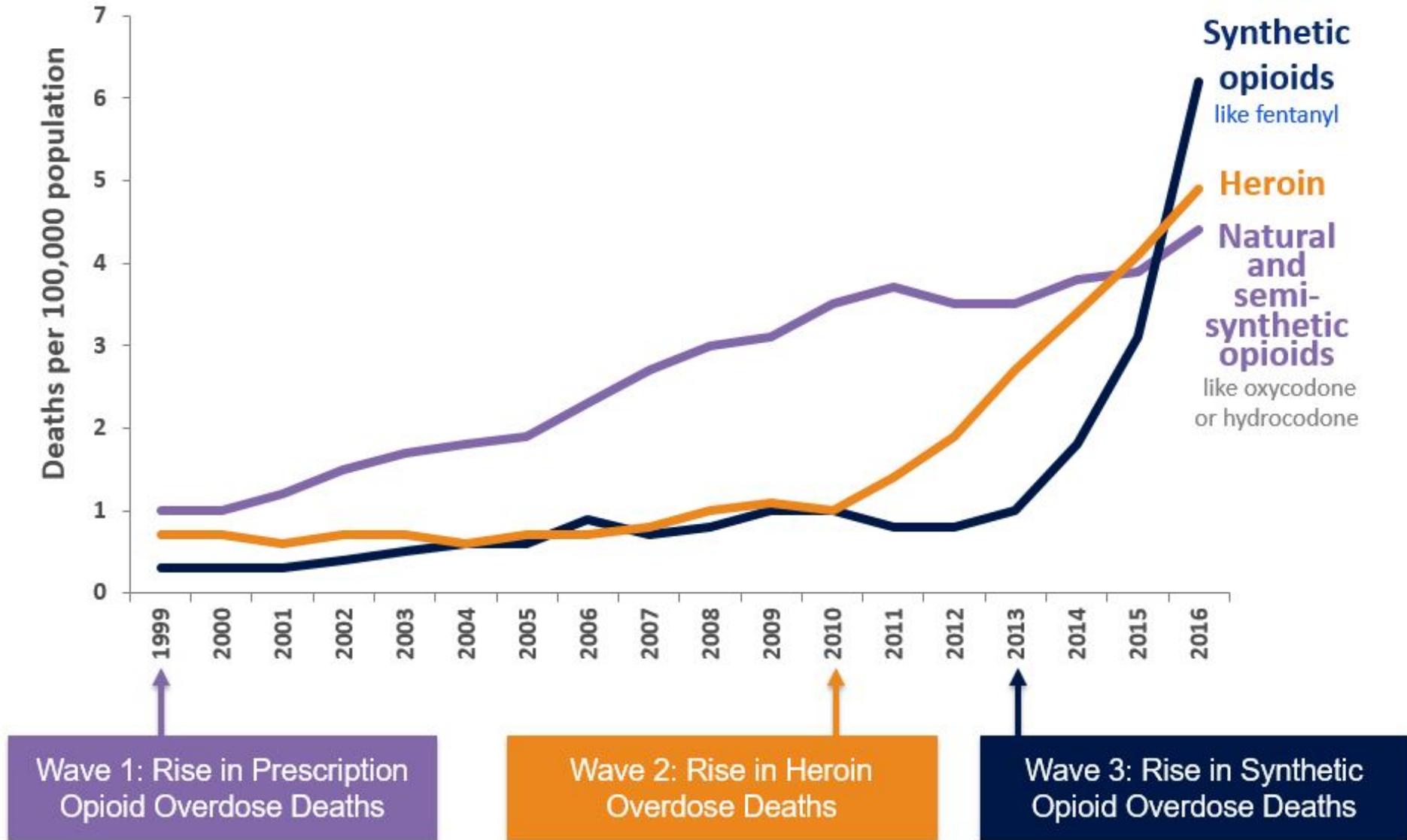
Outside of MDHHS:

- Local Public Health
- Law Enforcement
- Health Centers
- Medical Professionals
- Universities
- Primary Care Association
- Housing Services
- Community-based SSPs
- Community Mental Health / PIHPs
- Recovery Court
- DEA
- State Legislators
- Tons of community partners!
- Community members

Setting the Stage for Today



3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

CDC's Unique Work In Action: *Overdose Deaths are the Tip of the Iceberg*

For every **1** prescription or illicit opioid overdose death in 2015 there were...

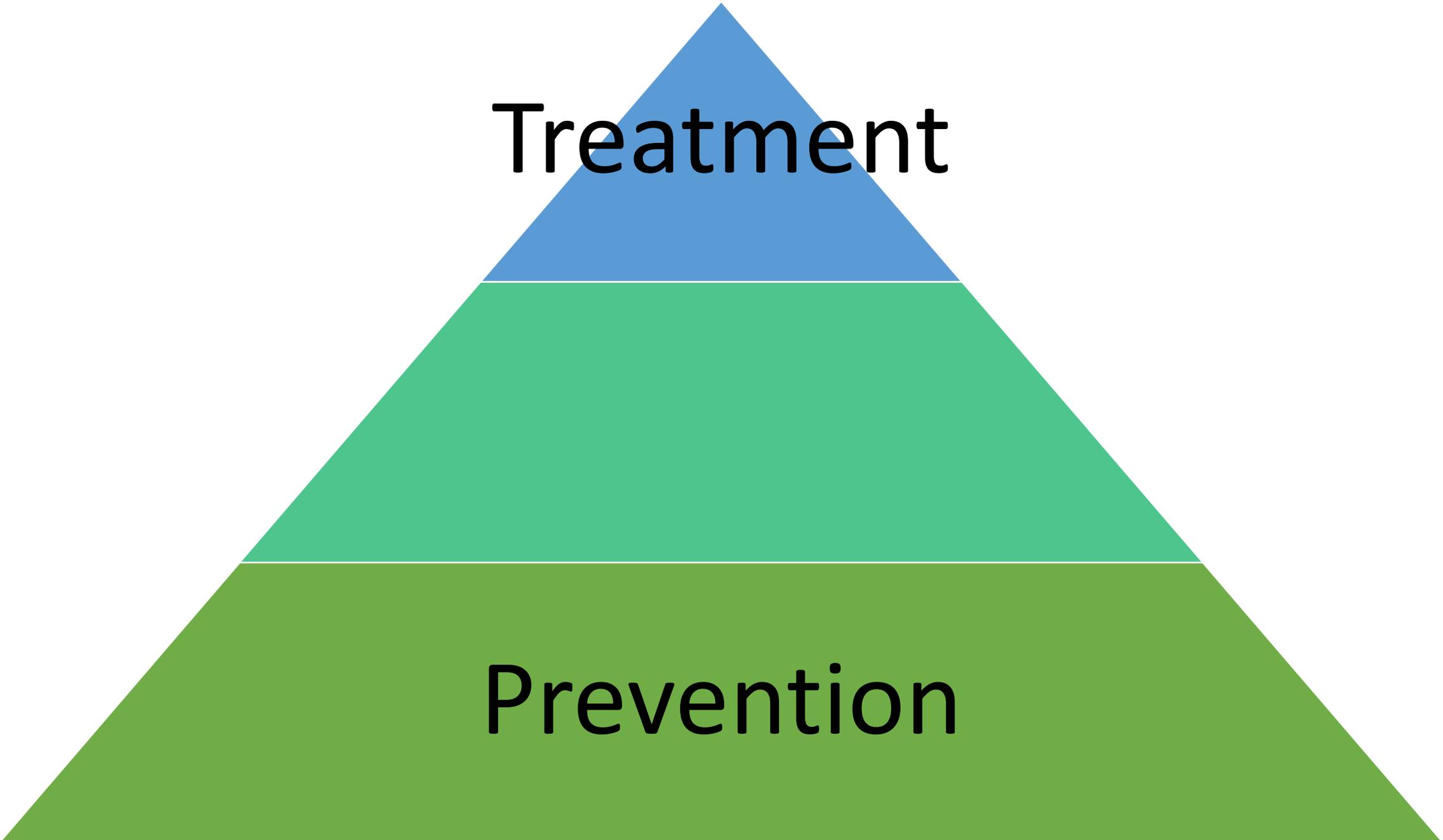


people who had a substance use disorder involving

62 people who had a substance use disorder involving prescription opioids

377 people who misused prescription opioids in the past year

2,946 people who used prescription opioids in the past year



Treatment

Prevention

Treatment

Prevention

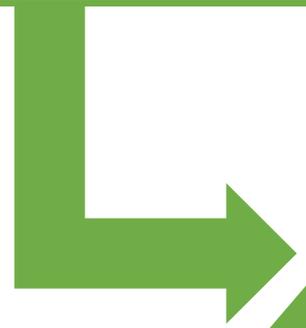
Prevent people
from using
drugs

Treat those
that are using
drugs

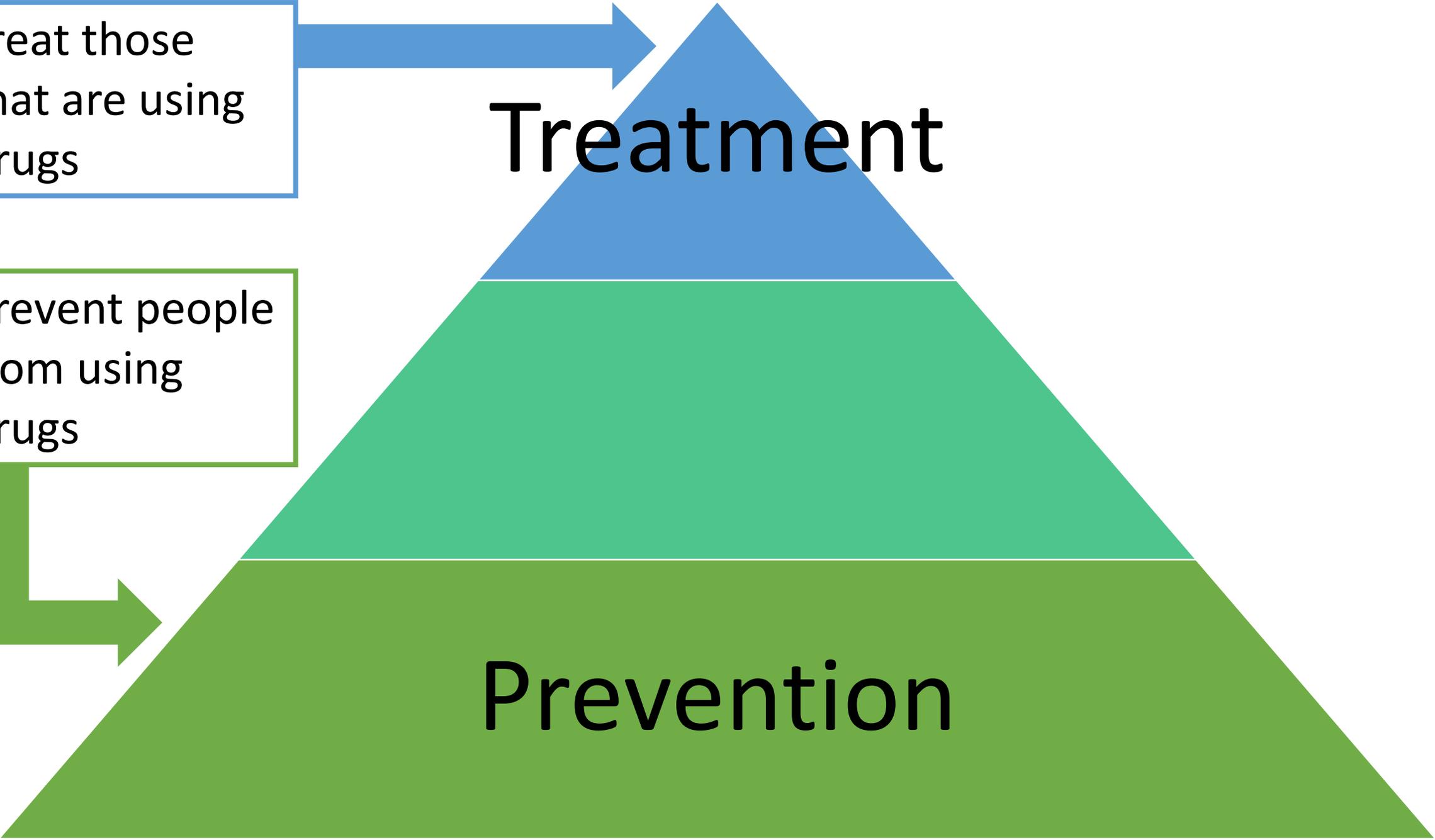


Treatment

Prevent people
from using
drugs



Prevention

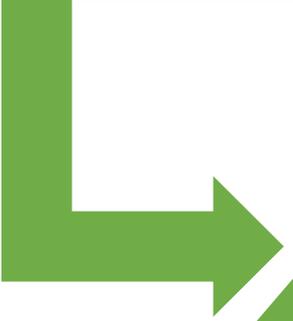


Treat those
that are using
drugs



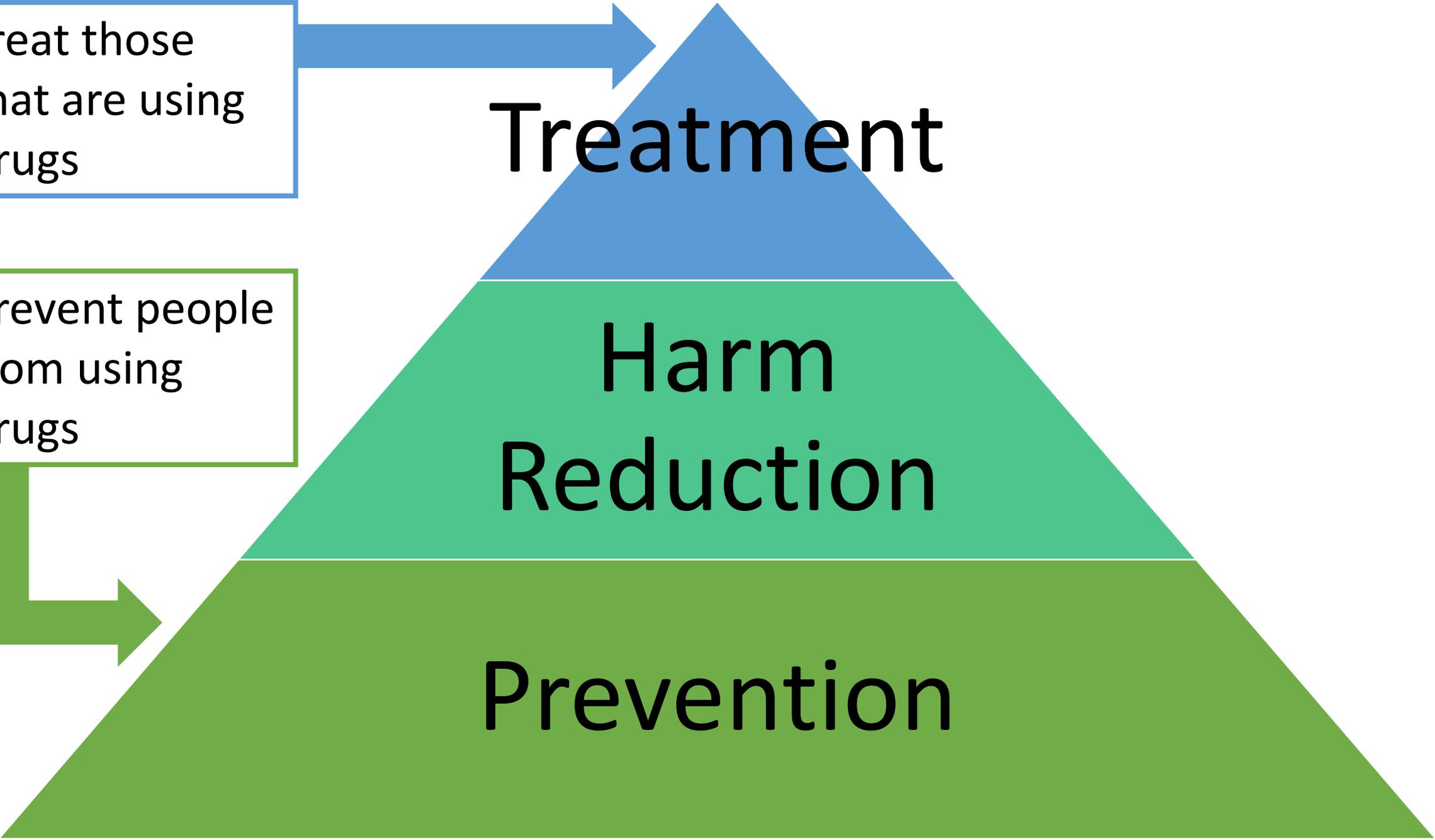
Treatment

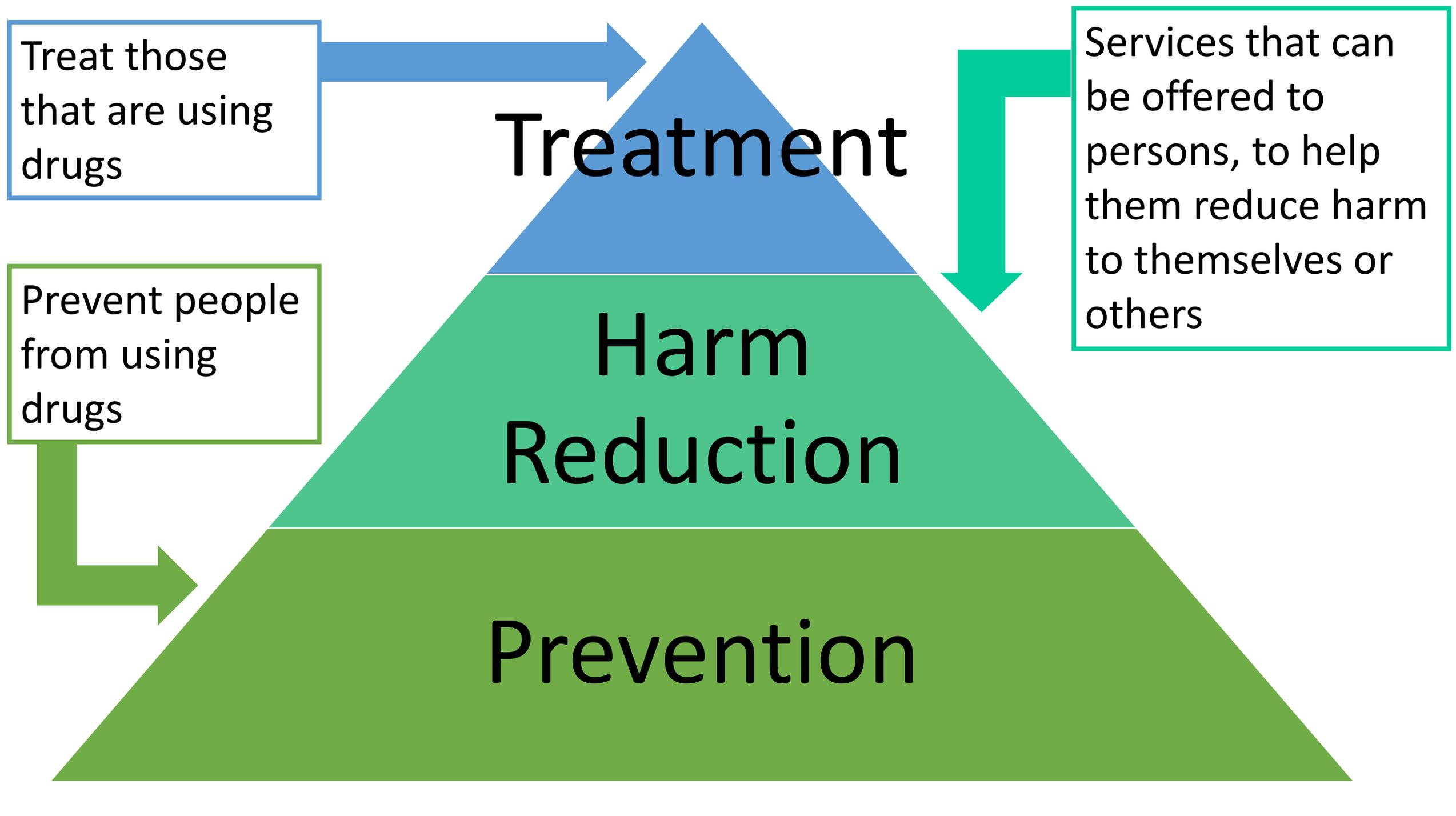
Prevent people
from using
drugs



Harm
Reduction

Prevention





Treat those that are using drugs

Treatment

Services that can be offered to persons, to help them reduce harm to themselves or others

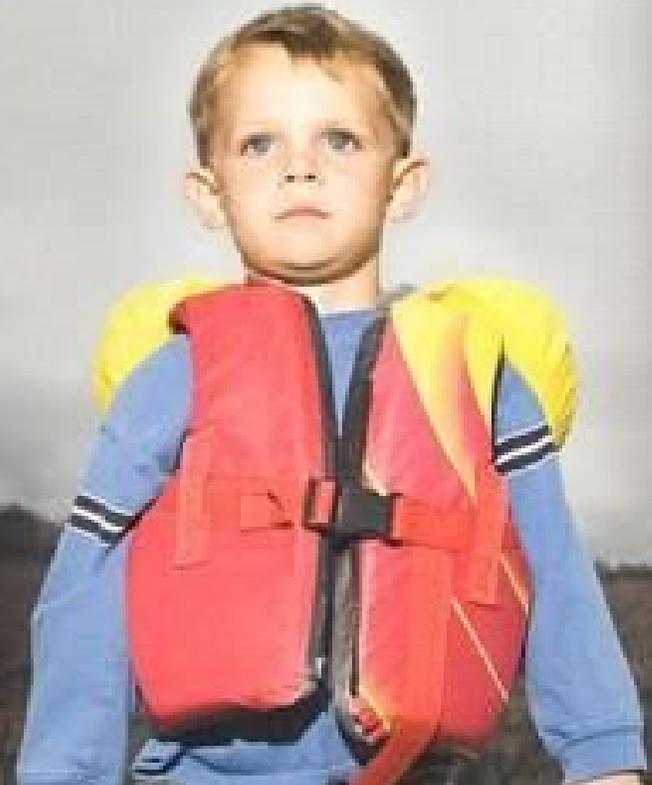
Prevent people from using drugs

Harm Reduction

Prevention

WE SHOULD BAN LIFE JACKETS & OTHER FLOTATION DEVICES

THEY ONLY ENCOURAGE RISKY BEHAVIOR. THE ONLY
100% EFFECTIVE WAY TO PREVENT DROWNING IS
TOTAL ABSTINENCE FROM GOING IN THE WATER.



Ride Safely

The Anti-Cancer Challenge on June 10 and 11, 2017, is a great reason to ride. Are you ready? Here are some quick tips to get you and your bike up to speed.

THE **ANTI-CANCER**
CHALLENGE
UCI | CYCLE & RUN FOR CURES



Syringe Services Programs: Vital Part of Efforts to Combat Opioid, HIV, and Hepatitis Epidemics



SSPs DON'T increase illegal drug use or crime
but DO reduce HIV hepatitis risk.

Syringe services programs: <http://bit.ly/2dhkAsq> Find an SSP: <http://bit.ly/2dhkgtgB>

HIV diagnoses are down among PWID.
More access to SSPs could help reduce HIV and hepatitis further.

- Overdose Prevention
- Referral to SUD Treatment
- HIV and Hep C testing
- Hep A and Hep B Vaccine
- Medication Take-back
- Safe disposal of Syringes
- Free sterile syringes and clean works

What is an SSP? A community-based program that provides key pathway to services to prevent drug use, HIV, and viral hepatitis



Free sterile needles and syringes



Safe disposal of needles and syringes



Referral to mental health services



Referral to substance use disorder treatment, including medication-assisted treatment



HIV and hepatitis testing and linkage to treatment



Overdose treatment and education



Hepatitis A and B vaccination



Other tools to prevent HIV and hepatitis, including counseling, condoms, and PrEP (a medicine to prevent HIV)





A study of Connecticut police officers found that needlestick injuries were reduced by **two-thirds** after implementing SSPs.¹

After the implementation of a SSP in Portland, Oregon, research demonstrated a nearly

66% decrease



in the number of improperly discarded syringes.²

New HIV infections have declined by

80 percent

among persons who inject drugs since the implementation of SSPs in the late 1980s.³

Testing linked to HCV treatment can save an estimated

320,000 lives.⁴



SSP clients are 5 times

more likely to enter a drug treatment program than non-clients.⁵



1. <https://www.ncbi.nlm.nih.gov/pubmed/7648290>
2. <https://www.ncbi.nlm.nih.gov/pubmed/1560355>
3. <https://www.cdc.gov/nchhstp/newsroom/docs/fact-sheet-on-hiv-estimates.pdf>
4. <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>
5. <https://www.ncbi.nlm.nih.gov/pubmed/11027894>



A study of Connecticut police officers found that needlestick injuries were reduced by

After the implementation of a SSP in Portland, Oregon, research demonstrated a nearly

66% decrease



Most importantly, SSPs have not shown to be associated with an increase in drug use

among persons who inject drugs since the implementation of SSPs in the late 1980s.³

save an estimated **320,000 lives.**⁴

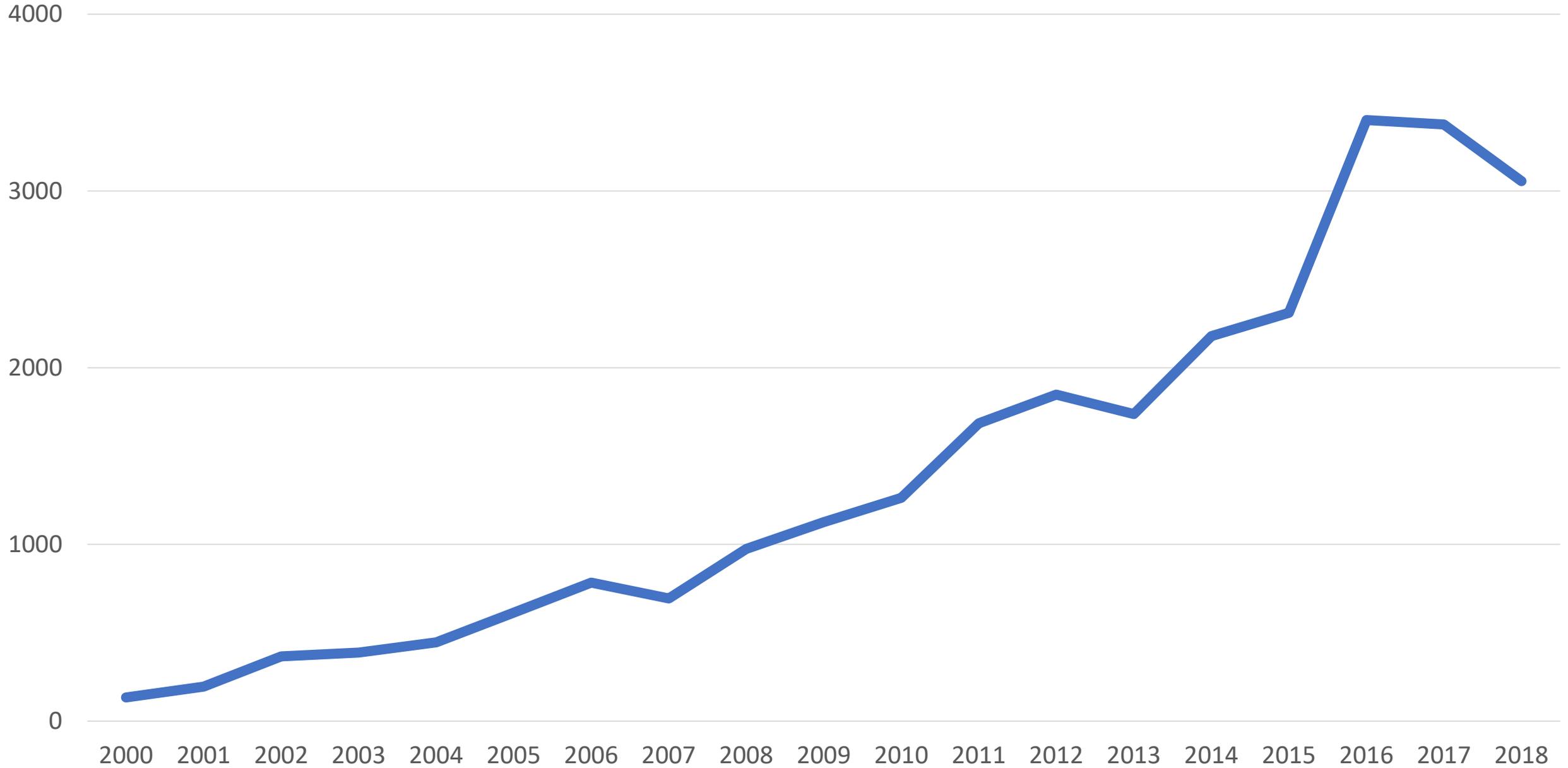


SSP clients are 5 times

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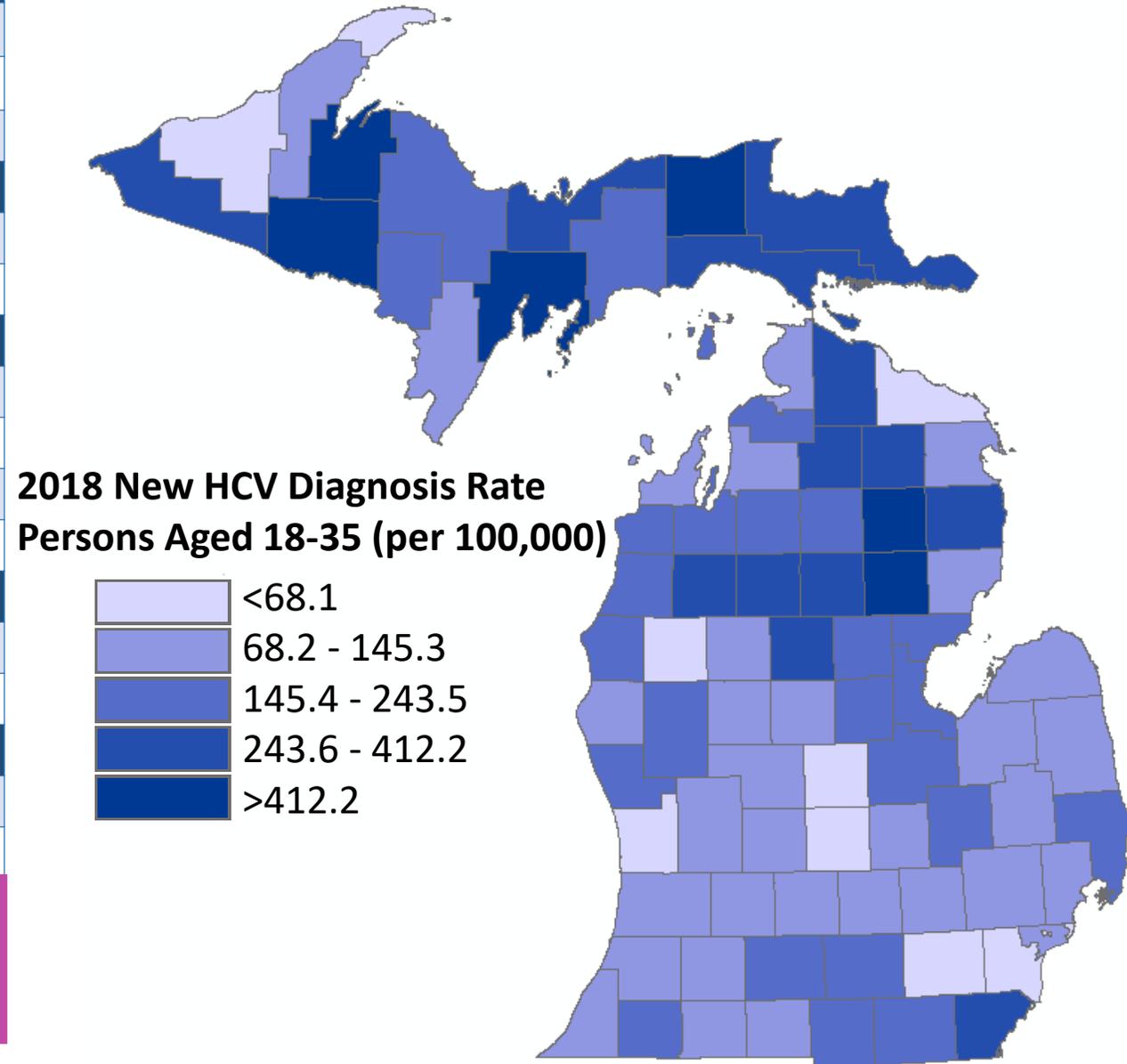
1. <https://www.ncbi.nlm.nih.gov/pubmed/7648290>
2. <https://www.ncbi.nlm.nih.gov/pubmed/1560355>
3. <https://www.cdc.gov/nchhstp/newsroom/docs/fact-sheet-on-hiv-estimates.pdf>
4. <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>
5. <https://www.ncbi.nlm.nih.gov/pubmed/11027894>

New HCV Diagnoses per Year Among Persons Aged 18-35

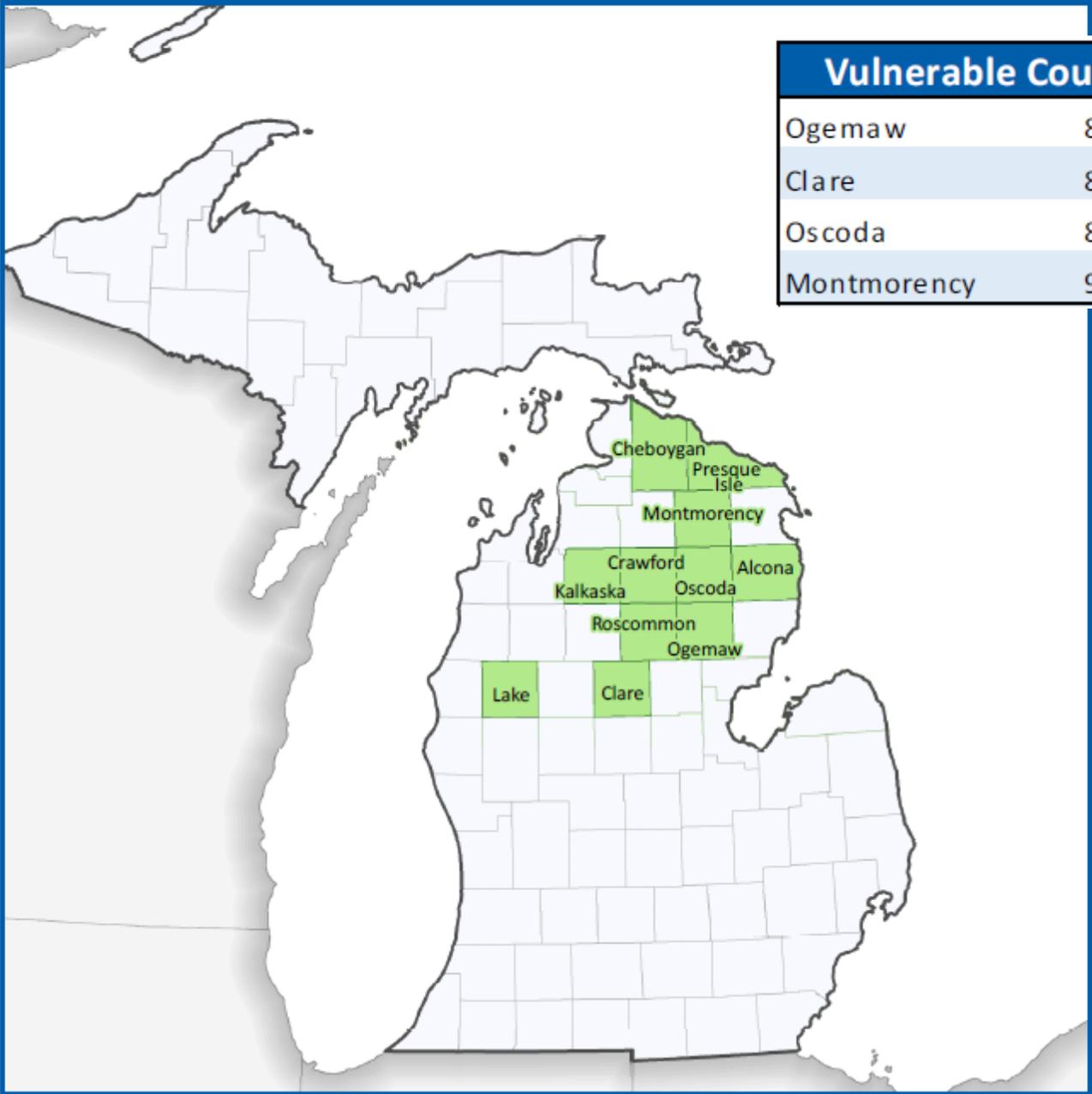


Demographics and County Rate Map of New HCV Diagnoses among 18-35 Year Olds, Michigan 2018

Age (n = 3062)		
Median		29
Mean		28.3
Range		18 - 35
Sex (n = 3048)		Rate per 100,000
Female	1467 (48.1%)	140.6
Male	1581 (52.9%)	134.3
Race (n = 2292)		Rate per 100,000
White	2047 (89.3%)	123.3
Black	183 (8.0%)	51.4
American Indian	49 (2.1%)	396.5
Asian	13 (0.6%)	14.0
Hispanic Ethnicity (n = 1862)		Rate per 100,000
Hispanic or Latino	75 (4.0%)	Not Available
Not hispanic or Latino	1787 (96.0%)	Not Available
Arab Ethnicity (n = 1141)		Rate per 100,000
Arab Ethnicity	4 (0.4%)	Not Available
Non-Arab	1137 (99.6%)	Not Available
History of IVDU (n = 1289)		
Yes	1079 (83.7%)	
No	210 (16.3%)	

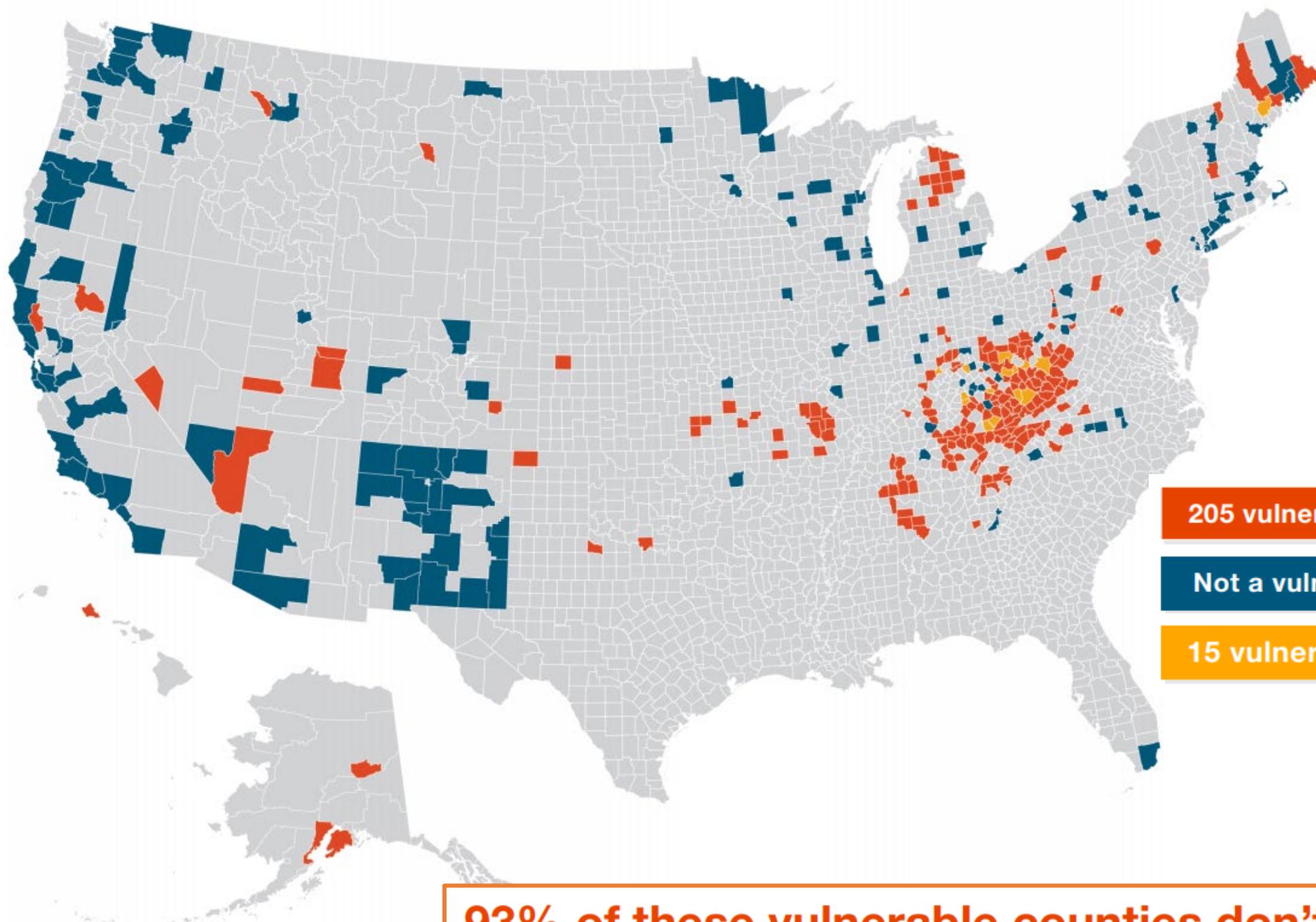


County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs



Vulnerable Counties and National Ranks (from 1-220)			
Ogemaw	86	Lake	137
Clare	87	Presque Isle	174
Oscoda	88	Alcona	184
Montmorency	91	Roscommon	192
		Crawford	197
		Kalkaska	207
		Cheboygan	215

Michigan had the 5th most vulnerable counties of all the states in the U.S.



205 vulnerable counties have no SSP

Not a vulnerable county, has an SSP

15 vulnerable counties have SSPs

93% of these vulnerable counties don't have any SSPs.

What is the legality of syringe exchange programs in Michigan?



Section 333.7457

[friendly link](#) [Printer Friendly](#)

PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978

333.7457 Applicability of MCL 333.7451 to 333.7455.

Sec. 7457.

Sections 7451 to 7455 do not apply to any of the following:

- (a) An object sold or offered for sale to a person licensed under article 15 or under the occupational code, 1980 PA 299, MCL 339.101 to 339.2721, or any intern, trainee, apprentice, or assistant in a profession licensed under article 15 or under the occupational code, 1980 PA 299, MCL 339.101 to 339.2721, for use in that profession.
- (b) An object sold or offered for sale to any hospital, sanitarium, clinical laboratory, or other health care institution including a penal, correctional, or juvenile detention facility for use in that institution.
- (c) An object sold or offered for sale to a dealer in medical, dental, surgical, or pharmaceutical supplies.
- (d) A blender, bowl, container, spoon, or mixing device not specifically designed for a use described in section 7451.
- (e) A hypodermic syringe or needle sold or offered for sale for the purpose of injecting or otherwise treating livestock or other animals.
- (f) An object sold, offered for sale, or given away by a state or local governmental agency or by a person specifically authorized by a state or local governmental agency to prevent the transmission of infectious agents.

History: Add. 1988, Act 139, Imd. Eff. June 3, 1988 ;-- Am. 2006, Act 458, Eff. Mar. 20, 2007

Popular Name: Act 368

Letter of Support from The Governor's Prescription Drug and Opioid Abuse Commission



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

July 12, 2018

Michigan Association for Local Public Health
426 S Walnut St
Lansing, MI 48933

Re: Prescription Drug and Opioid Abuse Epidemic in Michigan

Dear Michigan Association for Local Public Health:

In June of 2016, Governor Snyder signed an Executive Order establishing the Michigan Prescription Drug and Opioid Abuse Commission ("PDOAC"). The PDOAC was created to ensure the implementation and monitoring of the state-wide plan, and to make further recommendations, to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state. Among other things, the PDOAC was charged with developing and proposing policies and an action plan to implement the recommendations in the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Task Force; monitor and advise the Governor as to the progress of the action plan; and provide other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

I am writing to you on behalf of the PDOAC to inform you that the PDOAC endorsed the expansion of syringe service programs in Michigan. Syringe service programs help reduce the spread of infectious disease including Hepatitis A, Hepatitis B, Hepatitis C, and HIV. In addition to providing sterile syringes, syringe service programs provide vaccinations, referrals to treatment, and testing for infectious diseases.

We believe that the concerted efforts by your members will help to reduce the impact of infectious disease, increase the number of people in treatment, and will save lives. As the Chair for the Prescription Drug and Opioid Abuse Commission, I am requesting that you share this letter with your membership.

Should you have additional questions or concerns about the above request, please feel free to reach out to Weston MacIntosh, Board Analyst, at macintoshw1@michigan.gov.

Linda Davis
cn=Linda Davis, o=FAN, ou,
email=l.davis@41bcourt-mi.us, c=US
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Hon. Linda Davis, Chairperson
Michigan Prescription Drug and Opioid Abuse Commission

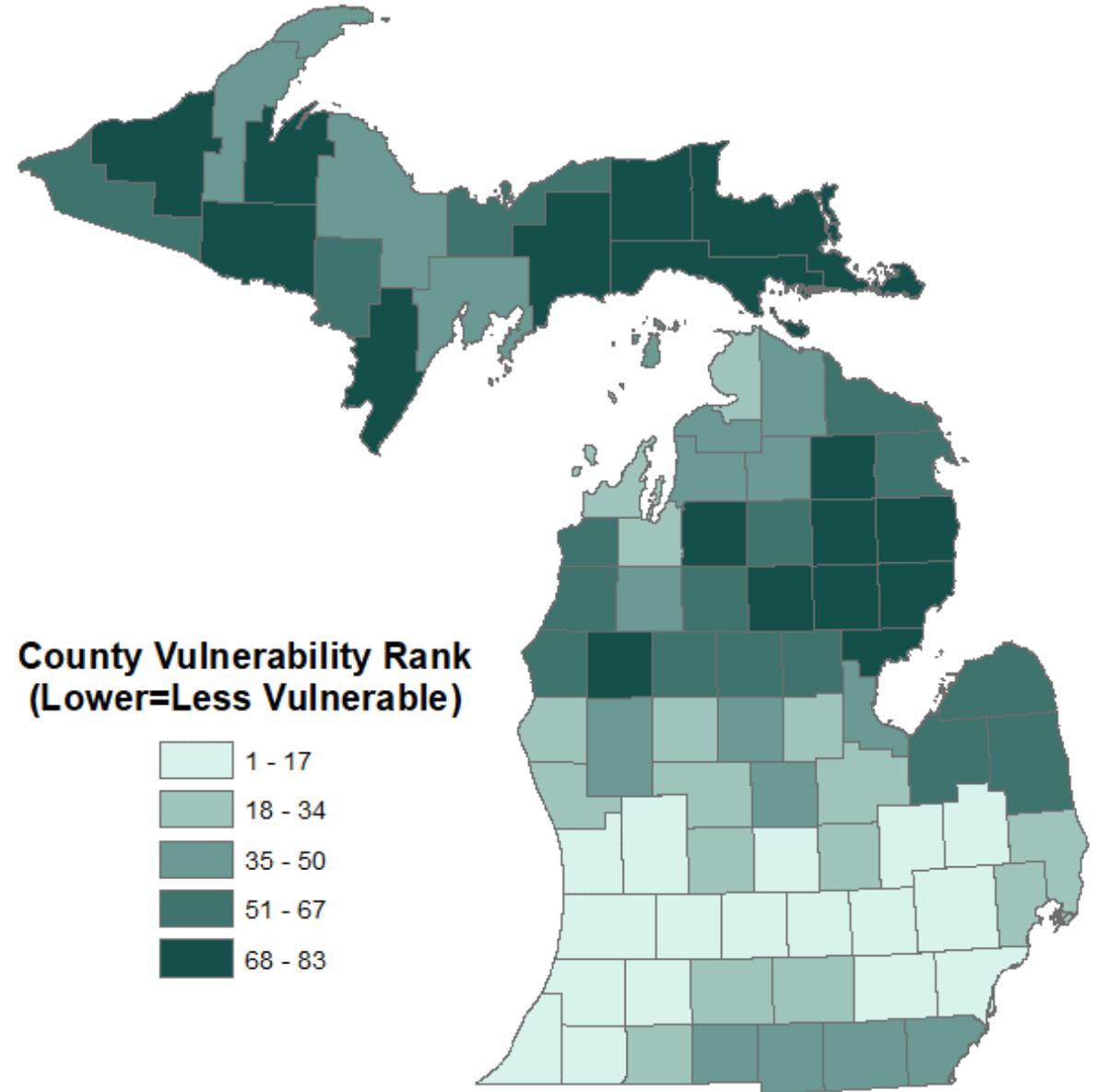
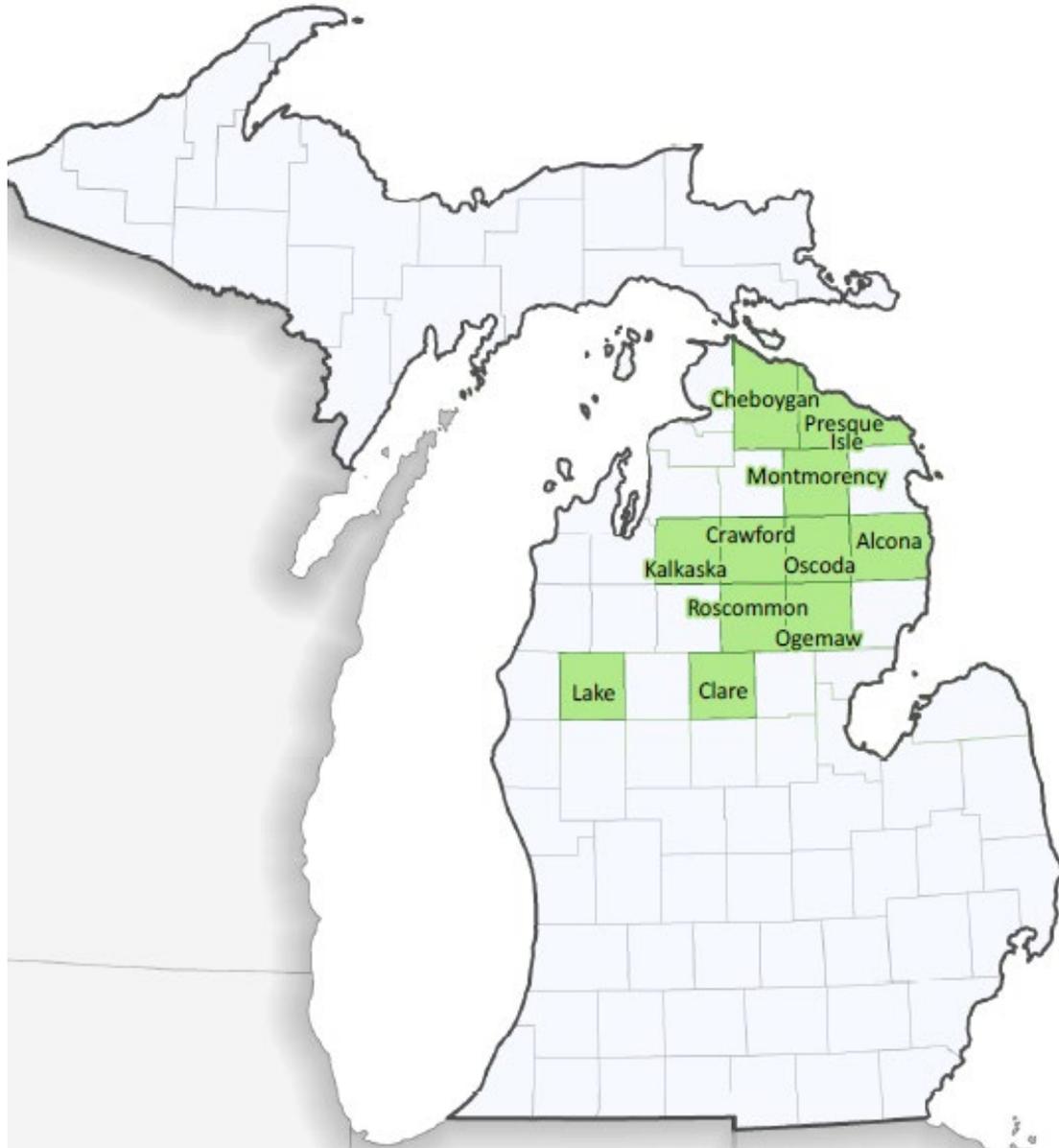
CDC Determination of Need Request

- In 2016, Michigan applied for a determination of need from the CDC to allow for the redirection of federal funding to support syringe services programs

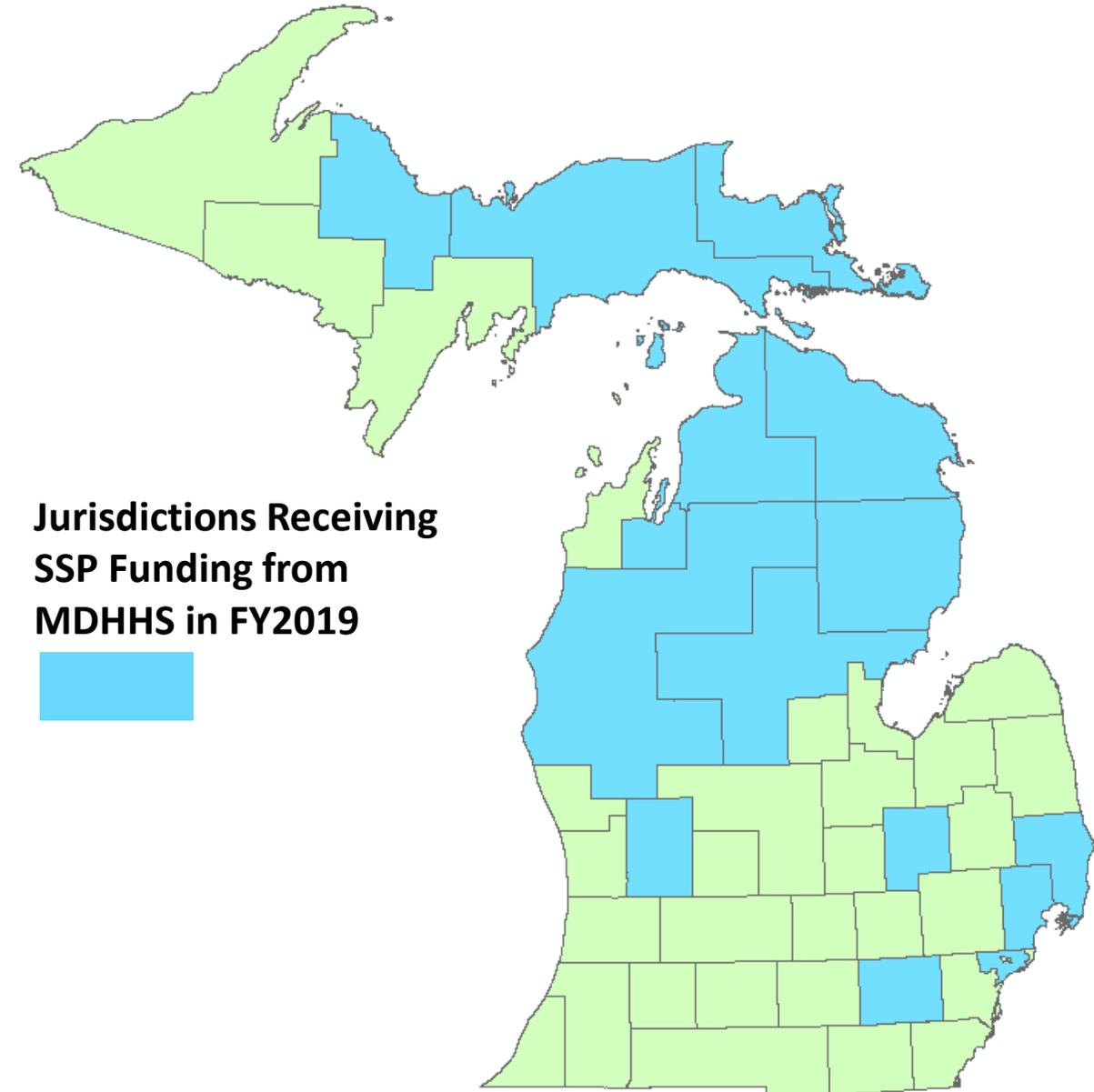
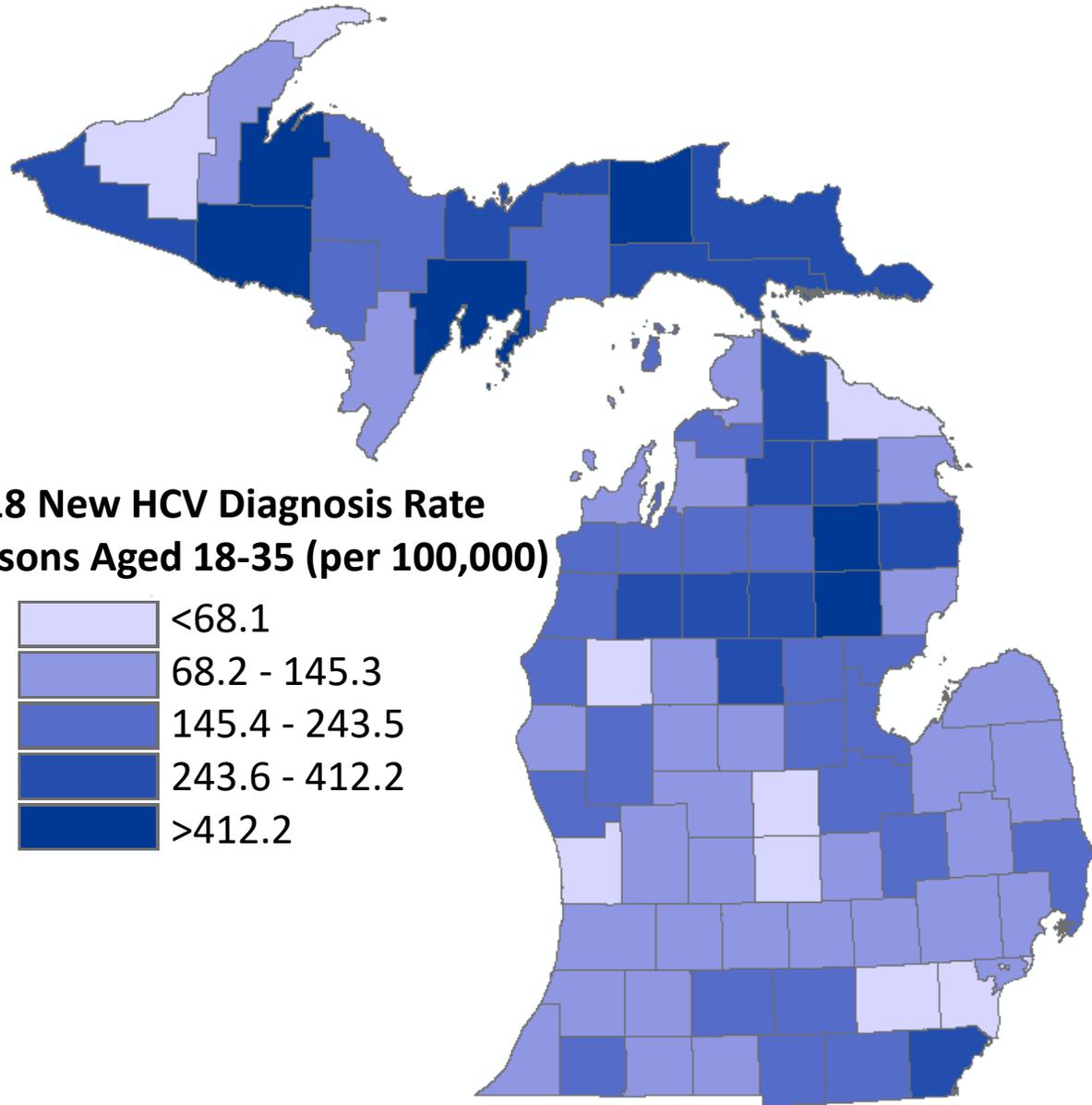
- The CDC concluded:

After careful review of your submission, CDC concurs that Michigan is experiencing an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SSPs within the jurisdiction. Specifically, the requestor presents statewide data on increases in acute HCV infections and total HCV infections, and that a predominance of new cases are attributed to injection drug use. Epidemiologic trend data in other areas (deaths from heroin and prescription opioids as well as heroin substance abuse treatment admissions) indicate increases in unsafe injection of drugs consistent with risk for a significant increase in viral hepatitis or HIV.

CDC vs. MI County-level Vulnerability Assessment

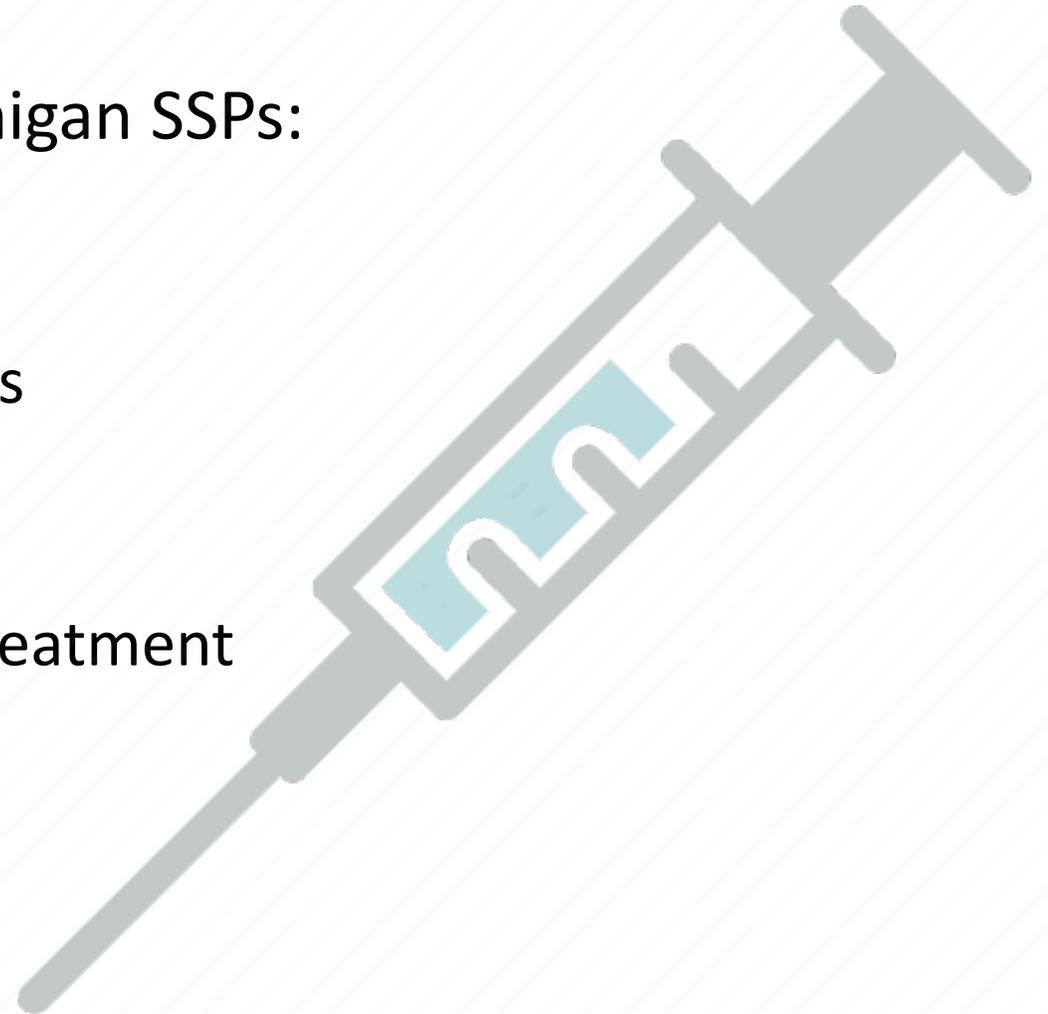


Expansion of SSP in Michigan



Michigan SSPs

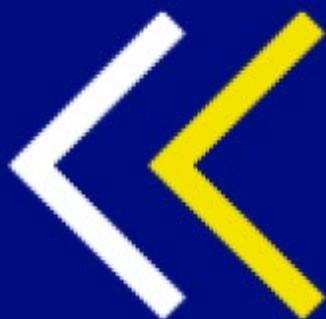
- MDHHS investing ~\$1.25 million in harm reduction and SSP in FY2019
- In quarter 1 of FY2019 (Oct-Dec), Michigan SSPs:
 - Reached over 1,500 clients
 - Distributed over 160,000 syringes
 - Collected nearly 120,000 used syringes
 - Distributed over 1,500 naloxone kits
 - Reported 112 overdose reversals
 - Engaged 30 clients in substance use treatment
 - Conducted 127 HIV tests
 - 3 positive
 - Conducted 33 HCV tests
 - 5 positive



2019



MICHIGAN HARM REDUCTION SUMMIT



Welcome! And thank
you for attending!