



Together,
we can reduce
overdose
fatalities in
Michigan.

mioverdoseprevention.com



WHAT IS HARM REDUCTION?

Harm reduction is a public health approach that aims to reduce the negative impacts of substance use.

This includes linking people to life-sustaining health services, enabling access to naloxone—medicine that reverses the effects of an opioid overdose—and making public health equipment like sterile syringes available through syringe service programs (SSPs) to prevent the spread of HIV and hepatitis C (HCV).

We participate in different forms of harm reduction almost every day, like wearing helmets and seat belts, applying sunscreen, or carrying first aid kits. At its core, harm reduction keeps us safe and alive.

WHAT ARE SYRINGE SERVICE PROGRAMS?

A syringe service program is a community-based prevention program that connects people who use substances with comprehensive care and resources.

These resources include linkage to substance use treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for HIV and HCV.

Learn more about syringe service programs at mioverdoseprevention.com.



SSPs are associated with an estimated **50 percent reduction** in HIV and HCV incidence.

KNOW THIS ABOUT SSPS

Our communities and our neighbors need SSPs.

The CDC listed 11 counties in Michigan's northern Lower Peninsula as highly vulnerable to an HIV outbreak among people who inject drugs.¹ The Michigan Department of Health and Human Services (MDHHS) ranked all Michigan counties based on their risk for an HIV outbreak among people who inject drugs, with 18 found to be most vulnerable.² By expanding SSPs statewide, counties can provide more resources and encourage safer, healthier communities.

SSPs save lives and millions of taxpayer dollars.

Life is priceless. The programmatic cost of one new syringe is \$1.³ The average lifetime cost of treating one person with HIV is almost \$450,000. Healthcare costs in Michigan associated with skin, soft tissue, and vascular infections from substance use are estimated at more than \$400 million per year.⁴ SSPs save lives and millions of taxpayer dollars.

SSPs effectively protect individuals and their communities from harm.

SSPs are associated with an estimated 50 percent reduction in HIV and HCV incidence. When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds. SSP participants are five times more likely to enter treatment programs than those who do not seek SSP services.⁵

Additionally, studies of cities that have implemented SSPs found no corresponding increase in crime.^{6,7}

Also, according to the Centers for Disease Control and Prevention (CDC), because SSPs facilitate the safe disposal of used syringes, studies have shown they protect first responders and community members from accidental needlesticks from improperly discarded needles.⁸

LEGISLATION

Background

The opioid crisis is a public health emergency resulting in a dramatic increase in both opioid overdose deaths and the risk of HIV and HCV outbreaks in our state.

The Michigan Legislature is already taking on the crisis through thoughtful policy changes such as Public Act 176 of 2022, which saves lives with expanded access to naloxone. There is, however, much more we can do.

As harm-reduction hubs, SSPs connect people with comprehensive care and substance abuse treatment, provide clean needles, and offer a place for needle exchange to reduce syringe litter and needlestick injuries. Syringes and other equipment provided by public health programs are not classified as drug paraphernalia under state law; however, many Michigan communities criminalize their possession without exemptions for public health services. This means that public health workers and program participants can face arrest and prosecution for legally distributing (or obtaining) life-saving materials in one jurisdiction that are prohibited in another. SSP staff, participants, and persons attempting to discard used needles safely can face criminal charges for activities that protect public health.

The next step in the harm-reduction model is to protect individuals who distribute or use SSP equipment from prosecution, as well as increase the number of syringe service programs in the state.




Solution

- Explicitly authorize the establishment and operation of SSPs in state law
- Clarify that equipment provided by SSPs, such as needles and syringes, is not considered drug paraphernalia under state or local law
- Protect individuals obtaining or returning syringes from arrest, prosecution, charges, or convictions
- Reduce the transmission of HCV, HIV, and other infections

Impact

- Provide more life-saving resources
- Lower risk of HIV and HCV outbreaks
- Lower the chance of legal consequences for public health workers
- Save on healthcare costs
- Increase access to substance use treatment
- Reduce needlestick injuries and syringe litter



At its core, harm reduction keeps us safe and alive.

Harm reduction aims to reduce the negative impacts of substance use by linking people to life-sustaining health services.

WHAT IS NALOXONE?

Naloxone—also known as Narcan®—is a safe medication designed to rapidly reverse the effects of opioid overdoses and prevent fatalities.

Learn more about naloxone at mioverdoseprevention.com.

In 2020, Michigan syringe service programs **saved** at least **2,000** lives with naloxone.

Nationwide, more than **80 percent** of overdose reversals with naloxone were carried out by other substance users.

KNOW THIS ABOUT NALOXONE

Naloxone availability does not encourage drug use.

Expanded access to naloxone means fewer preventable deaths and more lives saved; Public Act 176 of 2022 enables the MDHHS chief medical executive to expand access to naloxone and allows for the distribution of naloxone by community-based organizations under the statewide standing order, protecting them from liability.

Naloxone poses no risk of harm.

Naloxone is a safe medication used by medical professionals and first responders of all types to prevent opioid overdose deaths. It carries no risk of abuse and has no effect on people who do not already have opioids in their systems.⁹

Naloxone enables faster first response when and where it's needed.

Nationwide, more than 80 percent of overdose reversals with naloxone were carried out by other substance users.¹⁰ By equipping and training the people most likely to witness an overdose how to respond, more lives can be saved in seconds.

EXPANDING ACCESS TO NALOXONE

Public Act 176 of 2022

Background

Between 2016 and 2022, Michigan pharmacies dispensed naloxone under a single, statewide prescription by the chief medical executive of the Michigan Department of Health and Human Services.

Community-based organizations, however, were not allowed to purchase or distribute the medication until July 2022 when Public Act 176 of 2022 took effect. The new law expands access to naloxone for individuals experiencing an opioid overdose and permits community-based organizations to purchase and distribute naloxone under a standing order. The law also protects community-based organizations from liability in any civil action that may arise out of distributing, administering, or failing to administer the opioid antagonist.

Solution

- The Michigan Overdose Prevention Coalition is working to encourage community-based organizations to take on the opioid crisis by purchasing and distributing naloxone throughout the state.

Impact

- Expanded access to naloxone, especially at a grassroots level
- Fewer preventable deaths and more lives saved



SOURCES

¹ Centers for Disease Control and Prevention. August 31, 2021. "Vulnerable Counties and Jurisdictions Experiencing or At-risk of Outbreaks." Persons Who Inject Drugs (PWIDs). Accessed February 24, 2023. <https://www.cdc.gov/pwid/vulnerable-counties-data.html>

² Michigan Department of Health and Human Services. n.d. "Vulnerability Index Assessment." Presentation. Accessed February 24, 2023. https://www.michigan.gov/documents/mdhhs/Vulnerability_Assessment_PPT_666306_7.pdf

³ Laura Pegram. March 2020. "Syringe Services Programs (SSPs): Funding and Sustainability." Presentation. Accessed June 16, 2021. https://www.michigan.gov/documents/mdhhs/MI_Vital_Strategies_Funding_3-26-20_685204_7.pdf

⁴ Paul Farnham, Chaitra Gopalappa, Stephanie Sansom, Angela Hutchinson, John Brooks, Paul Weidle, Vincent Marconi, and David Rimland. October 2013. "Updates of Lifetime Costs of Care and Quality-of-life Estimates for HIV-infected Persons in the United States." *Journal of Acquired Immune Deficiency Syndrome* 64 (2): 183–189. Accessed February 23, 2023. https://journals.lww.com/jaids/Fulltext/2013/10010/Updates_of_Lifetime_Costs_of_Care_and.11.aspx

⁵ Holly Hagan, James McGough, Hanne Thiede, Sharon Hopkins, Jeffrey Duchin, and E. Russell Alexander. October 2000. "Reduced Injection Frequency and Increased Entry and Retention in Drug Treatment Associated with Needle-exchange Participation in Seattle Drug Injectors." *Journal of Substance Abuse Treatment* 19 (3): 247–252. Accessed February 24, 2023. [https://www.jsatjournal.com/article/S0740-5472\(00\)00104-5/fulltext](https://www.jsatjournal.com/article/S0740-5472(00)00104-5/fulltext)

⁶ M.A. Marx, B. Crape, R.S. Brookmeyer, B. Junge, C. Latkin, D. Vlahov, and S.A. Strathdee. December 2000. "Trends in Crime and the Introduction of a Needle Exchange Program." *American Journal of Public Health* 90(12): 1933–1936. Accessed February 24, 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446444/>

⁷ S. Galea, J. Ahern, C. Fuller, N. Freudenberg, and D. Vlahov. November 1, 2001. "Needle Exchange Programs and Experience of Violence in an Inner City Neighborhood." *Journal of Acquired Immune Deficiency Syndromes* 28(3): 282–288. Accessed February 24, 2023. <https://pubmed.ncbi.nlm.nih.gov/11694838/>

⁸ CDC. May 23, 2019. "Syringe Services Programs (SSPs) Fact Sheet." Syringe Services Programs. Accessed March 1, 2023. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

⁹ CDC. 2018. *Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States*. Atlanta: CDC. Accessed June 16, 2021. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

¹⁰ CDC, *Evidence-based Strategies*.



