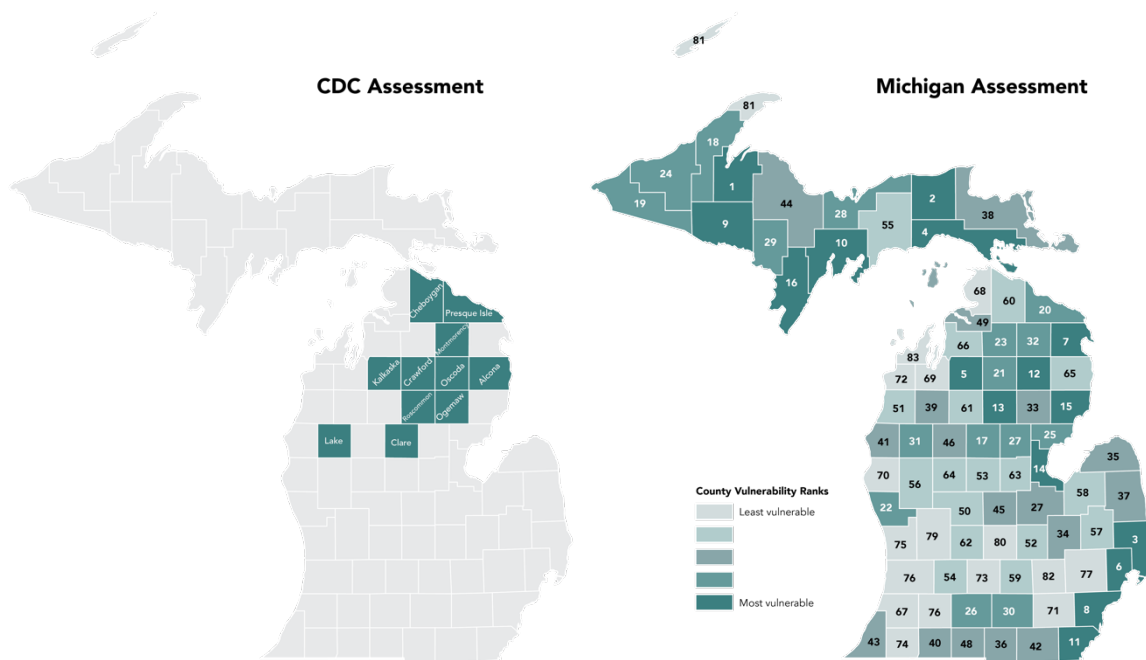


Syringe Service Program (SSP) and Naloxone Talking Points

Syringe Service Programs

Our communities and our neighbors need SSPs.

After the tragic and preventable HIV outbreak in Scott County, Indiana, the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Health and Human Services (MDHHS) worked to prevent another outbreak by identifying communities at risk. 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 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.



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

SSPs effectively protect individuals and their communities from harm.

SSPs are associated with an estimated 50 percent reduction in HIV and hepatitis C (HCV) incidence.³ When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission are reduced by over two-thirds.⁴ 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 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

SSPs save lives and millions of taxpayer dollars.

The programmatic cost of one new syringe is \$1, and the average lifetime cost of treating one person with HIV is almost \$450,000.^{9,10} Healthcare costs in Michigan associated with skin, soft tissue, and vascular infections from substance use are estimated at more than \$400 million per year.¹¹

³ Lucy Platt et al. September 18, 2017. "Needle Syringe Programmes and Opioid Substitution Therapy for Preventing Hepatitis C Transmission in People Who Inject Drugs." *Cochrane Library*. Accessed February 24, 2023. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012021.pub2/full>

⁴ Ricardo Fernandes et al. 2017. "Effectiveness of Needle and Syringe Programmes in People Who Inject Drugs—An Overview of Systematic Reviews." *BMC Public Health* 17. Accessed February 24, 2023. <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-017-4210-2>

⁵ H. Hagan, J.P. McGough, H. Thiede, S. Hopkins, J. Duchin, and E.R. Alexander. 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://pubmed.ncbi.nlm.nih.gov/11027894/>

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 Centers for Disease Control and Prevention. May 23, 2019. "Syringe Services Programs (SSPs) Fact Sheet." *Syringe Services Programs (SSPs)*. Accessed March 1, 2023. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

⁹ Laura Pegram. March 2020. "Syringe Services Programs (SSPs): Funding and Sustainability." Presentation. Accessed February 24, 2023. https://www.michigan.gov/documents/mdhhs/MJ_Vital_Strategies_Funding_3-26-20_685204_7.pdf

¹⁰ Paul Farnham, Chaitra Gopalappa, Stephanie Sansom, Angela Hutchinson, John Brooks, Paul Weidle, Vincent Marconi, and David Rimland. October 1, 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 Syndromes* 64(2): 183–189. Accessed February 24, 2023. [10.1097/QAI.0b013e3182973966](https://doi.org/10.1097/QAI.0b013e3182973966)

¹¹ Joseph Coyle, Melissa Freeland, Seth Eckel, and Adam Hart. October 1, 2020. "Trends in Morbidity, Mortality, and Cost of Hospitalizations Associated With Infectious Disease Sequelae of the Opioid Epidemic." *The Journal of Infectious Diseases* 222(5): S451–S457. Accessed February 24, 2023. https://academic.oup.com/jid/article/222/Supplement_5/S451/5900597

Expanding Access to Naloxone

Public Act 176 of 2022

Naloxone's availability does not encourage drug use.¹²

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

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.¹³ In 2020, Michigan SSPs saved at least 2,000 lives with naloxone.

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.¹⁴ By equipping and training the people most likely to witness an overdose how to respond, more lives can be saved in seconds.

¹² Maya Doe-Simkins, Emily Quinn, Ziming Xuan, Amy Sorensen-Alawad, Holly Hackman, Al Ozonoff, And Alexander Walley. April 1, 2014. "Overdose Rescues by Trained and Untrained Participants and Change in Opioid Use Among Substance-using Participants in Overdose Education and Naloxone Distribution Programs: A Retrospective Cohort Study." *BMC Public Health* 14(297). Accessed February 24, 2023. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-297>

¹³ Jennifer Carroll, Traci Green, and Rita Noonan. 2018. *Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States*. Atlanta: Centers for Disease Control and Prevention. Accessed February 24, 2023. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

¹⁴ Eliza Wheeler, Peter Davidson, T. Stephen Jones, and Kevin Irwin. February 17, 2012. "Community-based Opioid Overdose Prevention Programs Providing Naloxone—United States, 2010." *Morbidity and Mortality Weekly Report* 61(6): 101–105. Accessed February 24, 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378715/>