



# Integration of Harm Reduction into Michigan's Opioid Policy

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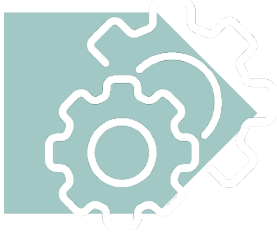
Michigan Harm Reduction Summit  
May 17<sup>th</sup>, 2023

# Welcome

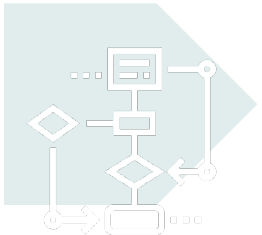


Brandon Hool, MPH  
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Office of the Chief Medical Executive  
MDHHS

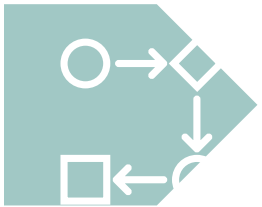
# Objectives



Objective 1: Discuss the history of syringe service programs in Michigan and the state's support of Harm Reduction programming



Objective 2: Provide historical overview on the Michigan Opioids Task Force and Opioid Strategy creation



Objective 3: Provide an overview of the current state of the opioid crisis in Michigan

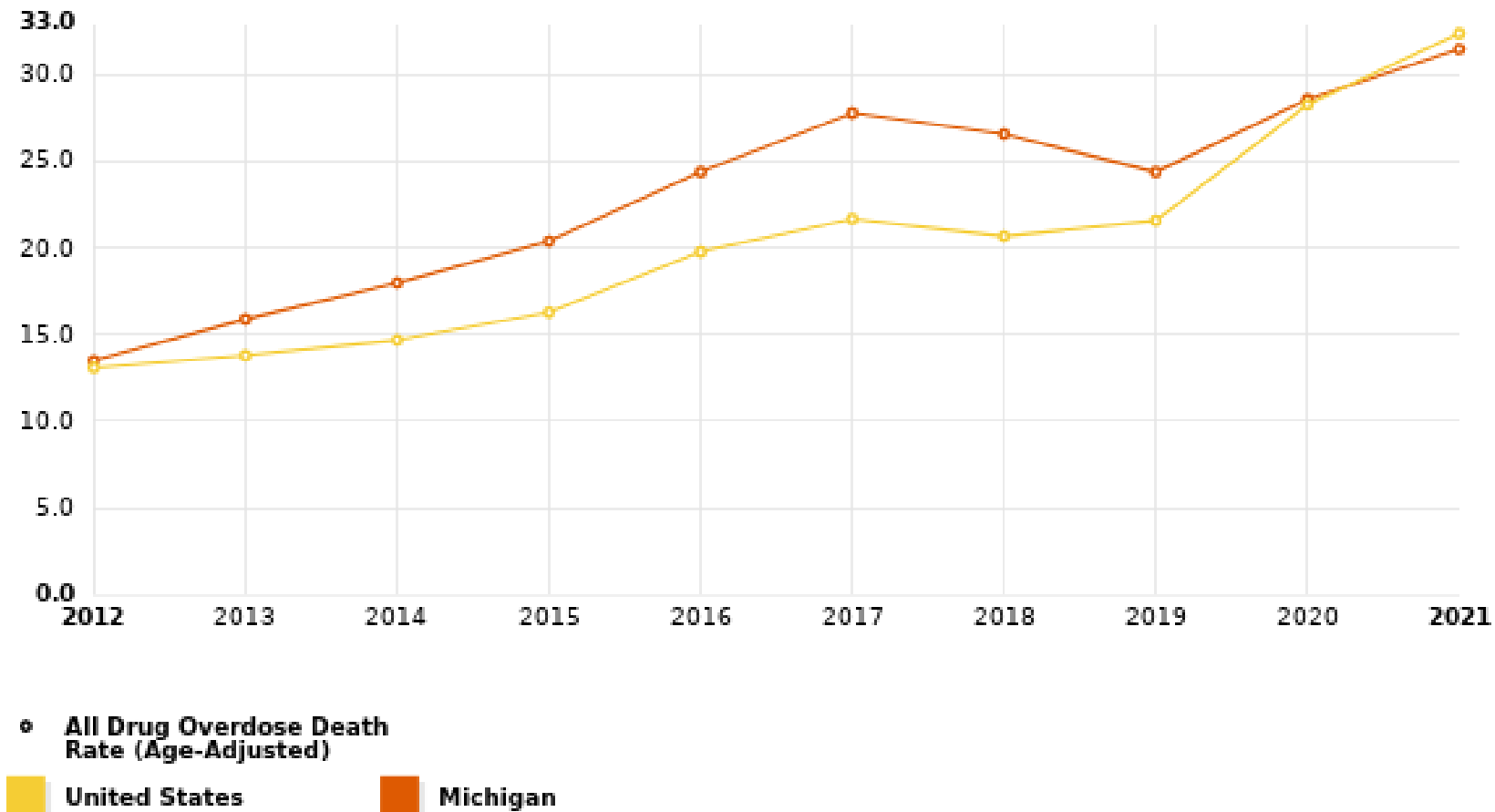


Objective 4: Discuss the opioid settlement and its impact on harm reduction services in Michigan

# Harm Reduction Services in Michigan

# Overdose Death Rates: Michigan and National Data Comparison

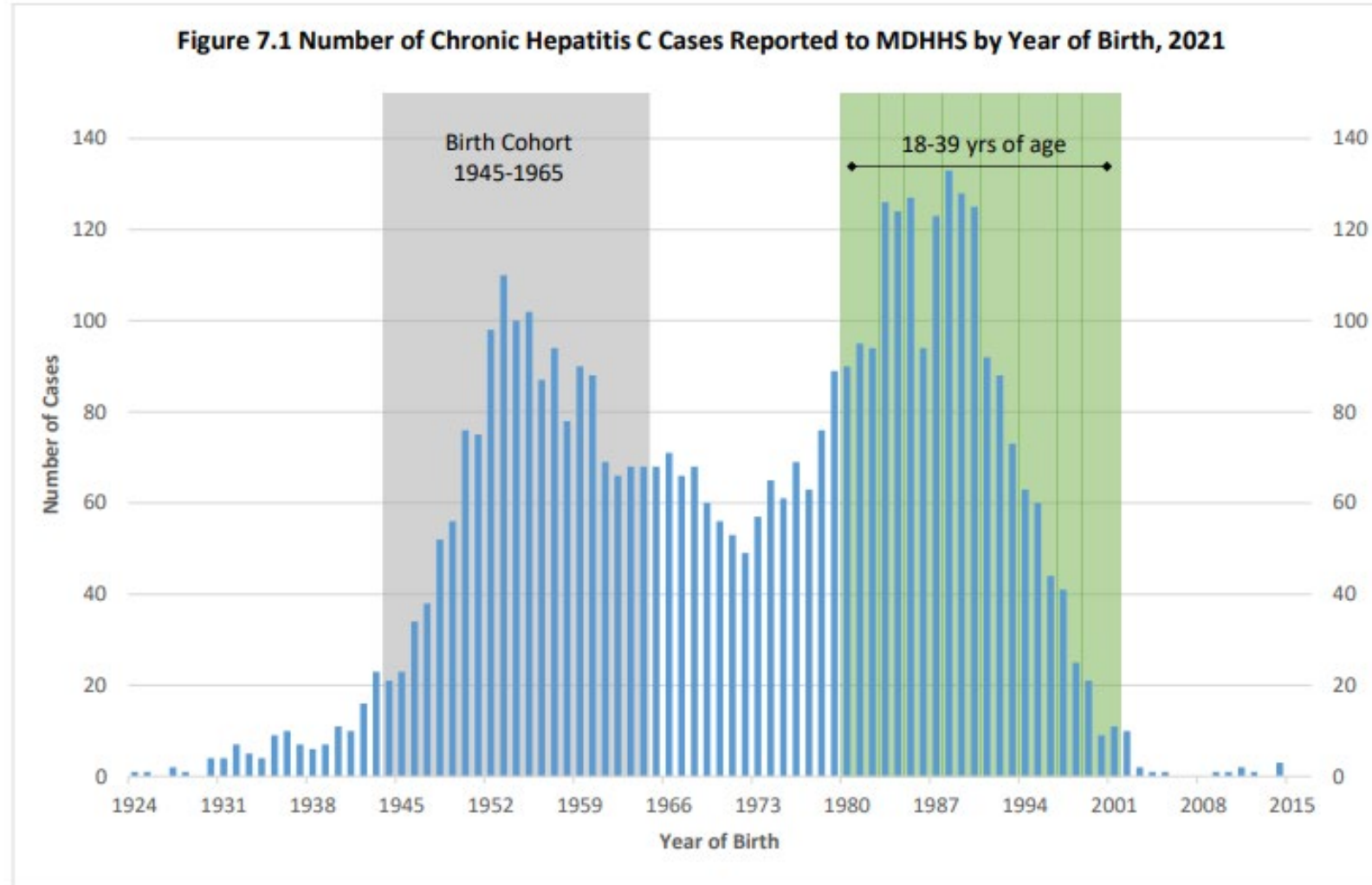
Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted): All Drug Overdose Death I



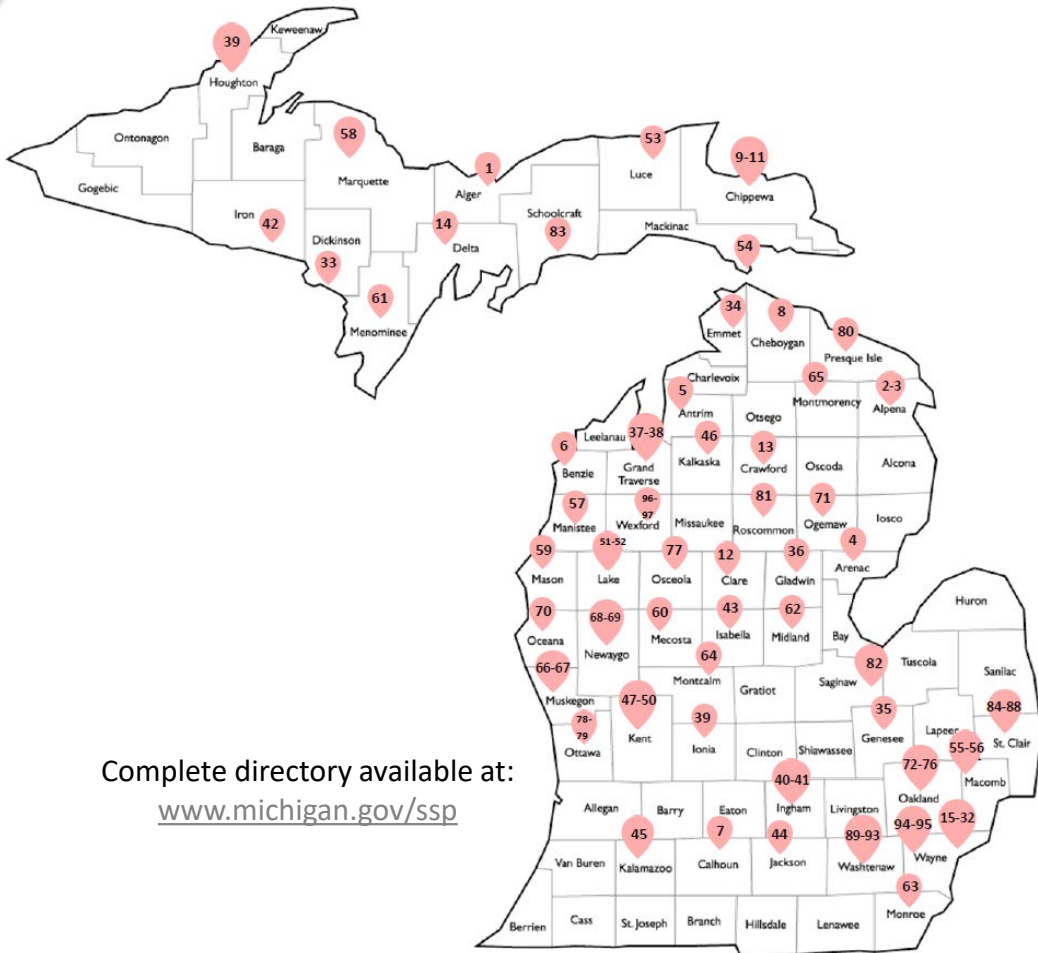
SOURCE: Kaiser Family Foundation's State Health Facts.

# Data Review: Infectious Diseases

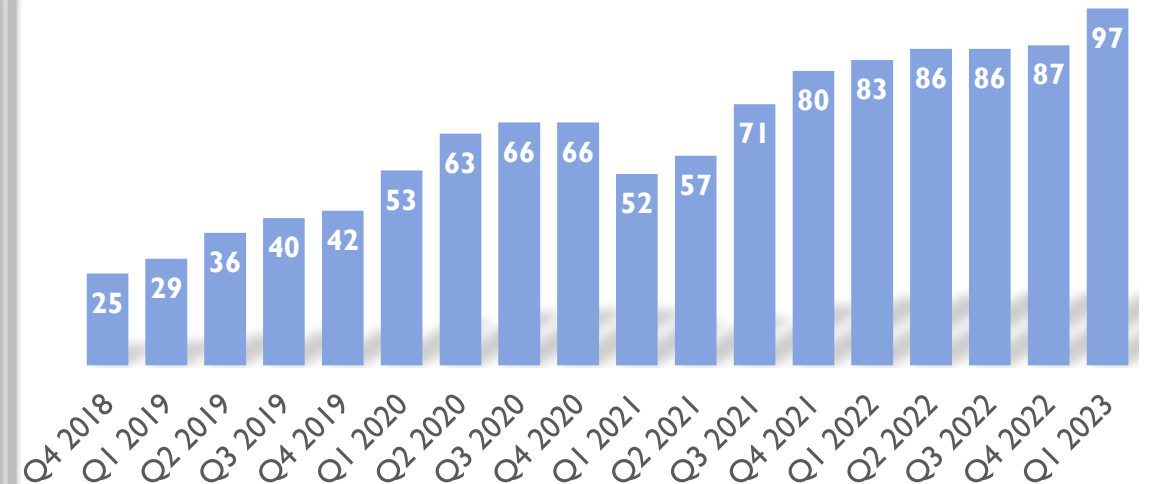
## Adults Under 40 (18-39 years of age)



# MICHIGAN SYRINGE SERVICE PROGRAMS 2018 - 2023



SSP Sites Operational: October 2018 - March 2023



As of March 31<sup>st</sup>, 2023:

**97** Active SSP Locations  
**36** Syringe Service Programs  
**1** SSPs Expected to open in 2023

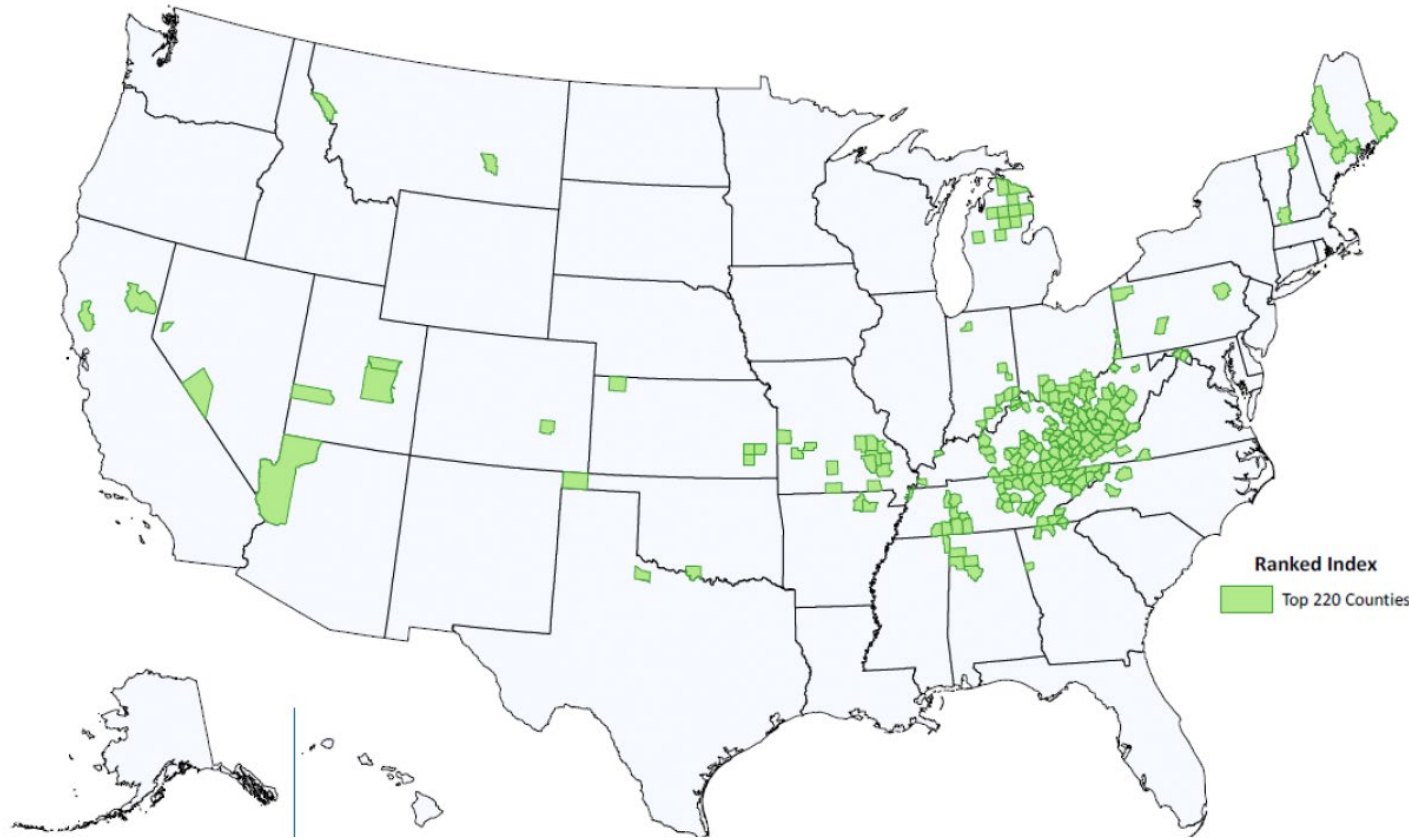


# Supporting Syringe Service Programs in Michigan

- **1988** - Public Health and Welfare Act, section 300ee-5
  - Use of funds to supply hypodermic needles or syringes for illegal drug use; prohibition None of the funds provided under this Act or an amendment made by this Act shall be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome.
- **2009** – Ban on funding is temporarily lifted
- **2011** – Ban on funding is reinstated
- **2015** – Ban on funding is partially lifted allowing federal funds to be used to pay personnel, vehicles, gas, rent, and other expenditures but not to buy syringes or needles
- **2016** – Michigan applies to the CDC for a determination of need to fund SSP using federal money
- **2018** – Michigan Governor's Task Force on Prescription Drug and Opioid Abuse Task Force issues letter to local public health supporting SSP implementation



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



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

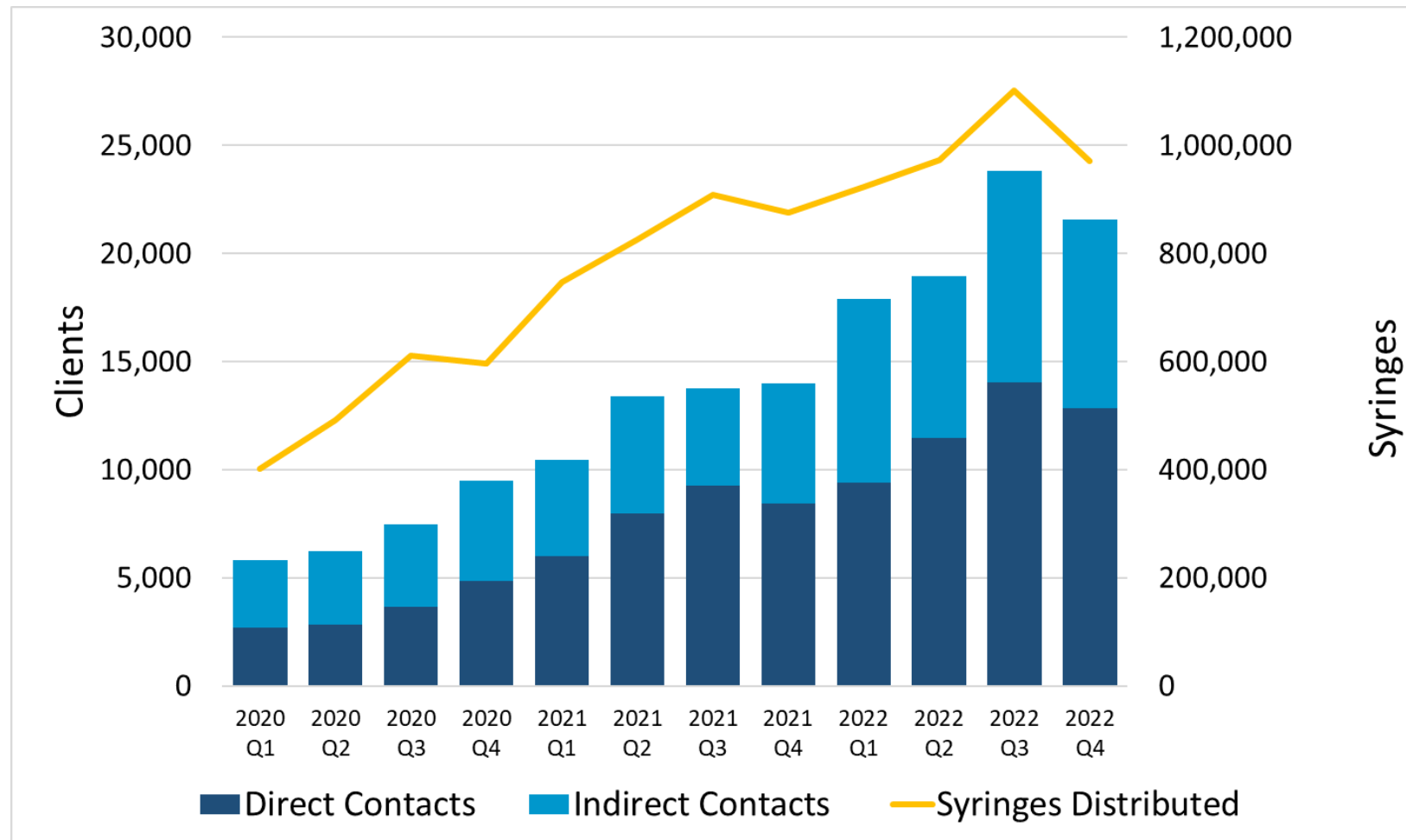
**Michigan had the 5<sup>th</sup> most vulnerable counties of all the states in the U.S.**

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

26 States with 1 or more vulnerable counties

# Data Review: Harm reduction activities

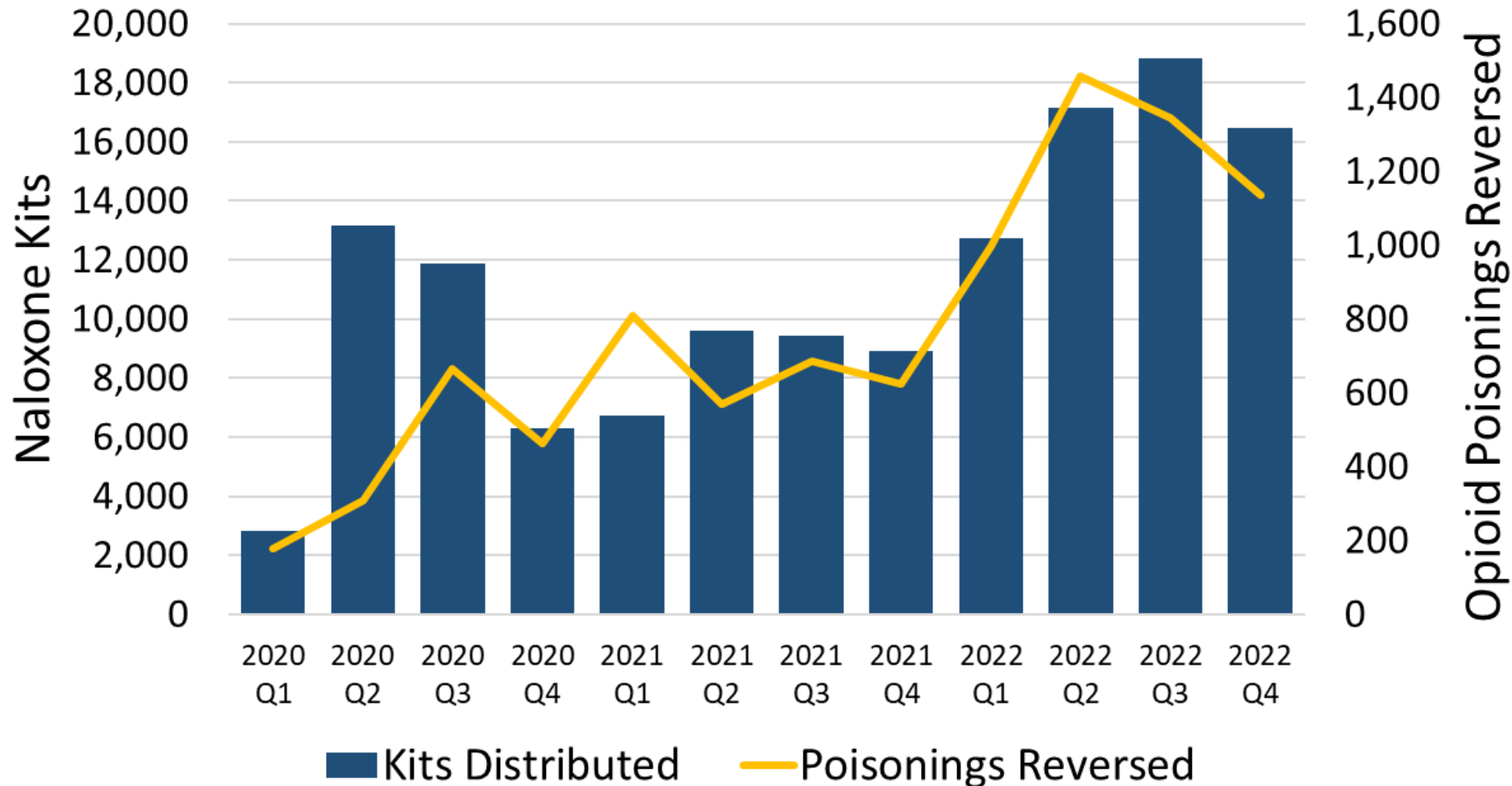
## Syringe Service Program Service Delivery



Data source: Michigan SSP Utilization Platform

# Data Review: Harm reduction activities

## Narcan Distribution and Utilization Through Syringe Service Programs (SSP)



Approximately **1 in 10** Narcan rescue kits distributed through a Michigan SSP is used to successfully reverse an opioid overdose

Data source: Michigan SSP Utilization Platform

# Michigan Opioids Task Force: Historical Overview

# What harms has the opioids crisis caused in Michigan?

## Examples

### Micro



- Overdose deaths
- Overdose emergencies and trauma
- Infectious diseases
- Acute injuries
- Mental health of the individual

- Criminal-justice involvement
- Lack of opportunities (employment, education, etc.)
- Social Determinants of Health impact (housing, economic stability, etc.)



- Childhood wellbeing
- Adverse Childhood Experiences (ACEs)
- Neonatal Abstinence Syndrome (NAS)
- Women's pre- and post-natal care
- Mental health of the family

- Involvement of child welfare and family courts system
- Caregiver impact
- Perpetuation of substance use disorder
- Trauma and grief



### Macro

- Loss of life
- Loss of contributions to society
- Widening equity issues
- Stigma
- Violence

- Health system challenges
- Criminal justice system challenges
- Workforce challenges
- Impact on options those with chronic pain

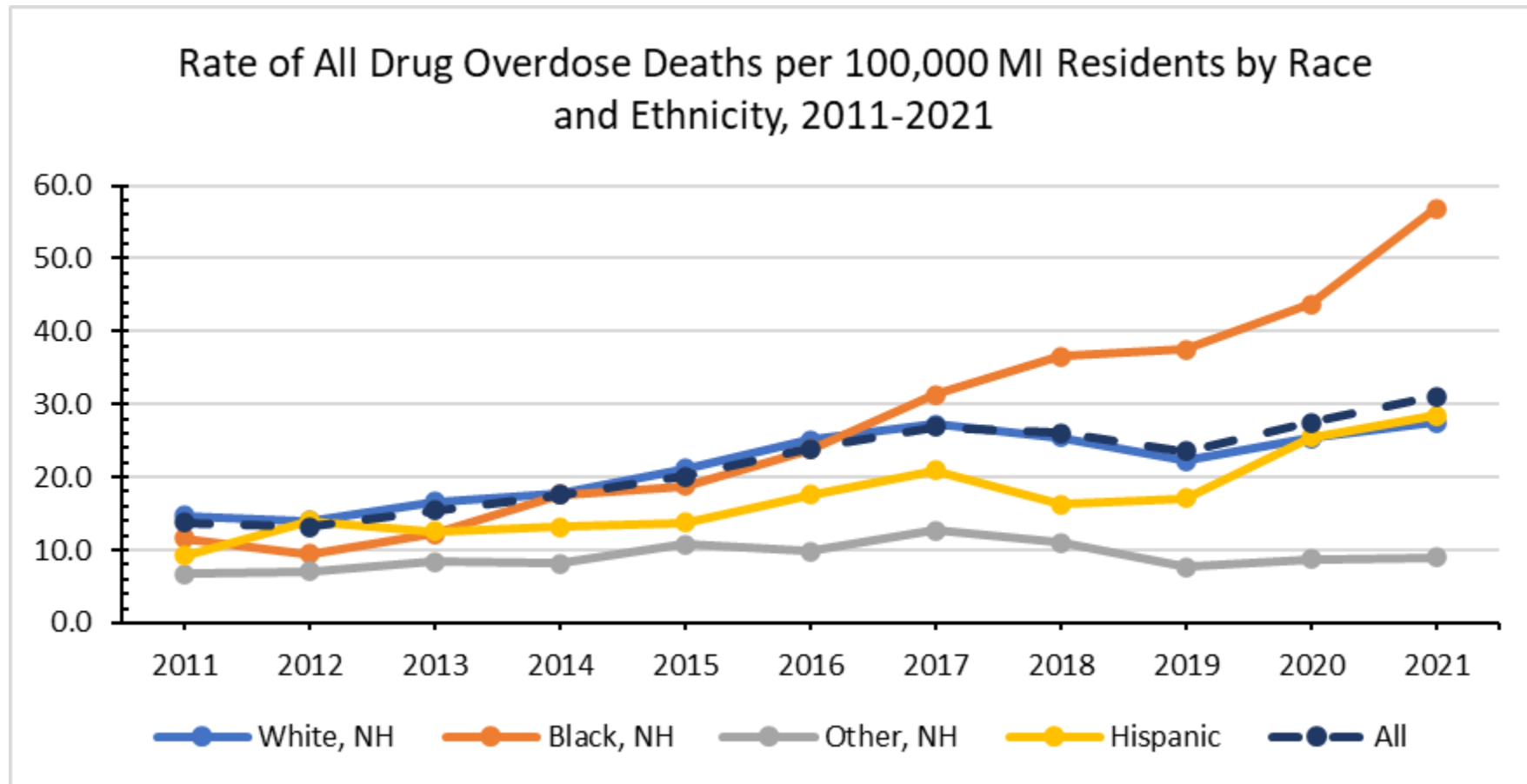
# What populations are more vulnerable to these harms?

Individuals less likely to engage with services or experience health disparities

- BIPOC community
- Justice-involved individuals
- Unhoused individuals
- LGBTQIA+ community
- Indigenous population
- Pregnant/parenting individuals

- Migrants, refugees, and undocumented individuals
- Individuals below the poverty line
- Youth
- Unemployed
- Older adults

# Where We Are Now: Racial Disparities in Overdose



Source: [Michigan Overdose Data to Action Dashboard](#)



# EO 2019-18: Michigan Opioids Task Force Overview



In 2019, opioid overdoses killed 1,768 Michiganders, an average of almost five people every single day.

Governor Gretchen Whitmer's Executive Order 2019-18 called for the development of the Michigan Opioids Task Force with the goal of reducing overdose deaths by 50 percent in 5 years.



- The Michigan Opioids Task Force was chaired by MDHHS Chief Medical Executive and Chief Deputy for Health and was comprised of internal state government officials tasked with providing policy recommendations to the director of MDHHS and coordinating departmental activities.
- Opioids Task Force convened for the first time in Oct. 2019 to finalize the high-level MDHHS opioid strategic plan and outline the proposed values to guide the task force.
- Opioids Task Force worked to understand and track how substance use disorder are impacting the lives of Michigan residents and work with communities to implement strategies to address the epidemic.
- From 2020 through 2022, MDHHS and the Opioids Task Force made progress on the statewide opioid strategic plan, covering prevention, treatment, harm reduction, criminal justice-involved populations, pregnant and parenting women populations, data, and equity initiatives.

# Michigan Opioids Task Force Timeline

2019

- Executive Order 2019-18 established Michigan Opioids Task Force with goal to reduce overdose deaths by 50% in 5 years.
- Convened for the first time, finalizing the Michigan Opioids Strategy.
- Stakeholder Advisory Group is formed.

2020

- Task Force works to counteract stress, isolation, service disruptions, and changes to prevent worse outcomes from the COVID-19 pandemic.

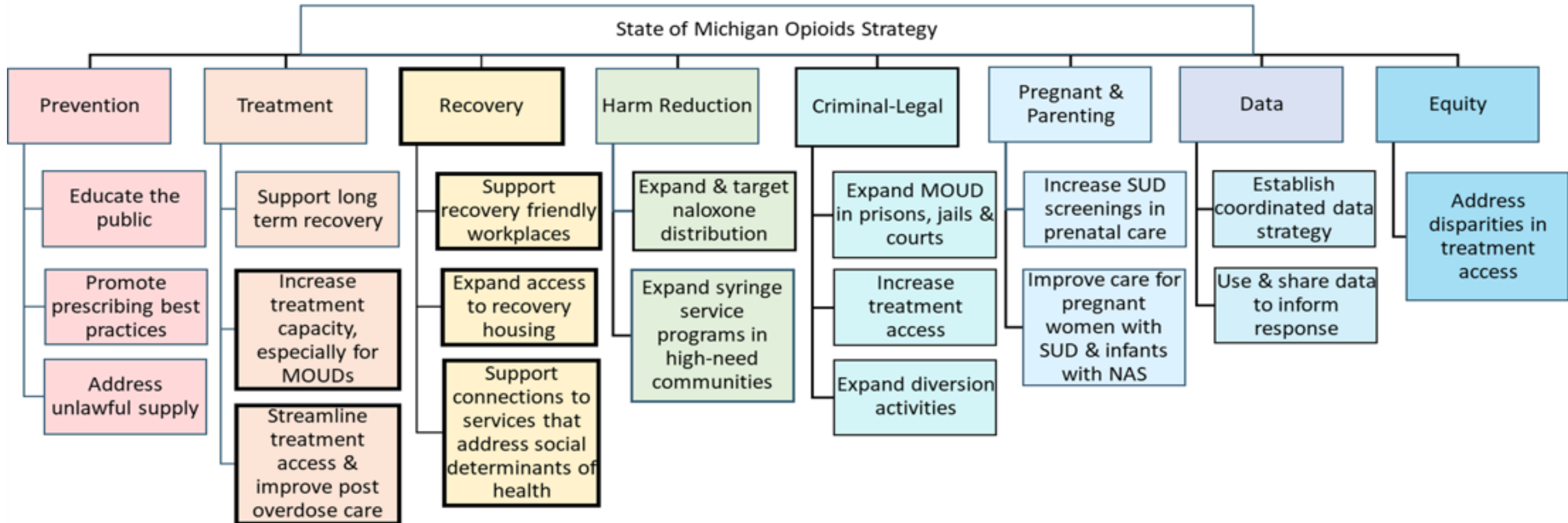
2021

- Advocated for legislation, [PA 176 of 2022](#), to update naloxone standing order.
- Voted to form a Racial Equity Workgroup.
- Created distinct Equity and Recovery Pillars.

2022

- Global health nonprofit, Vital Strategies, provides funding to hire racial equity consultant to establish Racial Equity Workgroup to drive work forward.
- Updated Task Force EO 2022-12 issued by Governor to expand membership.

# Michigan Opioids Task Force's Current Opioids Strategy



# Racial Equity Workgroup Overview



In 2022, Vital Strategies, a global health nonprofit, committed funding for a Racial Equity Consultant to establish the Racial Equity Workgroup and drive the work of the Equity pillar forward. Their charge includes:

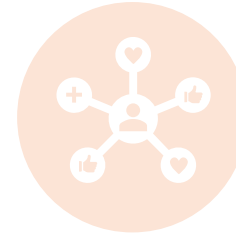
- Commit to ongoing learning from BIPOC with lived experience, disaggregated data, racial justice advocates related to health equity for people who use drugs and individuals in recovery from substance use disorder.
- Develop a strategic action plan to guide the Michigan Opioids Task Force in transforming systems to be more racially equitable
- Act as an accountability partner to Michigan Opioids Task Force by supporting racially equitable actions and challenging racially inequitable actions

# 2019 – 2022 Opioids Strategy Pillar Programming Highlights



## Prevention

- Media campaigns ([Change. at Your Own Pace](#))
- Michigan Automated Prescription System (MAPS)
- Prescription take-back events
- MI-CARES Prescriber Education
- Evidence-based primary prevention programming ([Strengthening Families Program](#), [Guiding Good Choices](#), [Botvins Life Skills](#), [Prime for Life](#), etc.)
- Quick Response Teams (QRTs)



## Treatment

- Telehealth for medication assisted treatment (MAT) access
- MAT in emergency departments
- Post-overdose pilot programs
- Opioid Health Homes expansion
- Mobile care units



## Recovery

- Assessed Peer Recovery Coach (PRC) certification process
- Expand PRC access
- Recovery friendly workplace trainings
- Employment supports
- Michigan Association of Recovery Residences (MARR) certification support for recovery residences



## Harm Reduction

- Naloxone distribution/Portal
- Emergency Medical Services (EMS) Leave Behind program
- Syringe Service Program (SSP) expansion
- Street outreach (meeting people where they are at within the community)
- Naloxone vending machine expansion
- MI-Boost training and naloxone for Children's Services Administration (CSA) staff

# 2019 – 2022 Specific Populations and Foundational Principles Programming Highlights



## **Criminal-Legal**

- TA to MDOC medication assisted MAT pilots
- Support MAT use in treatment courts
- Expand Angels Program
- Support MAT use in jails
- Peers in parole and probation offices
- MDOC MOUD



## **Equity**

- Support culturally competent community outreach
- Analysis to ID key drivers of disparities
- Racial Equity Workgroup
- LARA requirement for Implicit Bias Training for all licensed healthcare professionals



## **Pregnant & Parenting**

- Expand SUD screening programs in prenatal care (HT2)
- Rooming-In Pilot for infants with Neonatal Abstinence Syndrome (NAS)
- Intertribal Council NAS support



## **Data**

- Data analysis to inform service targeting and track strategy
- Public dissemination of surveillance info
- MI-Substance Use Vulnerability Index (SUVI)

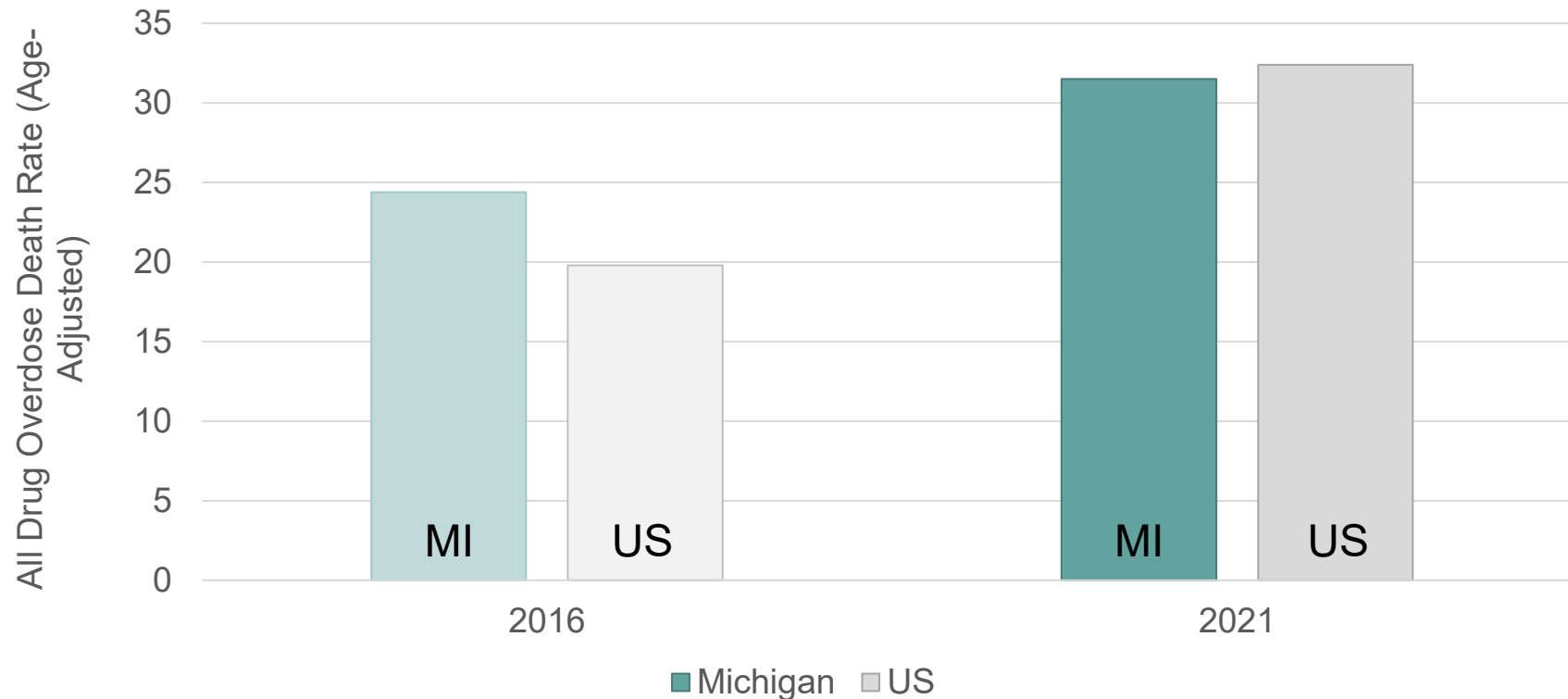
# Current Opioids Crisis Overview





# Where We've Been: Data Comparison

All Drug Overdose Death Rate (Age Adjusted) for Michigan and the United States, 2016 and 2021



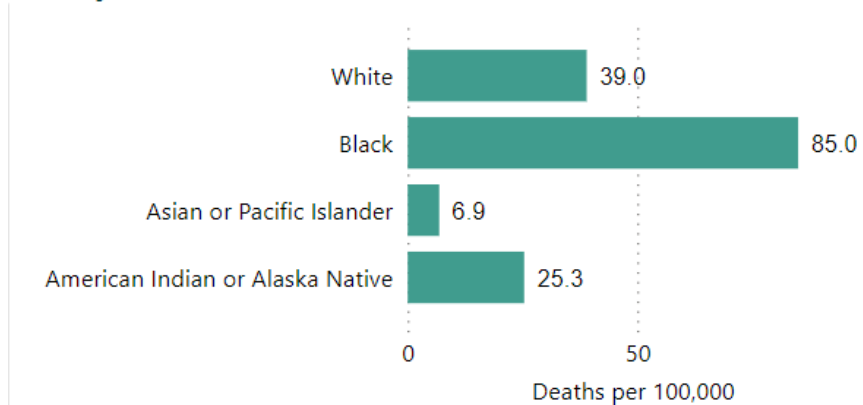
**In 2016, Michigan had the 14<sup>th</sup> highest state all drug overdose death rate.**

**In 2021, Michigan had the 25<sup>th</sup> highest state all drug overdose death rate.**

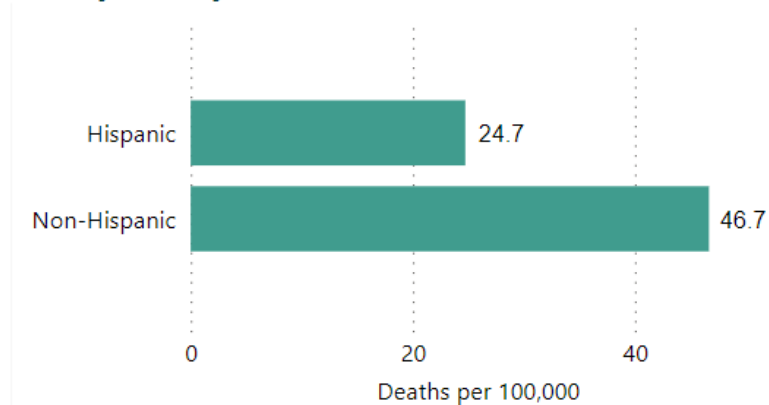
# OD Deaths & ED Visits by Race/Ethnicity

## Provisional Overdose Deaths: August 2021 to July 2022

Rate by Race

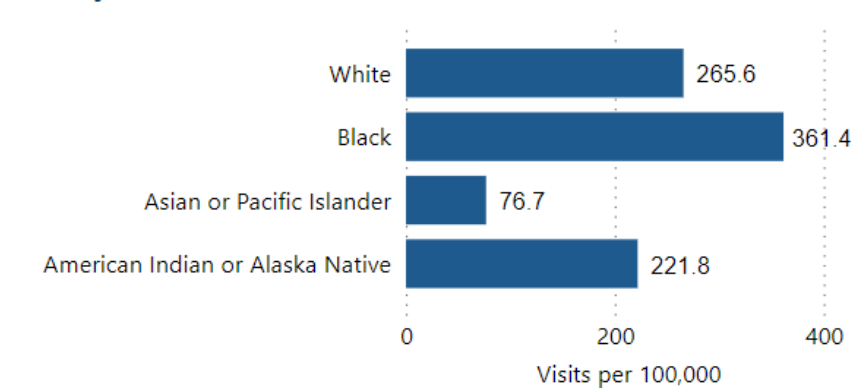


Rate by Ethnicity

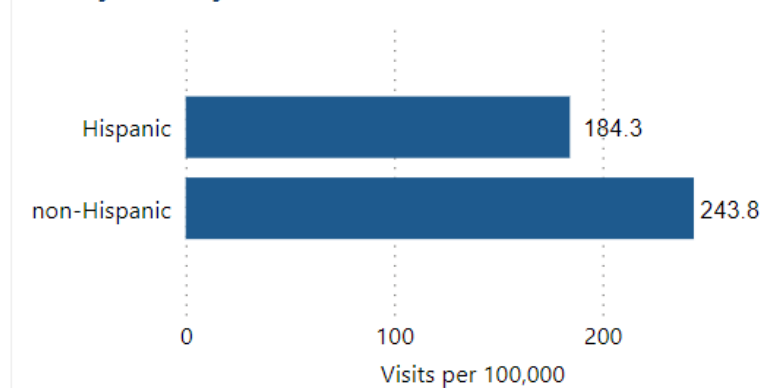


## Overdose Emergency Department Visits: January 2021 to December 2021

Rate by Race



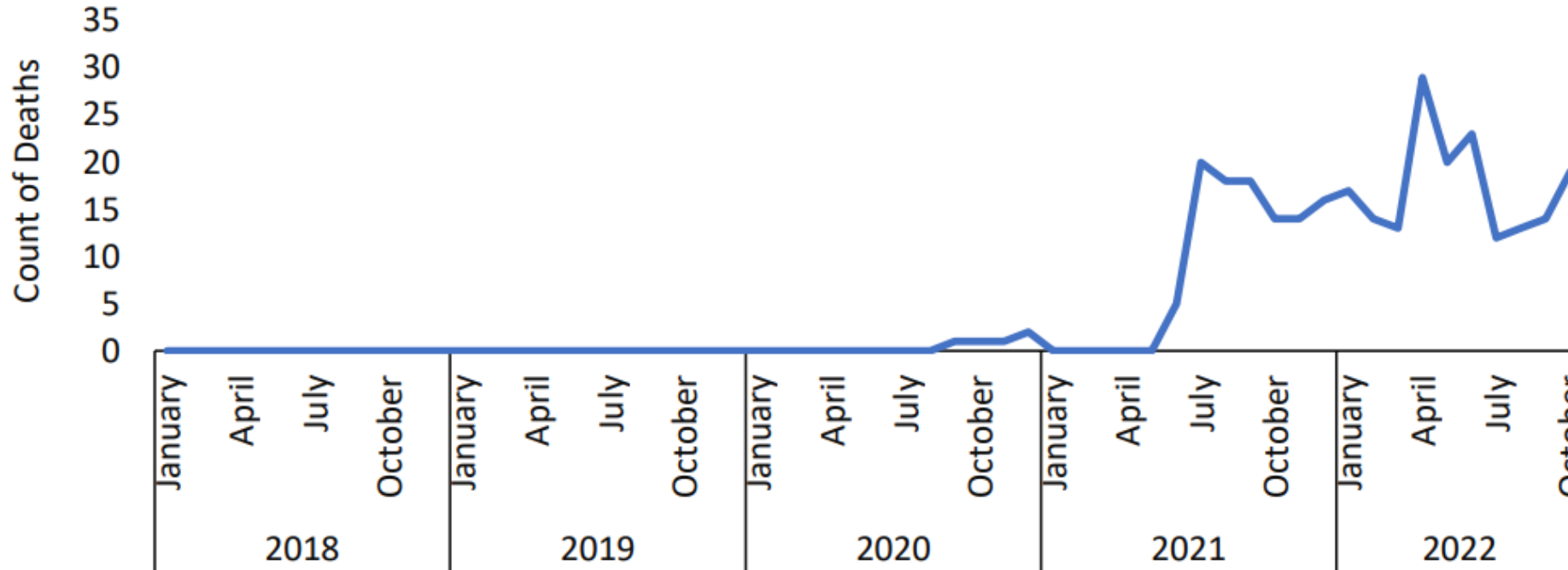
Rate by Ethnicity



ED data for Washtenaw county are not available due to missing data. Estimates for regions/selections including Washtenaw are under-counts.

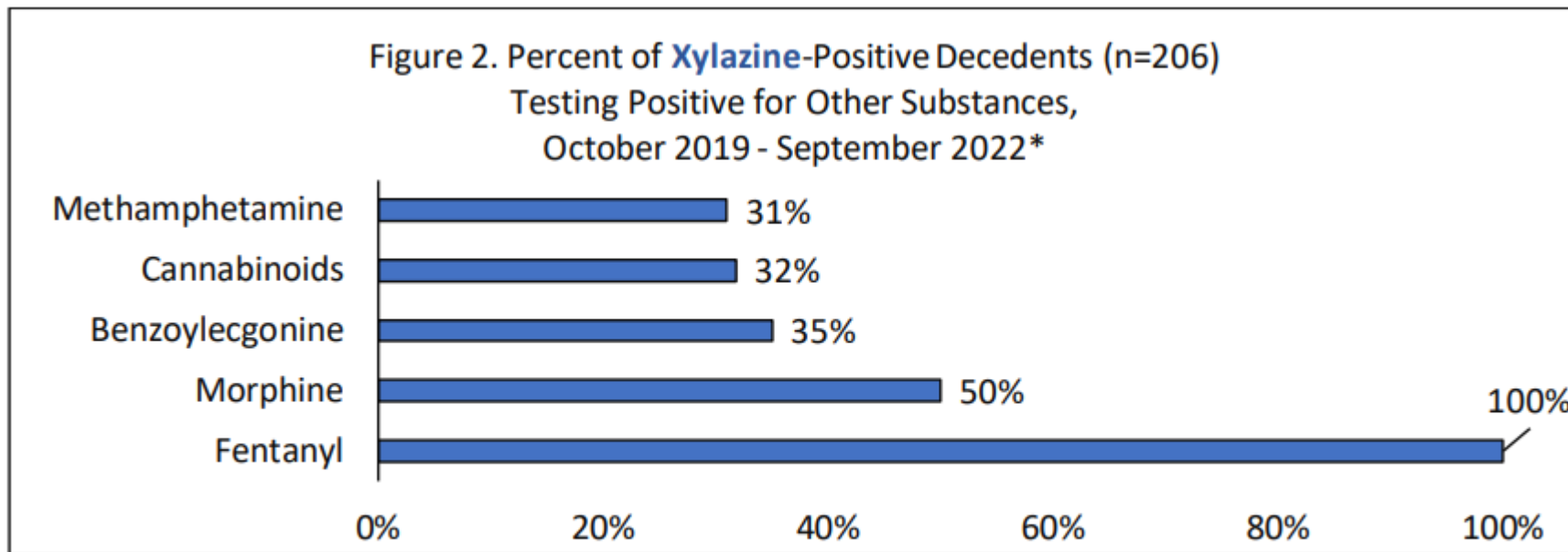
Source: [Michigan Overdose Data to Action Dashboard](#)

Figure 1. Monthly Count\* of Decedents Testing Positive for  
**Para-fluorofentanyl (pFF)**  
Since Testing Began in January 2018, Through October 2022



\*2020-2022 The Swift Toxicology of Overdose-Related Mortalities (STORM) Program at Western Michigan University Homer Stryker MD School of Medicine (WMed)

Data  
Review:  
Emerging  
substance  
trends -  
Fentanyl



*\*2019-2022 The Swift Toxicology of Overdose-Related Mortalities (STORM) Program at Western Michigan University Homer Stryker MD School of Medicine (WMed)*

61 of 83 Michigan counties have submitted at least one death for STORM testing since the program began.

Since October 2019, xylazine-positive deaths have occurred in 24 Michigan counties with most occurring in: Ingham (37 deaths), Calhoun (33), Genesee (33), Kalamazoo (21), and Muskegon (20), representing 70% of all xylazine deaths.

Comparing 2022 year-to-date with 2021, **Berrien County had the largest increase in xylazine-positive decedents, from one in 2021 to six through September 2022.**

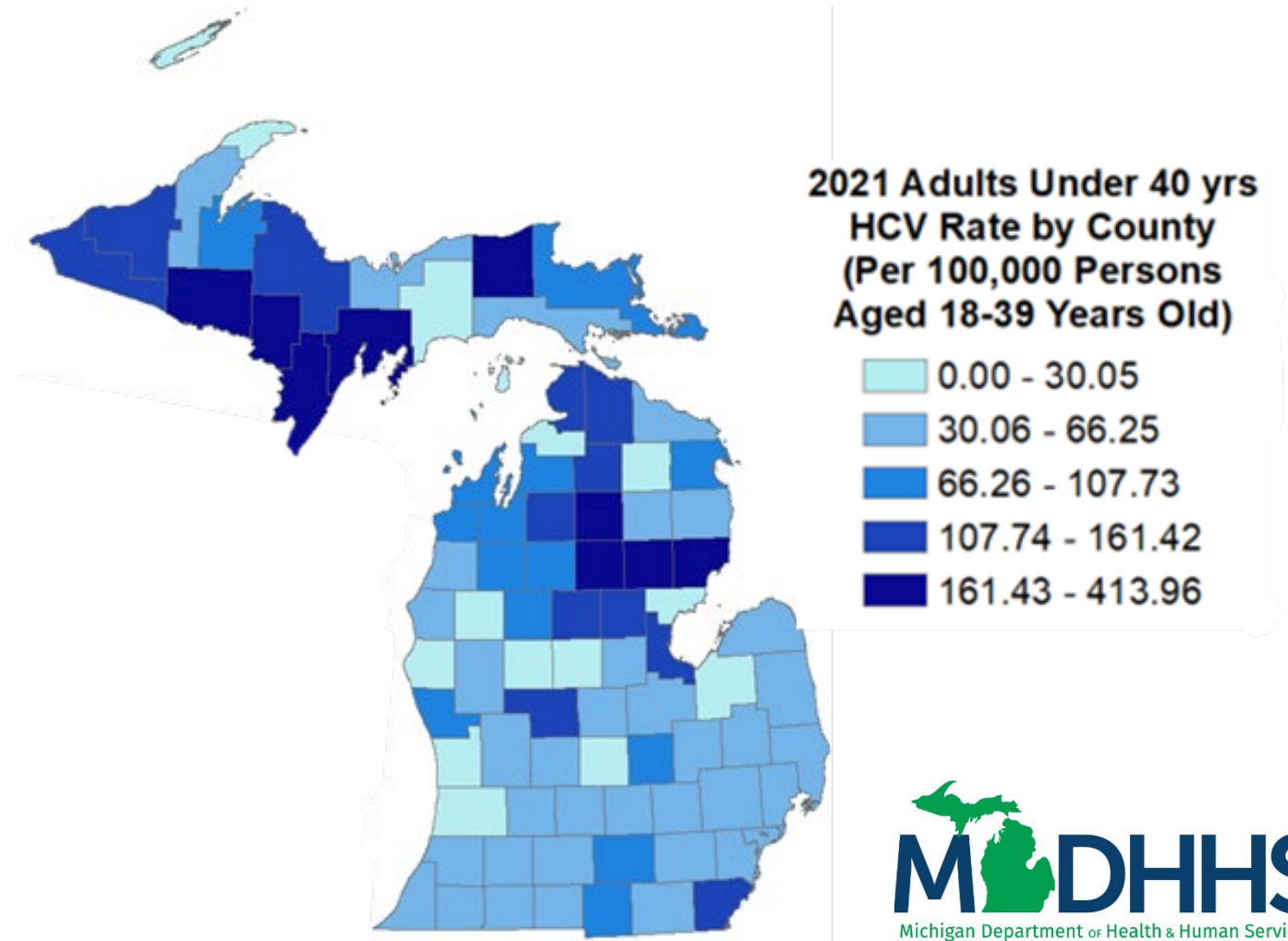
Emerging  
substance  
trends -  
Xylazine

# Infectious Diseases

## Demographics and County Rate Map of New HCV Diagnoses among 18-39 Year Olds, Michigan 2021

Table 7.2 Epidemiologic Summary of 2021 Chronic HCV Cases Aged 18-39 Years Old

Age (n = 1,747)		
Median	32	
Mean	31.31	
Range	18 - 39	
Sex (n = 1,742)		Rate per 100,000
Female	763 (43.8%)	54.38
Male	979 (56.2%)	67.93
Race (n = 1,460)		Rate per 100,000
White	1184 (81.1%)	58.28
Black	138 (9.5%)	29.79
American Indian or Alaskan Native	18 (1.2%)	79.90
Asian	19 (1.3%)	14.11
Other Race	100 (6.9%)	Not Available
Hispanic Ethnicity (n = 1,178)		Rate per 100,000
Hispanic or Latinx	43 (3.7%)	22.49
Not Hispanic or Latinx	1135 (96.3%)	42.78
Arab Ethnicity (n = 526)		Rate per 100,000
Arab Ethnicity	7 (1.3%)	Not Available
Non-Arab	519 (98.7%)	Not Available
History of IVDU (n = 495)		
Yes	386 (78.0%)	
No	109 (22.0%)	

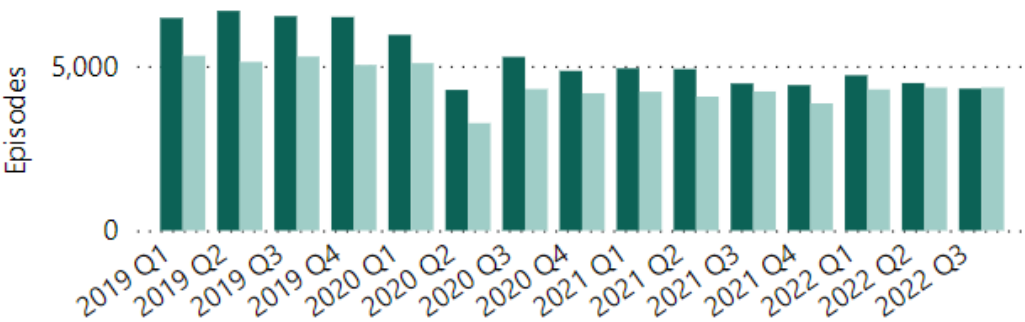


### Publicly-Funded Substance Use Disorder (SUD) Treatment Episodes

Select Primary Substance of Use

All

Treatment Type ● Outpatient ● Residential

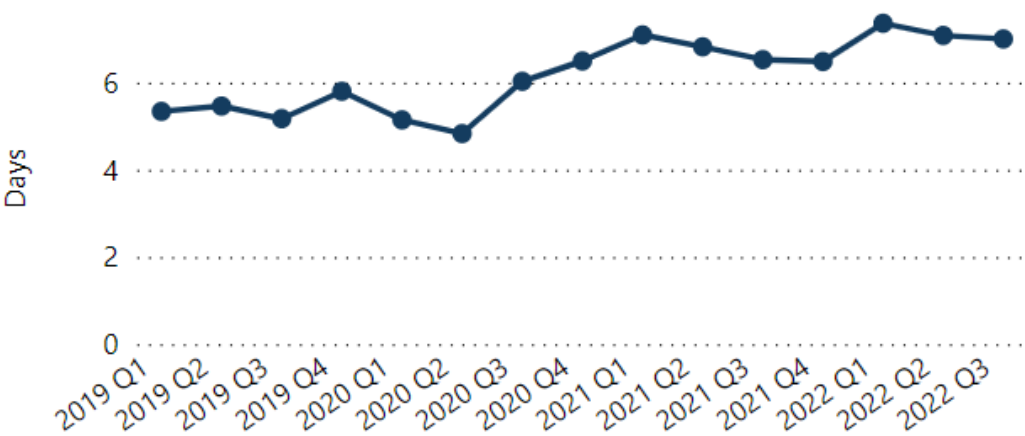


### Average Days from Initial Request to SUD Treatment Intake

Select Demographic Category

All

● All



### Buprenorphine Prescription Units\* Dispensed per 1,000 Residents by County

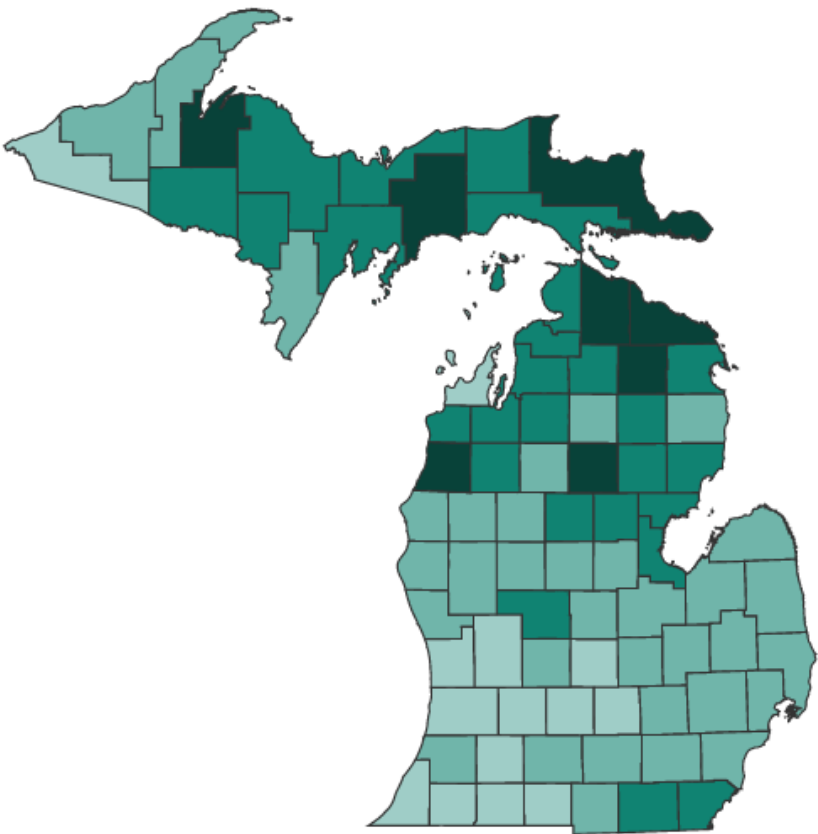
Select Quarter

2022 Q4

574.7

Buprenorphine Dispensing Rate

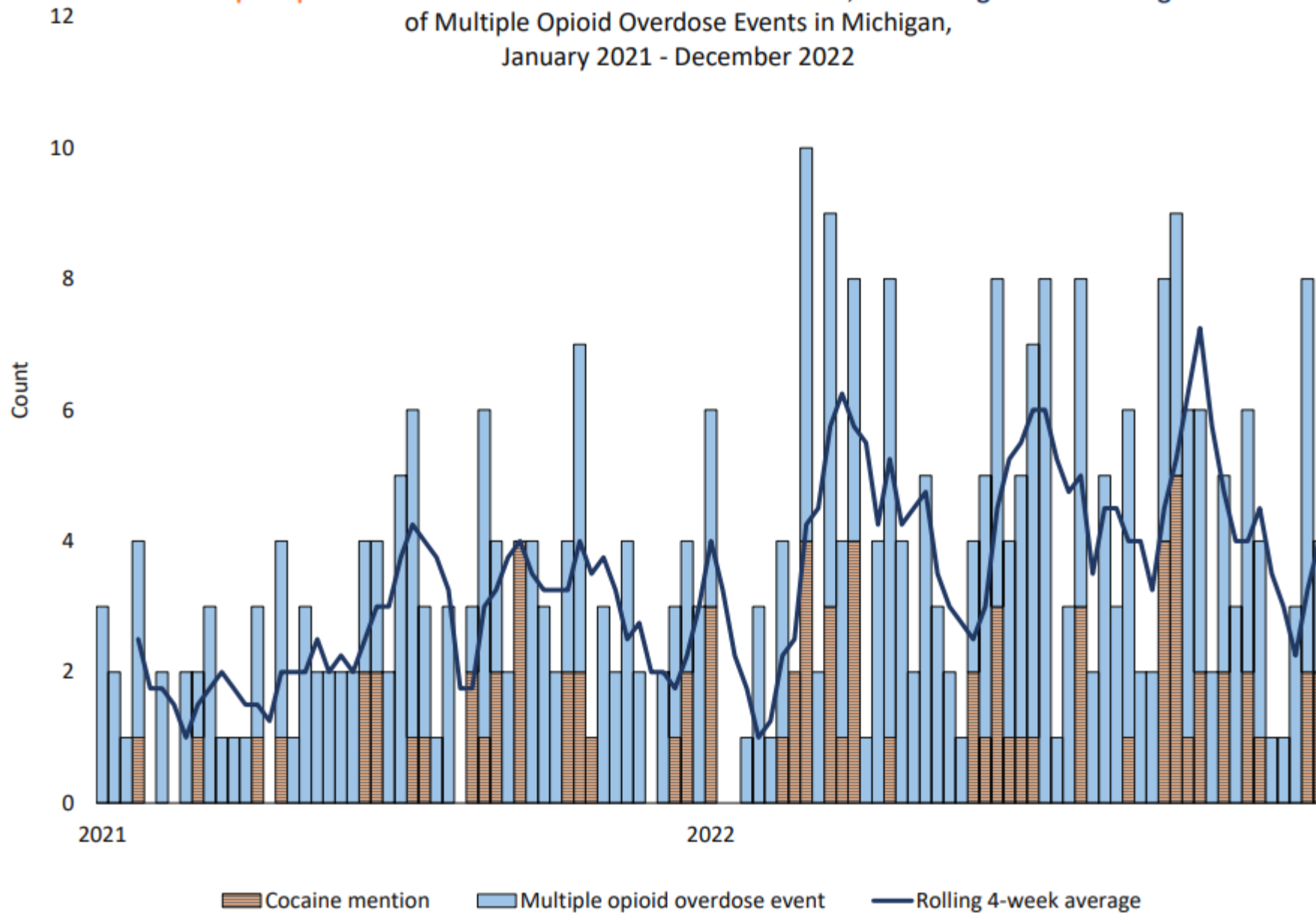
Category ● 0-399 ● 400-799 ● 800-1,199 ● 1,200+



**\*Data note:** The term "units" refers to a dosage unit which could be pills (tablets, capsules, etc.), or milliliters, grams, etc.

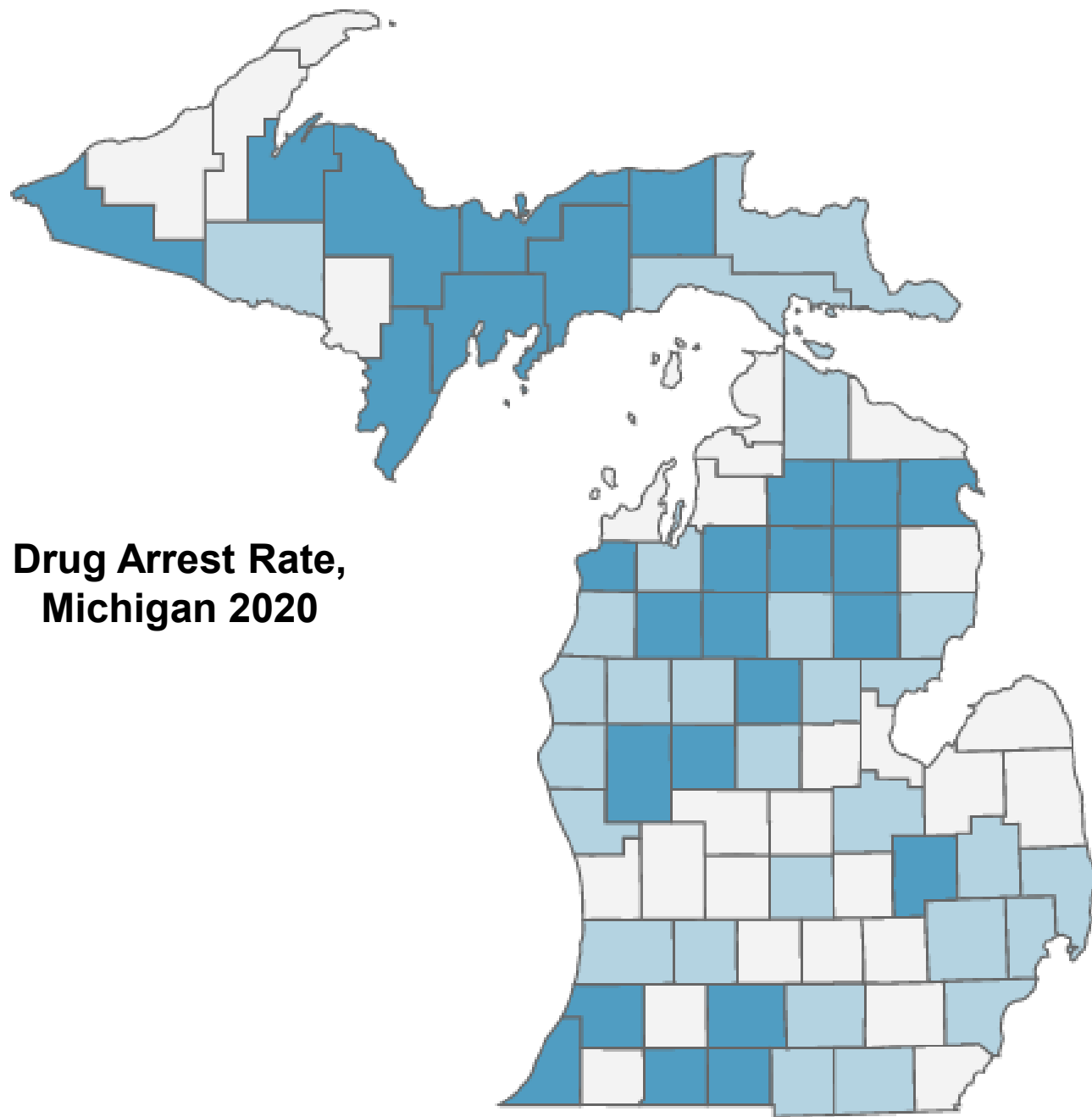
# Treatment Services

Figure 4. Weekly Count of EMS Responses to **Multiple Opioid Overdose Events**, **Multiple Opioid Overdose Events with Mention of Cocaine**, and **Rolling 4-Week Average** of Multiple Opioid Overdose Events in Michigan, January 2021 - December 2022



Emergency  
Response





**Drug Arrest Rate,  
Michigan 2020**

## Drug Arrests

# Michigan's Opioid Settlement: Overview

# Michigan Opioids Settlements

1

Michigan will receive ~\$800 million in Settlement funding

2

Provides additional, flexible, sustainable resources to successfully implement Opioids Strategy

3

Restricted only to address impact of opioid epidemic

4

Forming long-term partnerships with local governments to ensure successful implementation of funding

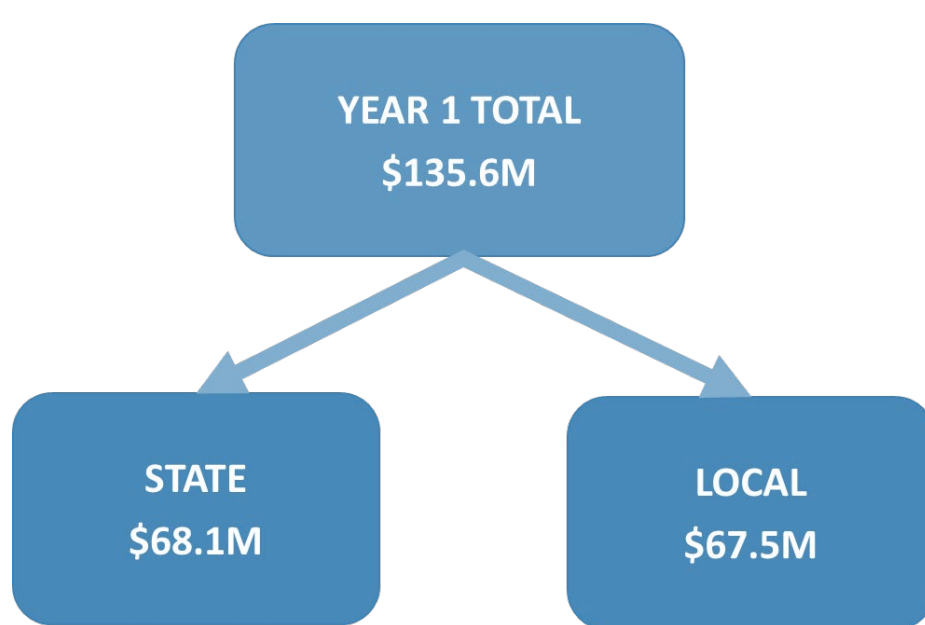
More info available at [www.michigan.gov/ag/initiatives/opioids](http://www.michigan.gov/ag/initiatives/opioids)

# Michigan Opioids Settlements: Current Funding Breakdown



## Current settlements:

- McKinsey – \$19.5 million received by the State of Michigan.
- Cardinal, McKesson, and AmerisourceBergen (Distributors) and Janssen - \$776 million over 18 years, split 50/50 state and local.
- Potential for additional settlements in the future.



December 2022

**First payment**  
received by the  
State of Michigan  
from the  
**distributors.**

January 2023

**First payment**  
received by the  
State of Michigan  
from **Janssen.**

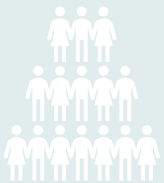
January 2023

**Second payment**  
received by the  
State of Michigan  
from the  
**distributors.**

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey



In 2021, MDHHS contracted with Center for Health and Research Transformation (CHRT) to analyze results from a survey of key Michigan respondents about the best ways to use opioid settlement dollars within state and federal guidelines. This information helped provide insight for Spend Plan decision making.

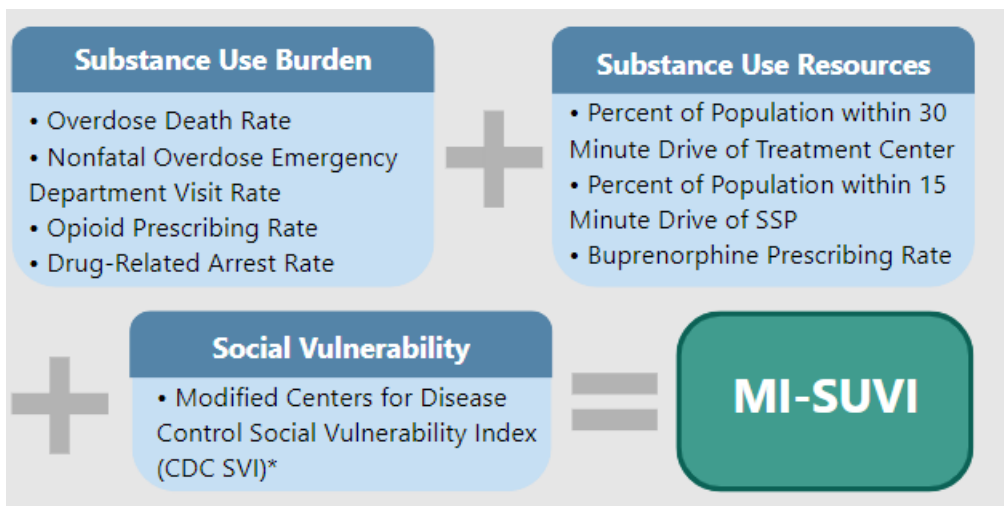


- Survey questions and response options based on federal settlement funding strategies and the State's Opioid Strategy strategic pillars
- Respondents were also able to write-in "other" priorities that were not included as selection options

# MDHHS 2021-2022 Opioids Settlement Prioritization Survey Findings

Priorities for opioid settlement funding	% ranked #1 priority
<b>Recovery support services</b> , including peer support and wrap-around services for individuals with Substance Use Disorder (SUD) and co-occurring mental health diagnoses	36%
<b>Prevention programming</b>	19%
<b>Expanding access to Medications to treat Opioid Use Disorder (MOUD)</b> and other opioid-related treatment	16%
<b>Support for pregnant &amp; post-partum women</b> affected by substance use, and infants with Neonatal Abstinence Syndrome (NAS)	9%
<b>Naloxone distribution and training</b>	7%
<b>Treatment for incarcerated population</b>	6%
<b>Syringe Service Programs (SSP)</b>	4%
<b>Research and evaluation of abatement strategies</b>	3%

Source: [Opioid settlement prioritization survey results 2021-22 - CHRT](#)



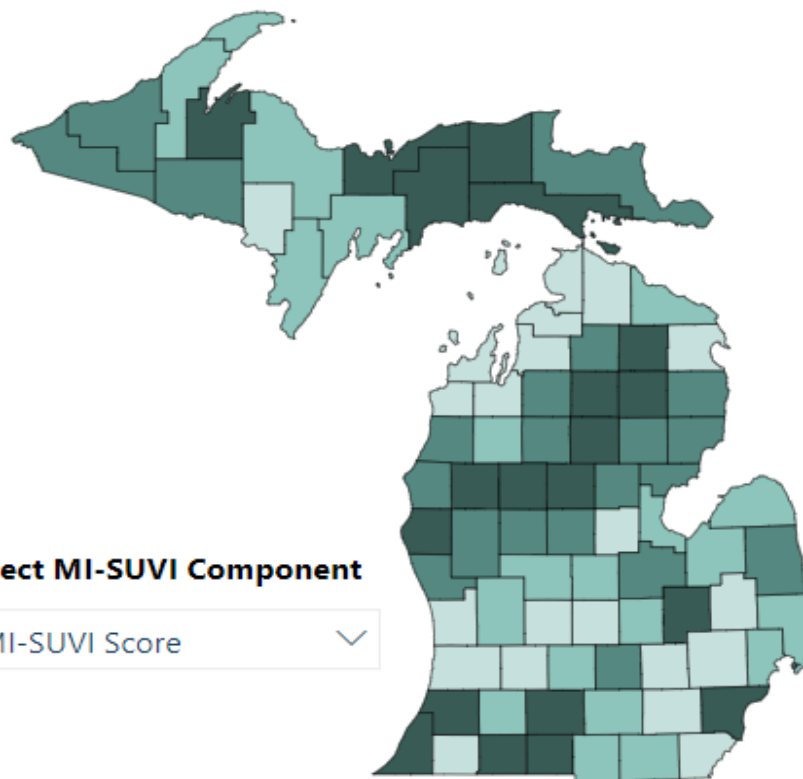
## 2020 MI-SUVI Results

### Percentile Rank

0-25th 25th-50th 50th-75th 75th-100th

Least Vulnerable

Most Vulnerable



### Select MI-SUVI Component

MI-SUVI Score

# Substance Use Vulnerability Index



## Other Identified Needs: Racial Health Equity and Harm Reduction

- ✓ **BIPOC individuals** have historically **not been connected to the same resources and don't have the same social supports to alleviate substance use-related harms** within their communities, which have already been **overburdened by long years of systemic racism** and may have a **lack of trust in healthcare systems**.
- ✓ **BIPOC individuals are more likely to face criminal justice involvement for drug use.** Black individuals represent just **5% of people who use drugs**, but **29% of those arrested for drug offenses** and **33% of those in state prison for drug offenses**.
- ✓ Nationally, **communities of color are more likely to face barriers in accessing high-quality treatment and recovery support services**.
- ✓ **Disparities have also contributed to ongoing discrimination and racial gaps within social determinants of health**, including **socioeconomic status, educational attainment, and employment**, which further exacerbates **poor health outcomes**.



*Without a focus on racial health equity in addressing the opioids crisis, we run the risk of continuing a cycle of inequity.*

# Other Identified Needs: Racial Health Equity and Harm Reduction

**Harm Reduction is an alternative approach that seeks to decrease direct and indirect harms associated with drug use.**



- ✓ **Funding for community-based harm reduction programs** like Syringe Service Programs (SSPs) that **provide support options and referrals to promote health and understanding for people who use drugs (PWUD)** is an important component of practicing racial health equity.
- ✓ **MI harm reduction programs** have demonstrated **success reaching and establishing trust with BIPOC communities**, where a proven gap with other substance use service providers exist and **provide tools to keep people alive and connected to resources that reduce harms**.
- ✓ **SSPs help lower the risks of HIV and Hepatitis C** by limiting syringe sharing and providing safe disposal options. **Drug checking** allows PWUD to identify substance they intend using and **helps prevent harms associated with unknowingly consuming a substance adulterated with dangerous contaminants** like fentanyl.
- ✓ Future considerations should include **increased access to sterile harm reduction supplies aimed at making drug use safer across modes of ingestion**, as current efforts may miss out on reaching PWUD through different routes of administration, such as smoking or inhaling.

# Other Identified Needs: Substance Use Trends & Harm Reduction

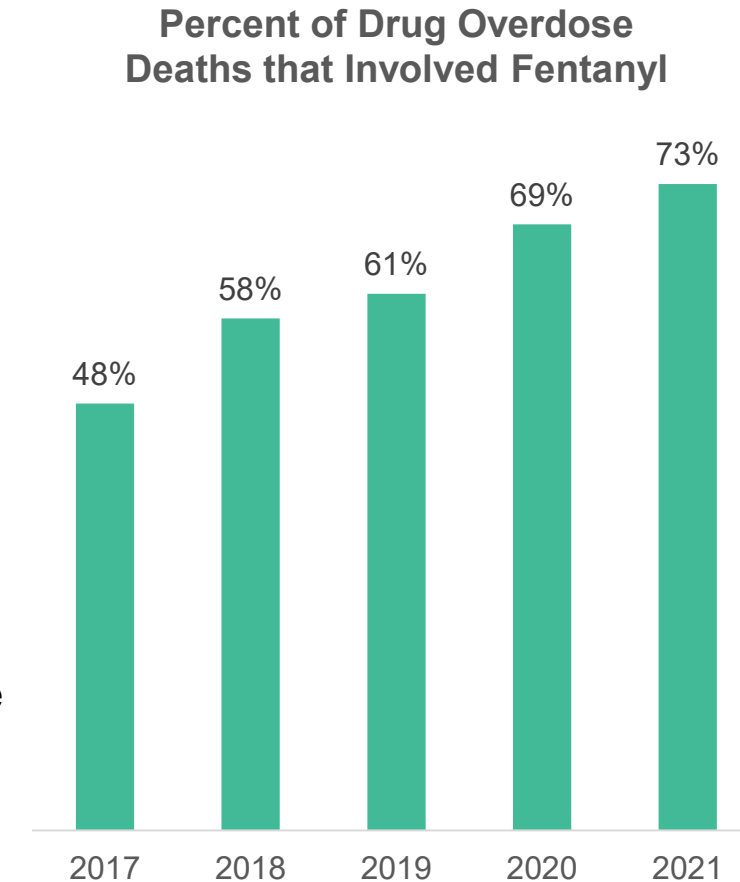
Data provided by the MDHHS Public Health Administration's Viral Hepatitis Unit indicates:

- ✓ **Average user injects at least three times daily and injection frequency increases with polysubstance use.** The need for accessible **fentanyl test strips** and **naloxone** through **Syringe Service Programs** increases with polysubstance use.
- ✓ **78.0% of 2021 Chronic HCV cases aged 18-39 years old** indicated a **history of injection drug use**.

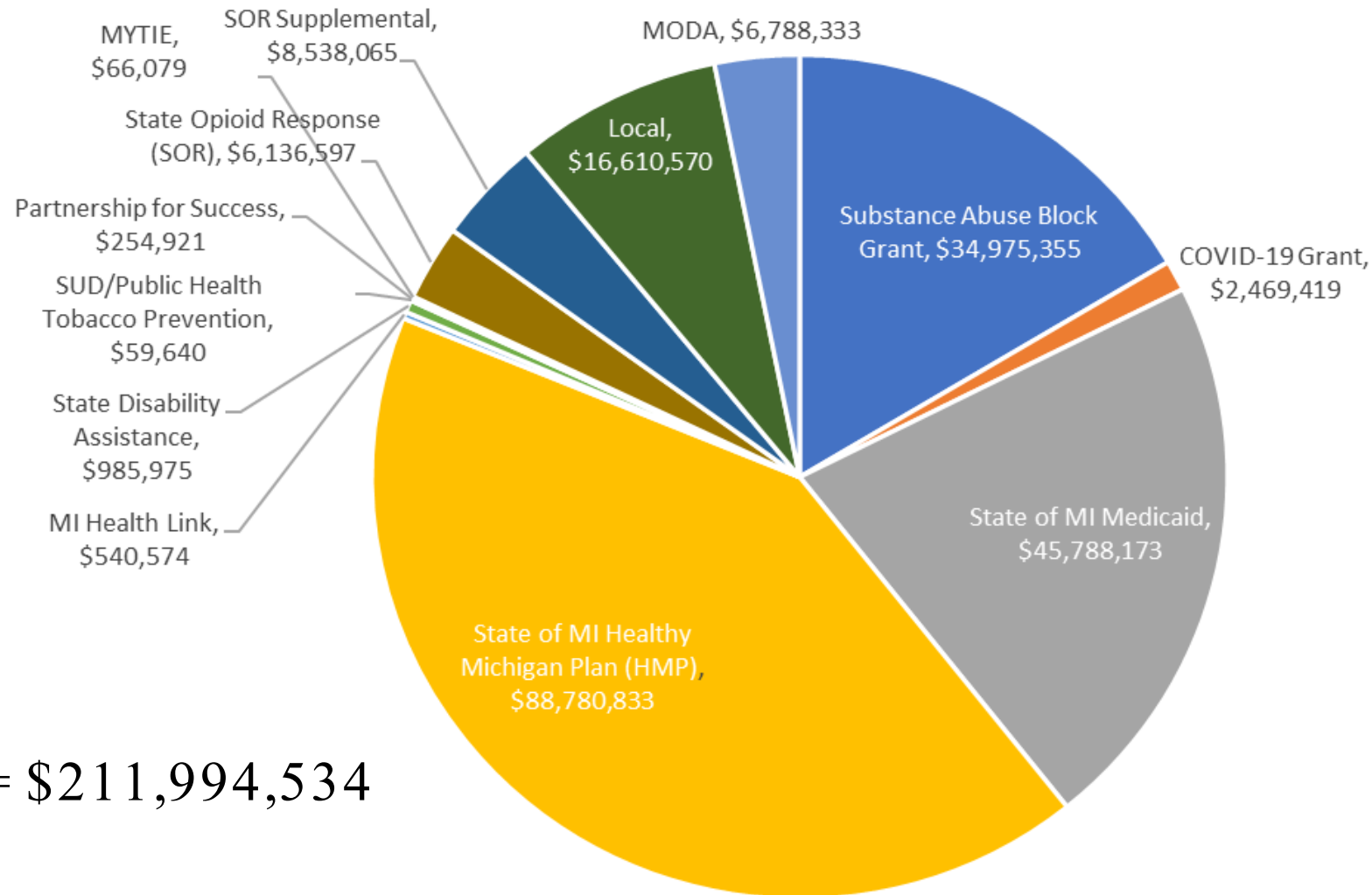
**Fentanyl**, a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine, **is a major contributor to fatal and nonfatal overdoses across the US**. Fentanyl is increasingly present in the illicit drug supply.

In April 2023, the White House Office of National Drug Control Policy (ONDCP), officially designated **Fentanyl Adulterated or Associated with Xylazine (FAAX) as an emerging threat** to the US.

- ✓ **Xylazine** is a **non-opioid veterinary tranquilizer** approved by the FDA for veterinary use but not human use.
- ✓ Also known as "**Tranq**," Xylazine **can cause severe wounds**, including necrosis, that may lead to amputation, and **complicated respiratory distress**.
- ✓ **Xylazine and Fentanyl test strips** and **drug checking** will be an important harm reduction **tool for individuals who use opioids**.



# FY 2021 SUD Expenditures by Funding Source



FY21 Total = \$211,994,534

# Opioids Settlement: FY23 Proposed Efforts

*Settlement dollars are focused on critical services that are not eligible for ongoing federal funding.*



## Prevention

- Primary, secondary, and tertiary prevention programming
- **Total funding: \$2.4 million**



## Treatment

- Staffing Incentives
- Infrastructure Grants
- Contingency Management Technical Assistance
- **Total funding: \$3.6 million**



## Recovery

- Recovery Community Organization (RCO) Grants
- Recovery Housing
- **Total funding: \$4.5 million**

# Opioids Settlement: FY23 Proposed Efforts

*Settlement dollars are focused on critical services that are not eligible for ongoing federal funding.*



## Harm Reduction

- Naloxone Portal
- Syringe Service Programs (SSP) Operations
- **Total funding: \$8.5 million**



## Criminal Legal

- Medications for Opioid Use Disorder (MOUD) in Prisons and Jails
- **Total funding: \$4.5 million**



## Pregnant & Parenting

- High Touch High Tech expansion
- Rooming In expansion
- Children's Services Administration Programming
- **Total funding: \$2.9 million**

# Opioids Settlement: FY23 Proposed Efforts

*Settlement dollars are focused on critical services that are not eligible for ongoing federal funding.*



## Equity

- Projects related to Opioids Task Force Racial Equity Workgroup
- **Total funding: \$500K**



## Data

- Overdose Surveillance
- **Total funding: \$750K**



## Other

- Technical Assistance to local governments
- Administration (5%)
- **Total funding: \$2 million**

# Michigan's Opioid Settlements: Opioid Advisory Commission



PA-84 of 2022 established a legislative Opioid Advisory Commission as part of a legislative package to receive and distribute the state's share of a nationwide opioid settlement and oversee how funds are used.



- Tasked to review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions
- Establish priorities to address substance use disorders and co-occurring mental health conditions for purpose of recommending funding initiatives to the legislature



# Harm Reduction Opioid Settlement Investment

## **\$4 Million** - Syringe Service Program Operations and Expansion

- Supports continued expansion and support of existing 36 programs
- Allows for the purchase of syringes and other safer use supplies

## **\$4.5 Million** – Narcan Direct Portal

- Provides Narcan to any program in Michigan at no-cost to the program

# Thank You

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