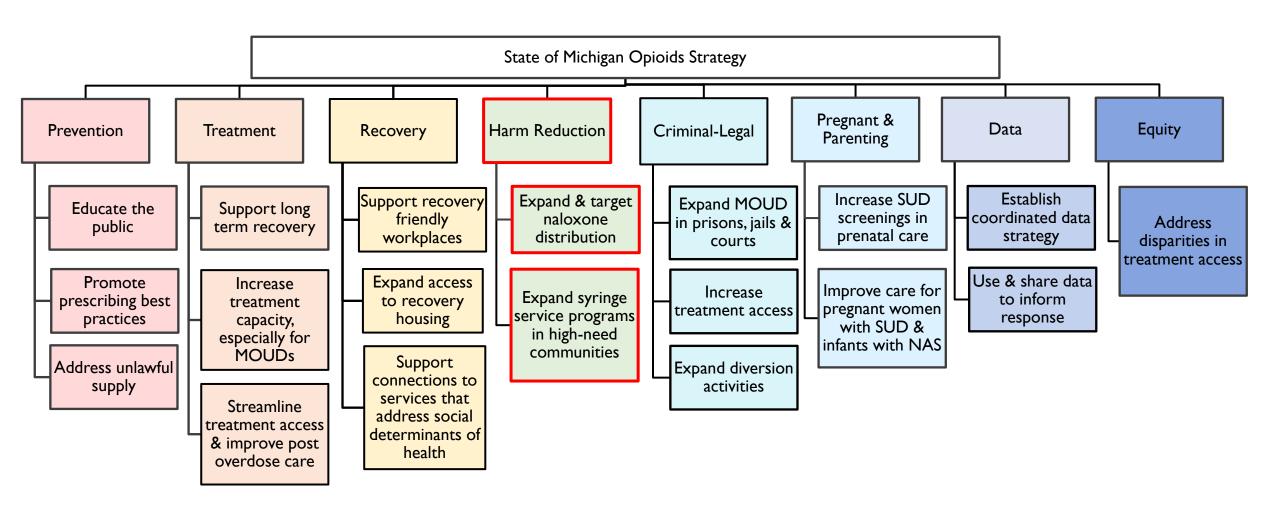
# MEETING PEOPLE WHERE THEY ARE: HARM REDUCTION SERVICES IN MICHIGAN



## WHAT IS HARM REDUCTION?

"Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use."

Harm Reduction Coalition





## **GUIDING PRINCIPLES**

Racial Equity

Elevating voices with lived experience

Supporting long-term recovery



Treat those that are using substances

Prevent people from using substances

Treatment

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

Prevention

# HARM REDUCTION PRINCIPALS

Accepts, for better and or worse, that licit and illicit drug use is part of our world and choose to work to minimize its harmful effects rather than ignore or condemn them.

Understands drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence and acknowledges that some ways of using drugs are safer than others.

HARM
REDUCTION PRINCIPALS

Establishes quality of individual and community life and well-being (not necessarily cessation of all drug use) as the criteria for successful interventions and policies.

Calls for non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live to assist them in reducing attendant harm.

## HARM REDUCTION -PRINCIPALS

Ensures that people using drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

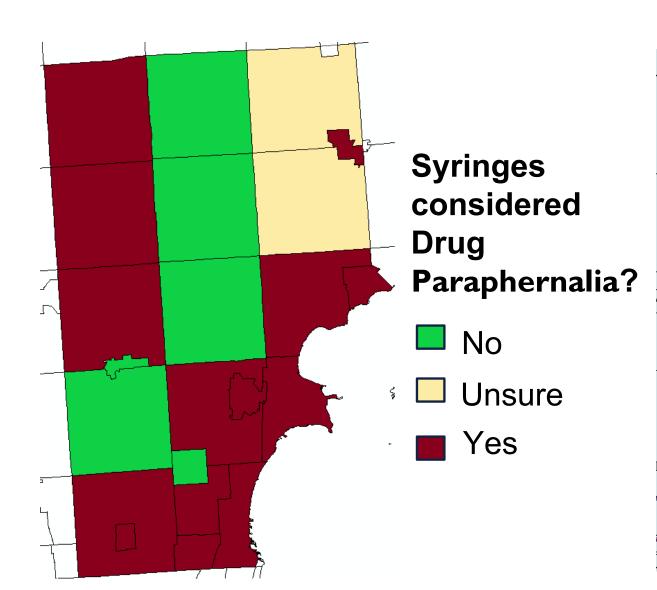
Affirms people using drugs as the primary agents of reducing the harms of their drug use and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

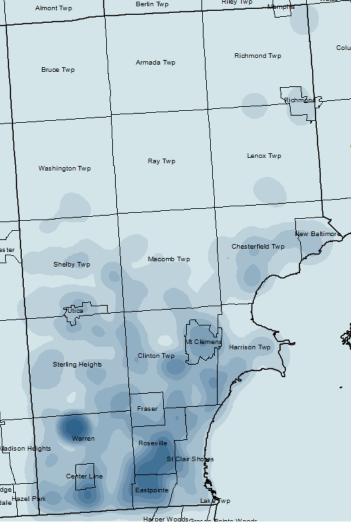
# THE NEED FOR HARM REDUCTION IN MICHIGAN WHAT CAN THE DATA TELL US?

## DRUG PARAPHERNALIA ORDINANCES

- State Law
  - MCL 333.7451 defines sterile syringes as drug paraphernalia
  - MCL 333.7457(g)
  - Sections 7451 to 7455 do not apply to any of the following:
  - (g) 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.
- Some county prosecutors state this only applies to the sale of syringes, not possession
- Regardless-this requires authorization by a state or local government agency
- Changing local ordinances is not more difficult than this
  - Build your case
  - Build your community support
  - Make your request
  - If needed, involve the media
- New legislation in the works- we need your help!!

## DRUG PARAPHERNALIA ORDINANCES





## History of Syringe Services in Michigan

- 5 Legacy Programs (pre-2018)
  - Wellness Flint
  - Unified Ann Arbor/Ypsilanti
  - Community Health Awareness Group (CHAG) - Detroit
  - The Grand Rapids Red Project -Grand Rapids
  - ► Harm Reduction Michigan
- First program opened in 1996
  - ► Response to HIV epidemic



## HARM REDUCTION SERVICES PROVIDED THROUGH SSP

Syringe Access

Safer Shot/Safer Sex Supplies Wound Care/Prevention

Overdose Prevention with Naloxone

Fentanyl Test Strips

Risk Reduction Counseling

Rapid HIV Testing

Rapid HCV Testing

STI ScreeningLinkage To Care/Case Management

Peer Support
Coaching/Medication
Assisted Treatment

Linkage To Medical Care/Insurance/Benefits Navigation

Food, Clothing and Other Basic Needs

PrEP/PEP/Vaccinations

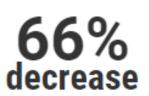


A study of Connecticut police officers found that needlestick injuries were reduced by **two-thirds** after implementing SSPs.<sup>1</sup>

New HIV infections have declined by

## 80 percent

among persons who inject drugs since the implementation of SSPs in the late 1980s. <sup>3</sup> After the implementation of a SSP in Portland, Oregon, research demonstrated a nearly



in the number of improperly discarded syringes.



Testing linked to HCV treatment can save an estimated

320,000 lives.<sup>4</sup>



# SSP clients are 5 times

more likely to enter a drug treatment program than non-clients.<sup>5</sup>

- https://www.ncbi.nlm.nih.gov/pubmed/7648290
- https://www.ncbi.nlm.nih.gov/pubmed/1560355
- https://www.cdc.gov/nchhstp/newsroom/docs/fact-sheet-on-hiv-estimates.pdf
- https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf
- 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



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



320,000 lives.4



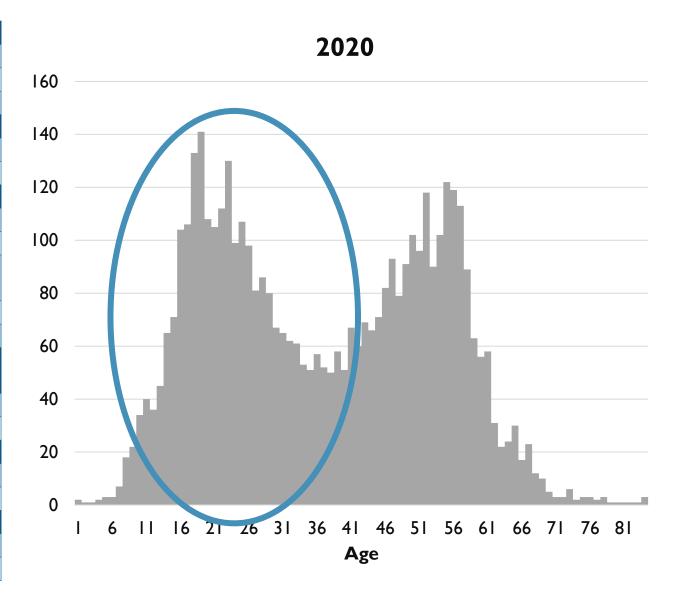
# 55 times

more likely to enter a drug treatment program than non-clients.<sup>5</sup>

- 1. https://www.ncbi.nlm.nih.gov/pubmed/7648290
- https://www.ncbi.nlm.nih.gov/pubmed/1560355
- 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
- https://www.ncbi.nlm.nih.gov/pubmed/11027894

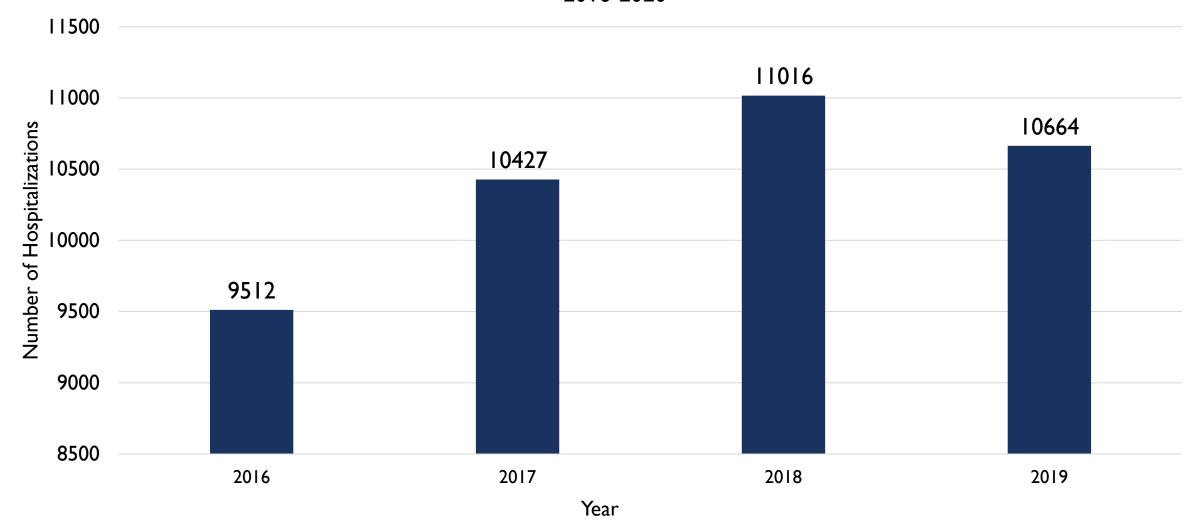
## Distribution of New HCV Diagnoses by Year of Birth in Michigan 2020

Age (n = 1,657)		
Median	31	
Mean	30.92	
Range	18 - 39	
Sex (n = 1,656)		Rate per 100,000
Female	754 (45.5%)	53.63
Male	901 (54.5%)	62.12
Race (n = 1,535)		Rate per 100,000
White	1108 (72.2%)	50.23
Black	112 (7.3%)	23.35
American Indian or	19 (1.2%)	63.68
Alaskan Native	13 (1.270)	05.00
Asian	5 (0.3%)	3.55
Other Race	104 (6.8%)	Not Available
Hispanic Ethnicity (n =		Rate per 100,000
1,114)		nate per 100,000
Hispanic or Latinx	54 (4.8%)	28.92
Not Hispanic or Latinx	1060 (95.2%)	39.70
Arab Ethnicity (n = 558)		Rate per 100,000
Arab Ethnicity	8 (1.4%)	Not Available
Non-Arab	550 (98.6%)	Not Available
History of IVDU (n = 496)		
Yes	412 (83.1%)	
No	84 (16.9%)	

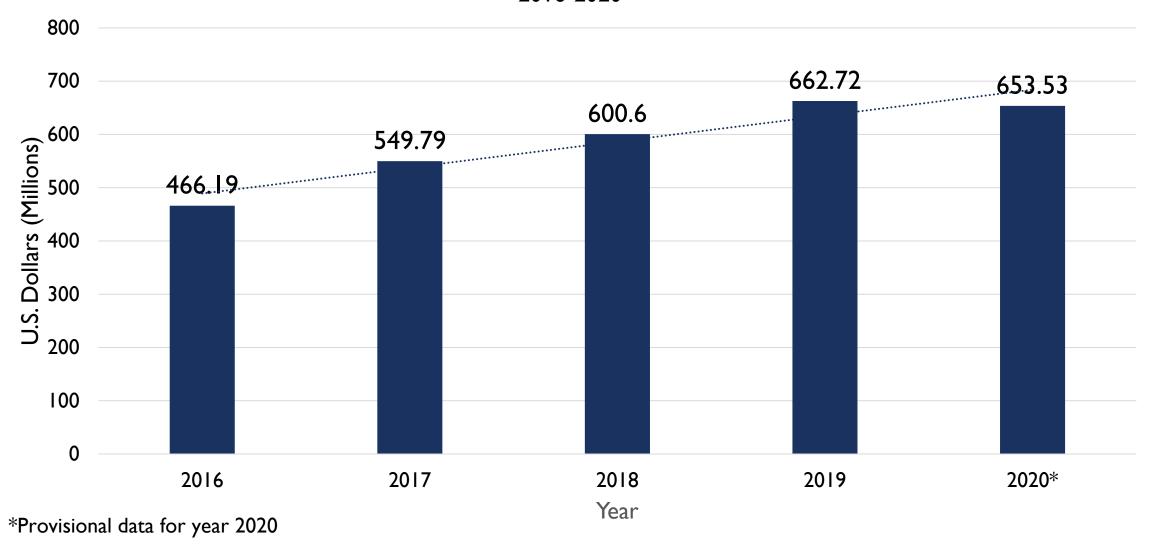


## **Annual Hospitalizations**

Total Number of MI Hospitalizations Involving Substance Use and Infectious Disease ICD Codes, 2016-2020



 $\begin{tabular}{c} \textbf{Cost} \\ \textbf{MI Hospitalization Costs in Millions of US Dollars Associated with SSTVI and Substance Use} \,, \\ 2016-2020* \end{tabular}$ 



## THE EXPANSION OF HARM REDUCTION

A CASE STUDY

## RESURGENCE OF HIV IN RURAL AMERICA

## 2015: Scott County, Indiana. A Call to Action

Had an HIV infection rate as high as countries in Sub-Saharan Africa

200+ cases of HIV associated with injection of prescription opioid Opana

85% co-infected with Hepatitis C Virus (HCV)

- Demographics:
  - Median age: 32 (range 18-57)
  - Sex: 55% Male
  - Syringes and drug injection equipment frequently shared



# Indiana Emergency Declaration and New Law Permitted Syringe Exchange in Response to Outbreak

After Temporary Emergency Actions, Indiana Passes Law to Allow Syringe Exchange Programs



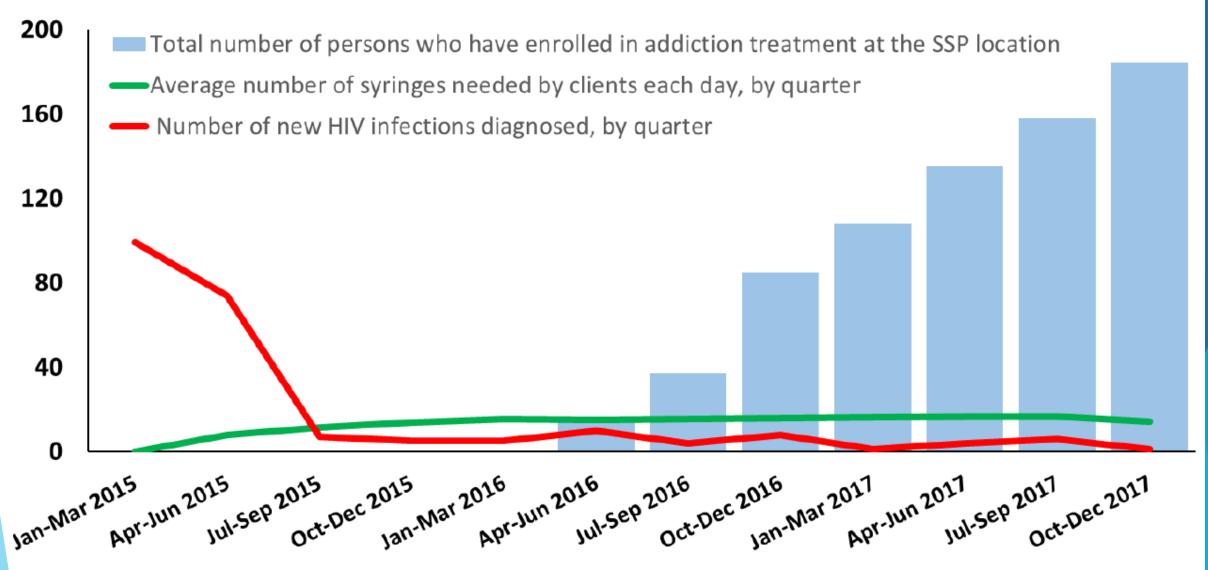
\*From <u>AIDS United</u>

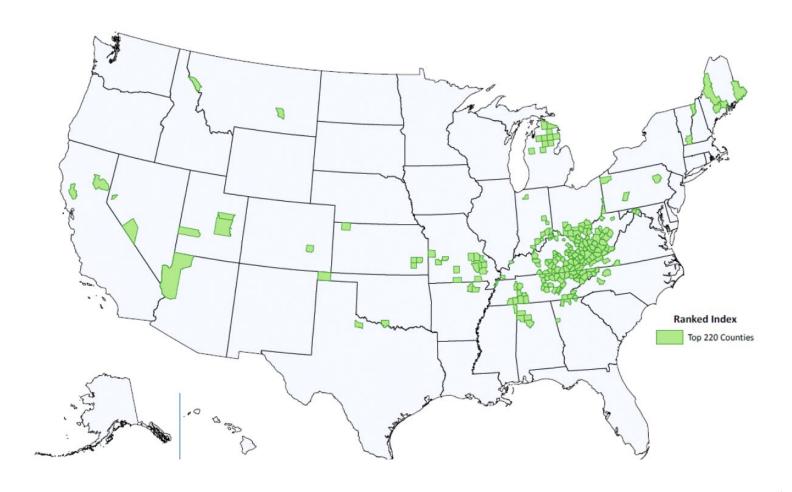
Indiana Governor Mike Pence has signed a bill approved by the state legislature this week giving local officials across the state the ability to create syringe exchange programs if they are experiencing a

disease outbreak tied to injection drug use. The signed bill, Senate Enrolled Bill 461, is part of a broader response to the recent outbreak of HIV infections in the southeastern part of the state, which was initially caught surprised and ill-equipped for HIV prevention or response.



## **Progress in Scott County**



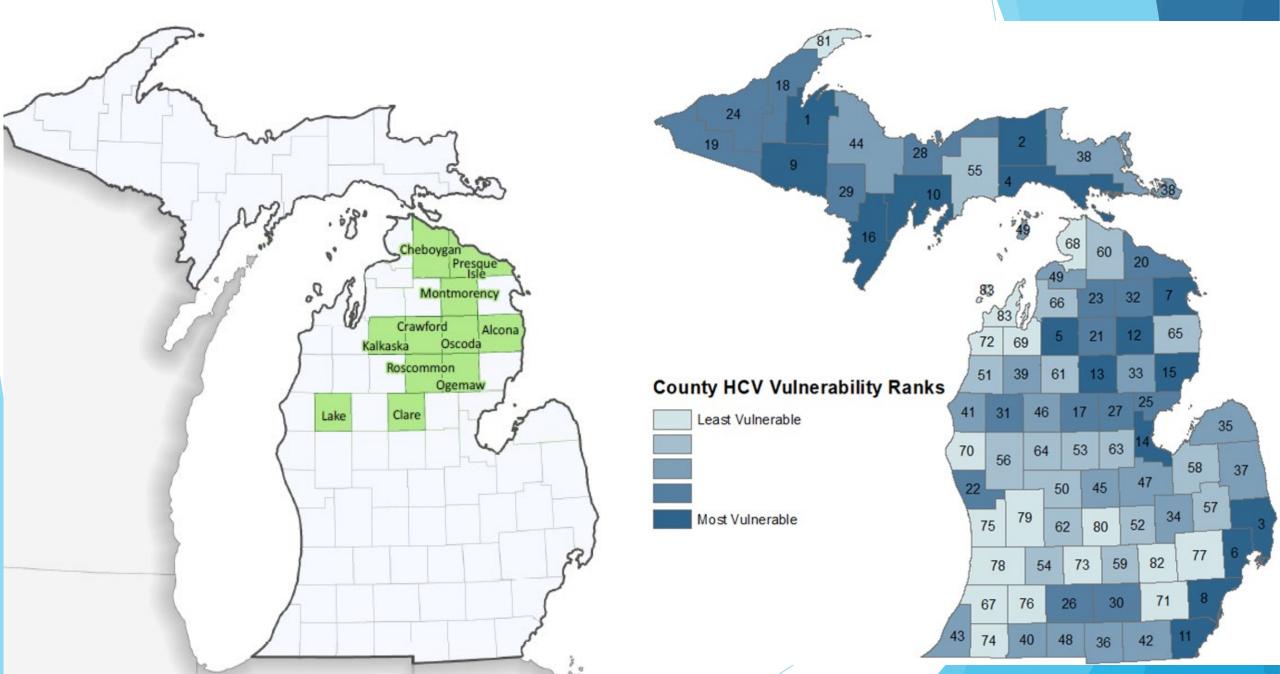


Vulnerability to Rapid Dissemination of HIV/HCV Infections Among Persons Who Inject Drugs: Ranked index using regression model coefficients

States with 1 or more vulnerable counties

CDC Study to predict County-level Vulnerability for Rapid Dissemination of HIV/HCV among PWIDs

## CDC vs. Michigan HIV/HCV County-Level Vulnerability Ranking



## 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

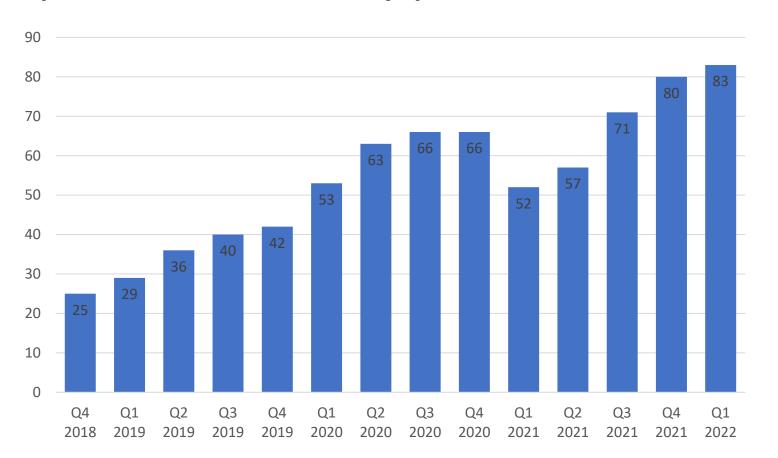
#### ► The CDC concluded:

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.

**Active SSP Locations** 

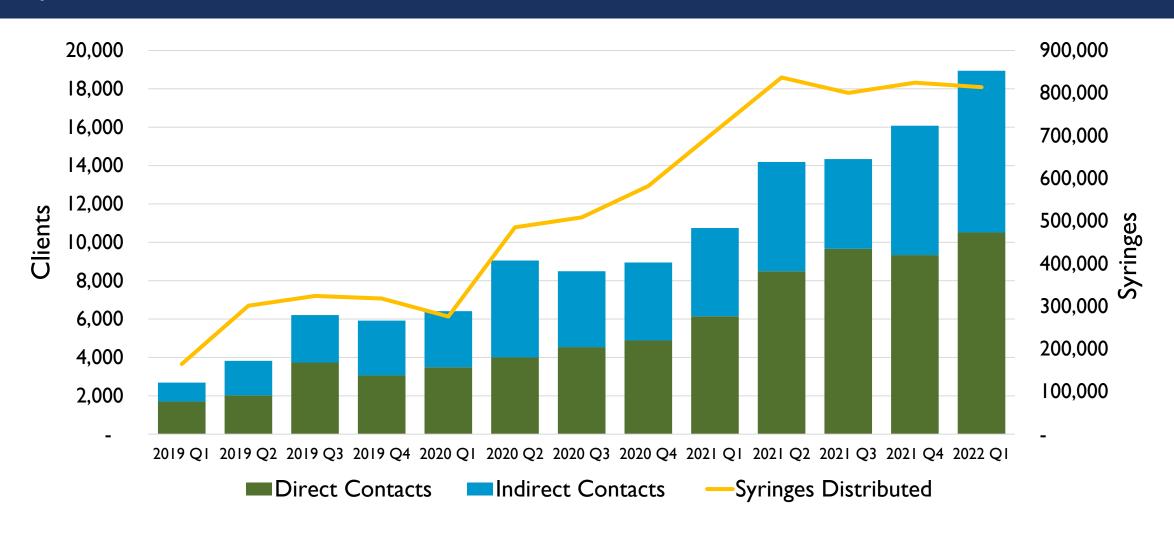
**Current SSP Locations** 







# SYRINGES DISTRIBUTED AND CLIENT ENCOUNTERS BY QUARTER, 2018-2021



## **SINCE Q4 2018...**

**129,000+** client encounters

Over 7.1 million syringes distributed

6,200+ clients referred to substance use treatment

118,000+ Naloxone kits distributed, almost 7,012 kits successfully used to reverse a fatal overdose

2,000+ clients tested for HIV infection (15 positive)

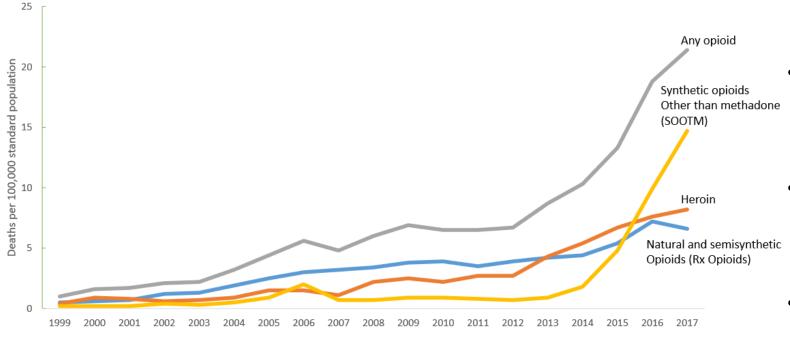
1,300+ clients tested for HCV infection (281 positive)

## REDUCING OVERDOSE FATALITY

HOW SYRINGE SERVICE PROGRAMS CAN PROTECT YOUR COMMUNITY

## OPIOID OVERDOSE TRENDS

Age-adjusted drug overdose death rates, by opioid category: MI, 1999-2017



Drug categories are not mutually exclusive.

Source: Michigan Death Certificates, Division for Vital Records and Health Statistics/Michigan Department of Health and Human Services

- Prescription opioids drove rises in overdose fatality beginning in late 90's
- Fatality continued to increase despite improvements in prescribing practice
- Heroin began driving rise in overdose as Rx opioid availability decreased
- Rising rates now attributed to synthetic opioids

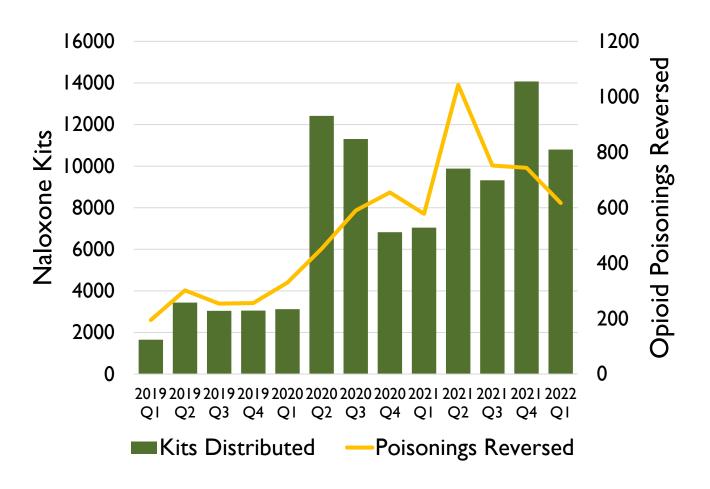


### State of Michigan Naloxone Portal

- Launched Jan. 2020
- CBHJ Naloxone Toolkit for Jails
- Community-based organizations can request bulk mail-order
   Naloxone at no-cost
  - Access SOM portal: Michigan.gov/opioids under 'Find Help'
- Individuals can mail-order naloxone through a partnership with NEXT Naloxone
  - Request free kits at nextdistro.org/Michigan
- To date, SOM portal distributed over 150,000 kits



## **OVERDOSE PREVENTION: NALOXONE**



- Jan. 2020: SOM Naloxone Portal launched with 50,000 kits on hand
- Targeted distribution to:
  - Individuals leaving jails
  - First responders
  - Treatment courts
  - General community
- I in 225 naloxone kits is expected to save a life. Closer to I in I0 when distributed at an SSP

Source: SUP

## FENTANYL TEST STRIPS

- Originally designed for urinalysis
- Can be used to detect fentanyl in extremely small samples of substances
- Easy to use and interpret
- Inexpensive (<\$1.00 each)</p>
- Create awareness of contaminated drug supply in communities
- Have been shown to increase harm reducing behaviors

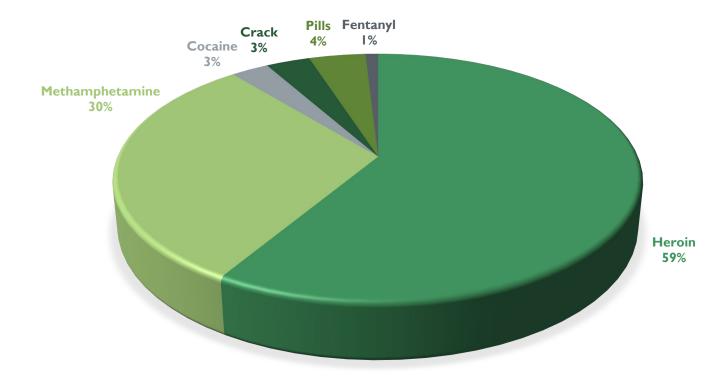


## FENTANYL TEST STRIP UTILIZATION

## Statewide Positive FTS Testing Results 4/1/21 – 10/31/21

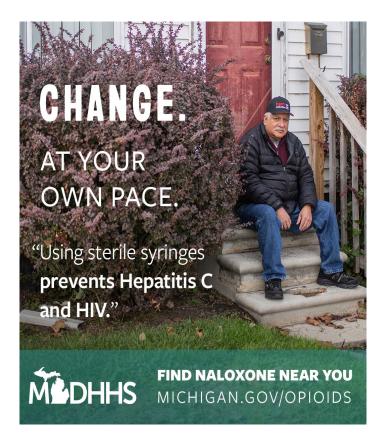
- **Heroin:** 129
- Methamphetamine: 67
- Cocaine: 6
- Crack: 7
- Pills: 9
- Fentanyl: 2

#### **POSITIVE FENTANYL TEST STRIP RESULTS**



## **ANTI-STIGMA CAMPAIGN**









## **QUESTIONS?**

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# LEARN MORE ABOUT MICHIGAN'S HARM REDUCTION SERVICES



To learn more about Syringe Service Programs in Michigan, including a complete directory of services, visit: <a href="https://www.michigan.gov/ssp">www.michigan.gov/ssp</a>