

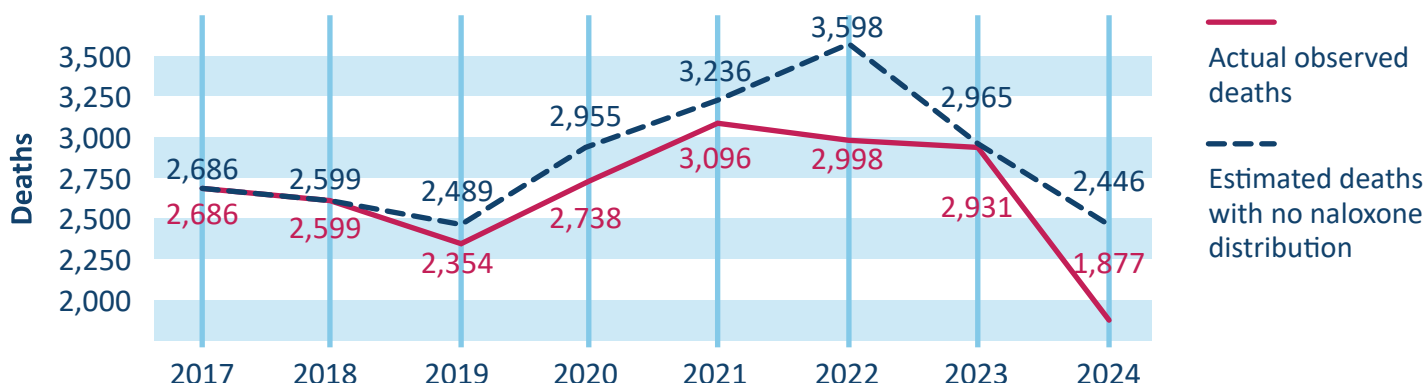
Over the last several years, the Michigan Department of Health and Human Services (MDHHS) has distributed opioid settlement funds in support of the state strategy addressing prevention, harm reduction, treatment and recovery. This summary highlights the impacts of the 37 harm reduction agencies (HRAs) funded by MDHHS on the health and well-being of residents who use drugs, and the return on investment from harm reduction strategies.

Harm Reduction and HRAs

- Harm reduction is a public health approach that uses practical strategies to reduce the negative impacts of drug use, such as preventing overdose deaths and limiting the spread of infections. MDHHS partners with and supports agencies that provide these services.
- HRAs provide services to people who use drugs including safer use supplies to avoid or reduce injection-related health risks; fentanyl test strips; naloxone, an opioid overdose reversal medication; infectious disease testing; referrals to treatment and services; health education; wound care and more.
- It is important to note that access to harm reduction services does not increase drug use. People who connect with HRAs are five times more likely to access substance use disorder and recovery services and three times as likely to reduce or fully stop their use¹⁻³.
- HRAs are associated with up to 50% reductions in prevalence of human immunodeficiency virus (HIV) and hepatitis C⁴.

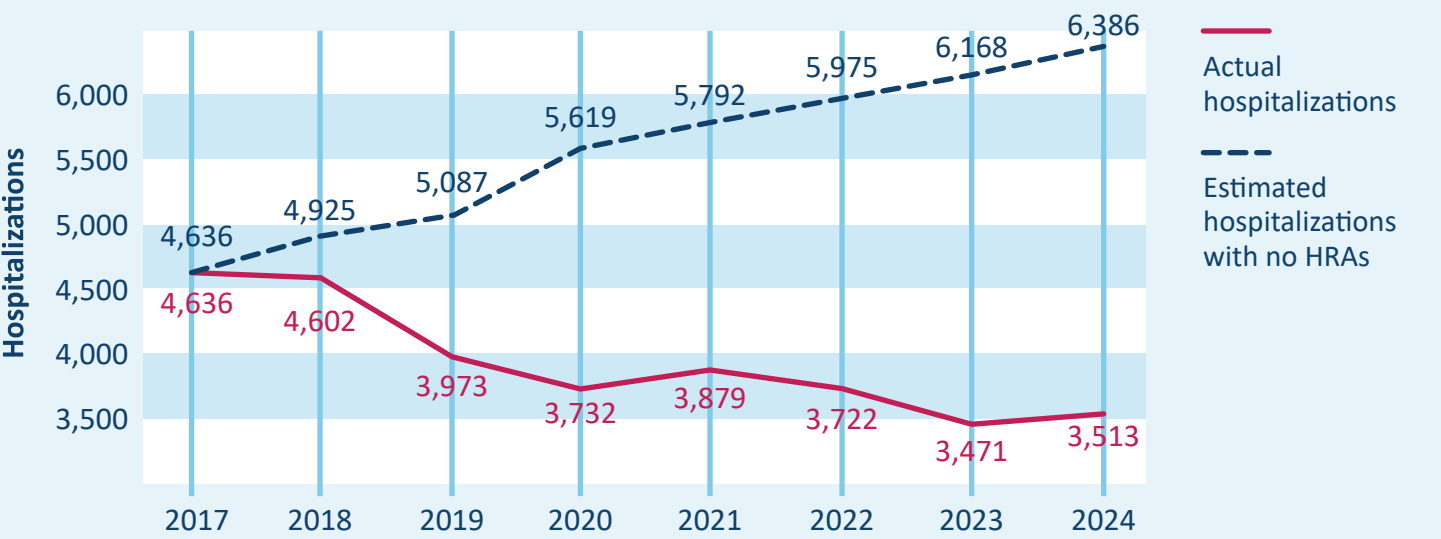
HRAs Help Stop Overdose Deaths: The Impact of Naloxone

Impact: Based on model estimates, naloxone distribution is associated with an estimated 1,600 lives saved from 2018-2024.



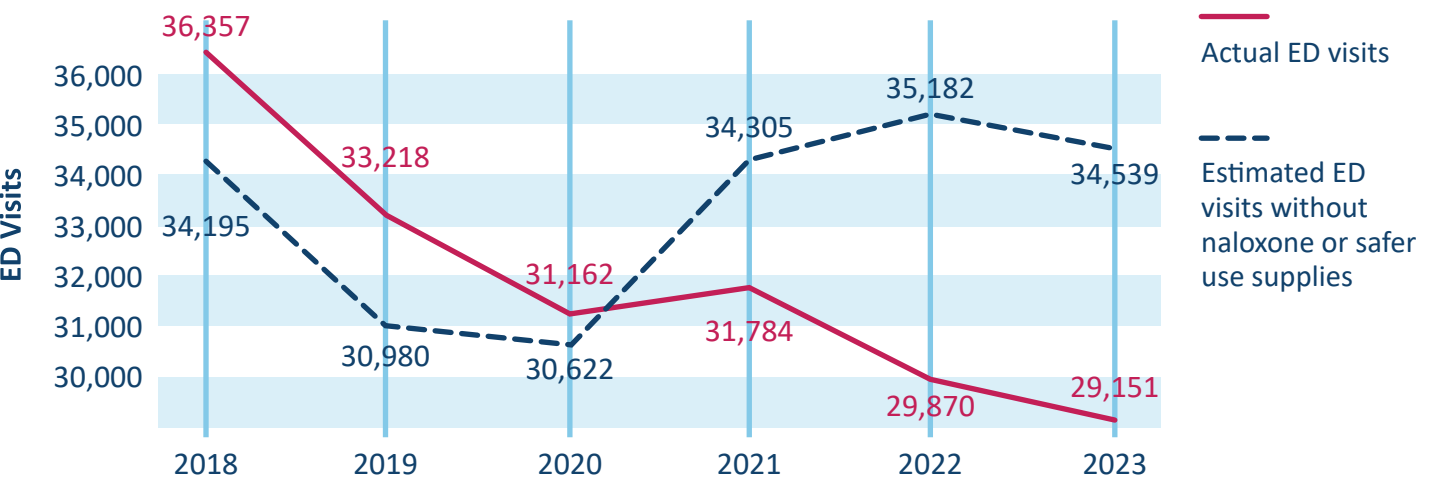
Fewer Hospitalizations Reflect Harm Reduction in Action

Impact: Based on model estimates, without harm reduction efforts, Michigan may have seen more than 13,000 hospitalizations related to injection drug use between 2018-2024.



Emergency Care Burden Reduction: Impacts of Naloxone and Safer Use Supplies

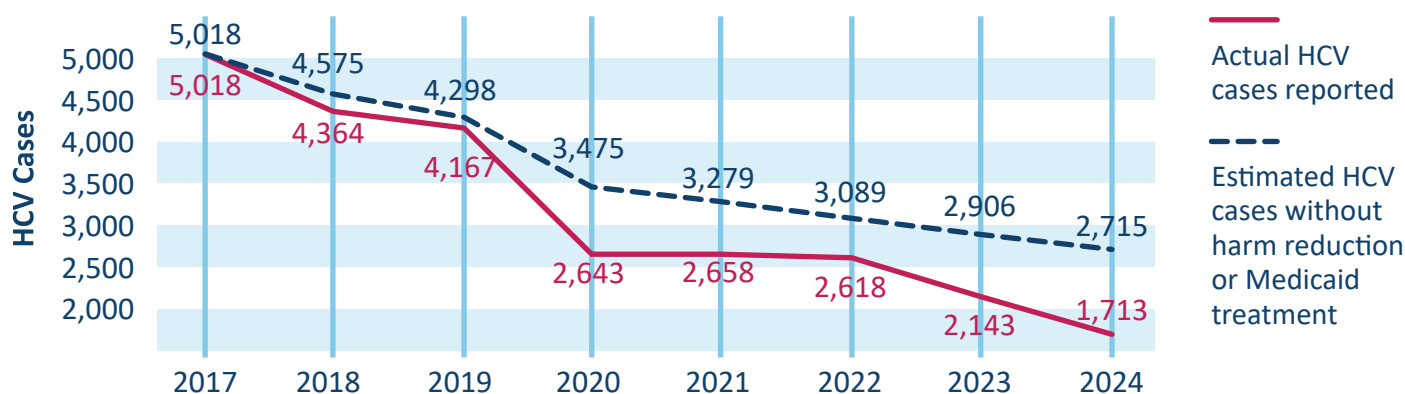
Impact: Based on model estimates, naloxone distribution and safer use supplies are associated with an estimated 13,200 emergency department (ED) visits averted from 2018-2023.



Footnote: In earlier years (2018–2020), the model estimated fewer ED visits without naloxone and safer use supplies, likely because harm reduction efforts were still growing and other influences, like national overdose trends, played a stronger role in calculating estimates. As harm reduction efforts expanded, the model shows a clear difference, with more ED visits likely prevented in later years.

Progress Against Hepatitis C: Fewer Infections, Lower Outbreak Risk

Impact: Based on model estimates, the combination of HRA services with Medicaid initiatives to treat people living with hepatitis C virus (HCV) is associated with an estimated 4,000 HCV cases prevented from 2018-2024.



Data Limitations

These negative binomial models only account for known and measurable factors, which may exclude other important factors like finalized death data for 2024. Furthermore, these relationships shown are associations and do not imply causation.

Summary

MDHHS supports and invests in 37 harm reduction agencies that operate 159 locations in 61 counties. Without this investment, HRAs will cease to operate and leave the estimated 372,000 Michigan residents who use drugs at increased risk of infections, injuries, overdose and death. If HRAs were to close, Michigan would face increased health care costs and be at higher risk for infectious disease outbreaks.

For more information about harm reduction efforts, please visit [Michigan.gov/SSP](https://michigan.gov/SSP).

References

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4. Aspinall, E. J., Nambiar, D., Goldberg, D. J., Hickman, M., Weir, A., Van Velzen, E., Hutchinson, S. J. (2014). "Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis", *Int J Epidemiol*; 43(1), 235-248. doi:10.1093/ije/dyt243.