



Michigan Overdose Prevention Coalition



Local Policy Change Toolkit

INTRODUCTION

The drug overdose crisis is a public health emergency that has persisted throughout Michigan communities for more than two decades. During that time, tens of thousands of people lost their lives to overdose. In the past few years, overdose deaths have significantly declined due in large part to expansion of harm reduction efforts. However, there is still more work to do to continue to save lives and prevent overdose deaths.

PURPOSE OF THIS TOOLKIT

This toolkit is for decision-makers in communities, such as counties or cities, that are interested in becoming more supportive of harm reduction and reducing preventable drug overdoses. This toolkit contains background information on what harm reduction is and ways that policymakers can implement various harm reduction strategies or policies in their own communities.



The Michigan Overdose Prevention Coalition (MOPC) is a group of people with lived and living experience with substance use, providers of care, and advocates who are passionate about preventing overdose deaths in Michigan. This is done through advocacy, reduction of the stigma associated with drug use, and education on harm reduction strategies, which are evidence-based and proven methods for keeping people safe and alive.

By the Numbers

806,000

People who died from opioid overdoses nationwide between 1999 and 2023.¹

1,938

Drug overdose deaths in Michigan in 2024.²

60%

Percentage of drug overdose deaths in Michigan that involved synthetic opioids, equating to 1,151 deaths in 2024.³

2x higher

The overdose death rate is over two times higher for Black residents than for white residents in Michigan.⁴

No region in Michigan is immune from elevated overdose rates; this problem persists statewide in urban, suburban, and rural communities.

Harm Reduction.

What is it?

Harm reduction is a public health strategy that aims to reduce the negative impacts of substance use; it includes both policies and programs that provide lifesaving support to people who use drugs. Harm reduction includes, but is not limited to, the following tactics:

NALOXONE DISTRIBUTION

Naloxone is a medication that rapidly reverses opioid overdose. Naloxone nasal spray is available over the counter and is commonly referred to as Narcan, a brand-name version of the medication.

SYRINGE SERVICES PROGRAMS

An SSP is a community-based prevention program that connects people who use substances to substance use treatment, provides access to sterile syringes and injection equipment and disposal of used syringes, offers vaccination and testing for HIV and Hepatitis C virus (HCV), and trains people on using naloxone.

MAT/MOUD

Medication-assisted treatment (MAT) or medications for opioid use disorder (MOUD) is the use of medications such as methadone or buprenorphine, sometimes in combination with counseling or other therapies, to help treat substance use disorders. The medications help relieve cravings and “restore normal body functions.”⁵

FENTANYL TEST STRIPS

Test strips are small strips of paper that can be used to check substances for fentanyl before use. Test strips are also available for other unwanted substances, including xylazine. These strips help people make informed decisions before use.



Simply put, harm reduction saves lives.

The evidence-based approaches listed on this page have proven to be effective, according to a September 2025 announcement from the Michigan Department of Health and Human Services:

- Analysis of provisional data from early 2025 indicates a 36% reduction in overdose deaths from 2,931 deaths in 2023 to 1,877 in 2024.⁶
- MDHHS examined the impact of Michigan’s expansion in harm reduction efforts from 2017 to 2024 and estimated more than 1,650 deaths were prevented due to increased access to naloxone.





By the Numbers

5,300

There were 5,300 emergency department visits prevented in 2024, up from 2,521 in 2021.

2,800

There were 2,800 hospitalizations prevented in 2024, compared to 323 in 2018.

569

The number of deaths prevented in 2024 was 569, up from 135 deaths prevented in 2019.

4,000+

More than 4,000 HCV cases were avoided through the impacts of Medicaid treatment initiatives and the expansion of harm reduction availability.⁷

↓ 1,004

Following state legislation in 2022 that expanded access to naloxone, Michigan drug overdose deaths decreased from 2,931 deaths in 2023⁸ to 1,927 deaths in 2024, one of the largest reductions in the country during that time period.⁹

Evidence suggests that people who use drugs report safer use practices if they tested their drugs and know that fentanyl is present.¹⁰



Myth vs. Fact

MYTH

Harm reduction makes communities less safe.

FACT

Harm reduction makes communities safer. Harm reduction agencies are associated with up to 50% reductions in prevalence of HIV and hepatitis C.¹² In counties where these agencies already exist, there is also a lower emergency care burden and fewer hospitalizations related to injection drug use.¹³

MYTH

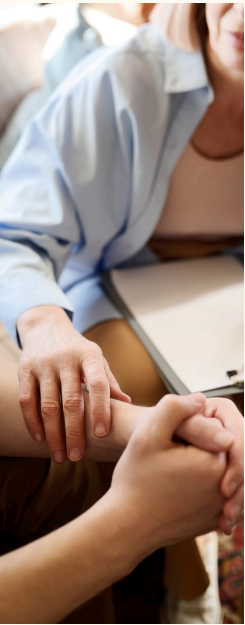
Harm reduction enables and encourages drug use.

FACT

People will continue to use drugs regardless of the availability of harm reduction services. However, using drugs without access to harm reduction makes drug use more dangerous. Clean syringes, drug testing strips, and naloxone distribution save lives and prevent disease spread. Data also shows that people who used SSPs are “about **three times more likely to substantially reduce their drug injections or stop injecting altogether than those who didn’t, over one year of follow-up.**”¹¹



“I was introduced to drugs at such a young age that I didn’t have a chance to even make a decision on my own. I’ve lost family relationships, I’ve been homeless, I’ve overdosed. I couldn’t keep living the way I was living—I have people who love me. I want to recover.”



Tools

UPDATING ORDINANCES TO SUPPORT HARM REDUCTION

Many local jurisdictions in Michigan have ordinances that are not supportive of harm reduction, particularly not supportive of SSPs. To become more supportive of harm reduction, your community can identify and remove these ordinances. You can also enact new, more supportive ordinances using some of the language included in this toolkit's appendix. When considering the enactment of, or amendment to, an ordinance, the following questions can be considered.

- Does this ordinance authorize SSPs in my community?
- Does this ordinance decriminalize the possession of paraphernalia for both individuals and agencies/their staff?
- Does this ordinance create an environment where people who use drugs, and SSP providers supporting them, feel safe interacting with local law enforcement?
- Does this ordinance enable local law enforcement to be trained in harm reduction and response to drug overdoses?
- Does this ordinance allow for harm reduction for uses beyond those related to the spread of infectious diseases?

The passage of ordinances will rely on the procedures set forth by your local laws or governing bodies, as well as the readiness of your community policymakers and members.



Building Ordinance Support: Community Engagement Tools

Adopting a new ordinance can take time, education, and preparation. There are ways to build support for harm reduction ordinances and reduce the stigma associated with substance use before, during, and after your ordinance adoption process. Two ways to do this include conducting educational campaigns and engaging people with lived and living experience to understand their needs, both of which can start to build support and awareness in your community while your governing body conducts its ordinance work.

Supportive policies save lives.

Wellness Services, an SSP in Flint, distributed more than 400,000 syringes and reversed more than 2,000 overdoses between 2016 and 2021 alone. It also administered more than 70 HCV tests and nearly 200 HIV tests. When a community is supportive of harm reduction, people stay safe and healthier.¹⁴

EDUCATION CAMPAIGNS

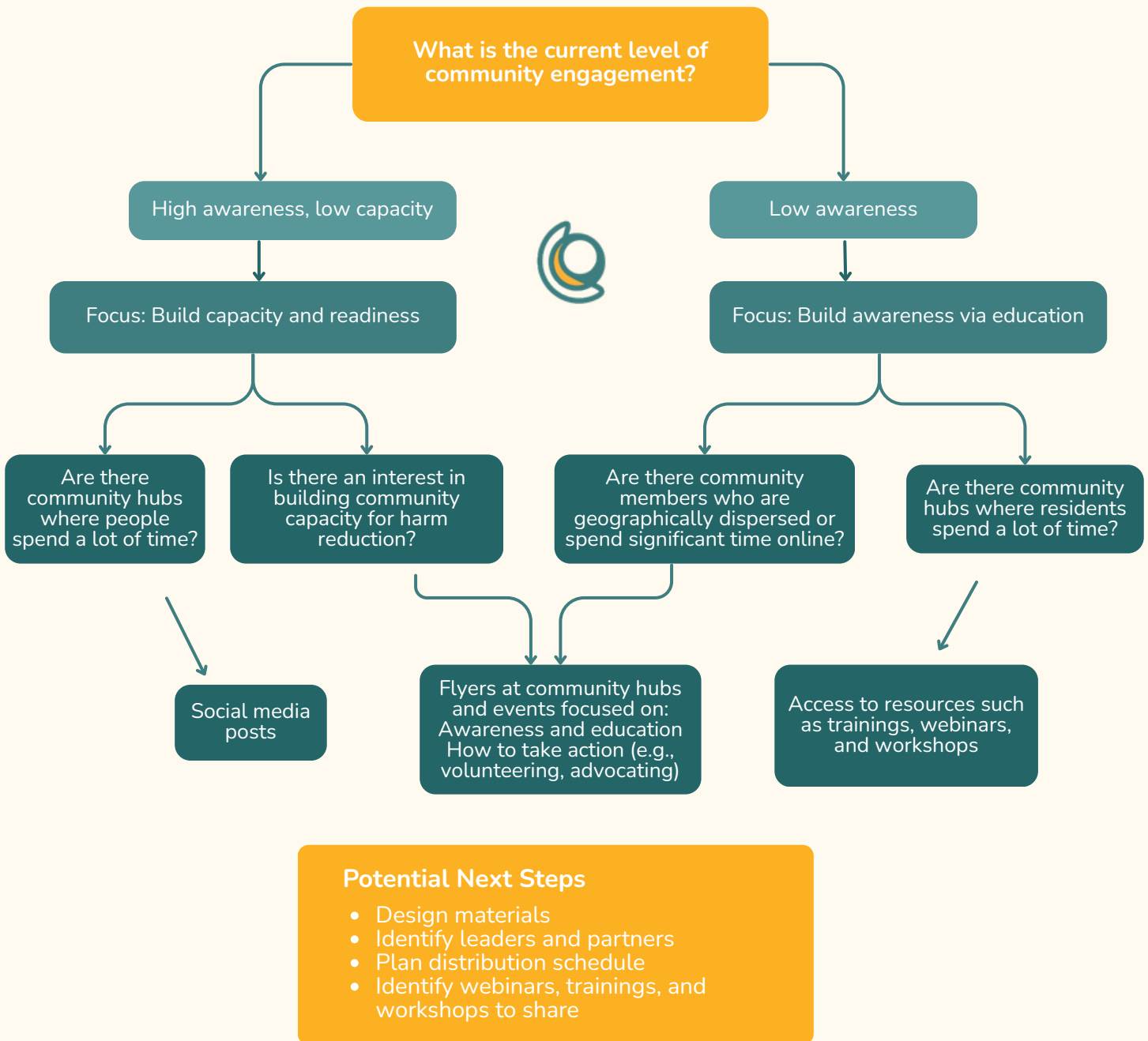
Overdoses impact every Michigan community—whether that impact is direct or indirect. Impacts can include poor health outcomes or deaths of residents, strained emergency response and health facility resources, upward pressure on the costs for services like healthcare and corrections, lost economic productivity, and more.¹⁵

Educating community members about these impacts can help strengthen community support for the harm reduction ordinances you are developing.

As a local government, you can also assess community readiness and which partners to work with to improve readiness. This may include distributing educational materials through platforms that are most effective in reaching members of your community. The decision-making model shown on the next page can help you choose which partners, materials, and methods of distribution will be useful in your community.

Assessing community readiness and partnerships as part of your ordinance preparation work can demonstrate to your community that adoption of a harm reduction ordinance will be accompanied with the appropriate planning or resources to ensure it is successful, and address potential concerns from those who oppose harm reduction efforts.

Decision Tree



POTENTIAL PARTNERS IN BUILDING ORDINANCE SUPPORT

- Local health departments
- Community organizations (e.g., healthcare clinics)
- Local hospital or medical leaders
- Law enforcement agencies
- Libraries, local businesses, churches

POTENTIAL PLATFORMS TO BUILD ORDINANCE SUPPORT

- Community events (e.g., festivals, health fairs)
- Social media (e.g., Instagram, Facebook)
- Posting boards at community hubs (e.g., libraries, coffee shops)



Sample Materials

The following sample social media posts and training/educational materials can be used by local governments before, during, and after their work to adopt or amend local ordinances to support harm reduction and SSPs. Educating the community throughout the ordinance process about the benefits of SSPs and harm reduction strategies, and the costs associated with substance use and drug overdoses, can build a stronger network of support and address potential opposition through transparent, evidence-driven education and engagement. A shareable educational flyer is included in the appendix.



SOCIAL MEDIA POSTS

Post 1

COMMUNITY NAME is working to adopt a local ordinance that would help reduce drug overdose harm, and the costs to our residents and our economy. **COMMUNITY NAME** experienced **XX** fatal overdoses in 2024, and other drug use led to preventable infection spread and strain on healthcare and law enforcement resources. We can do better. We can save lives, prevent the spread of serious diseases, and save our community resources by adopting a harm reduction ordinance.

Post 2

Harm reduction saves lives and makes communities safer. By meeting people where they are, harm reduction approaches like naloxone distribution, syringe service programs, fentanyl test strips, and medication-assisted treatment connect individuals to lifesaving support and reduce the spread of infection. Learn more: <https://mioverdoseprevention.com>

Post 3

Harm reduction is prevention. Data shows that people who use syringe service programs are three times more likely to reduce their number of daily injections or stop injecting all together. Learn more: <https://mioverdoseprevention.com>

Post 4

Syringe service programs save lives and taxpayer dollars. The cost of one new syringe is only nine cents. Healthcare costs in Michigan associated with skin, soft tissue, and vascular infections from substance use are estimated at more than \$400 million per year. Learn more: <https://mioverdoseprevention.com/#syringe-service-program>

Post 5

Harm reduction saves lives. Syringe service programs are a community-based prevention program that connects people who use substances with comprehensive care and resources. They are associated with an estimated 50 percent reduction in HIV and hepatitis C cases. Learn more: <https://mioverdoseprevention.com/#syringe-service-program>

TRAININGS/WEBINARS TO TAKE OR SHARE WITH OTHERS:



Webinar on Successful Advocacy (MOPC)



First Aid for Opioid Overdoses online course (American Red Cross)

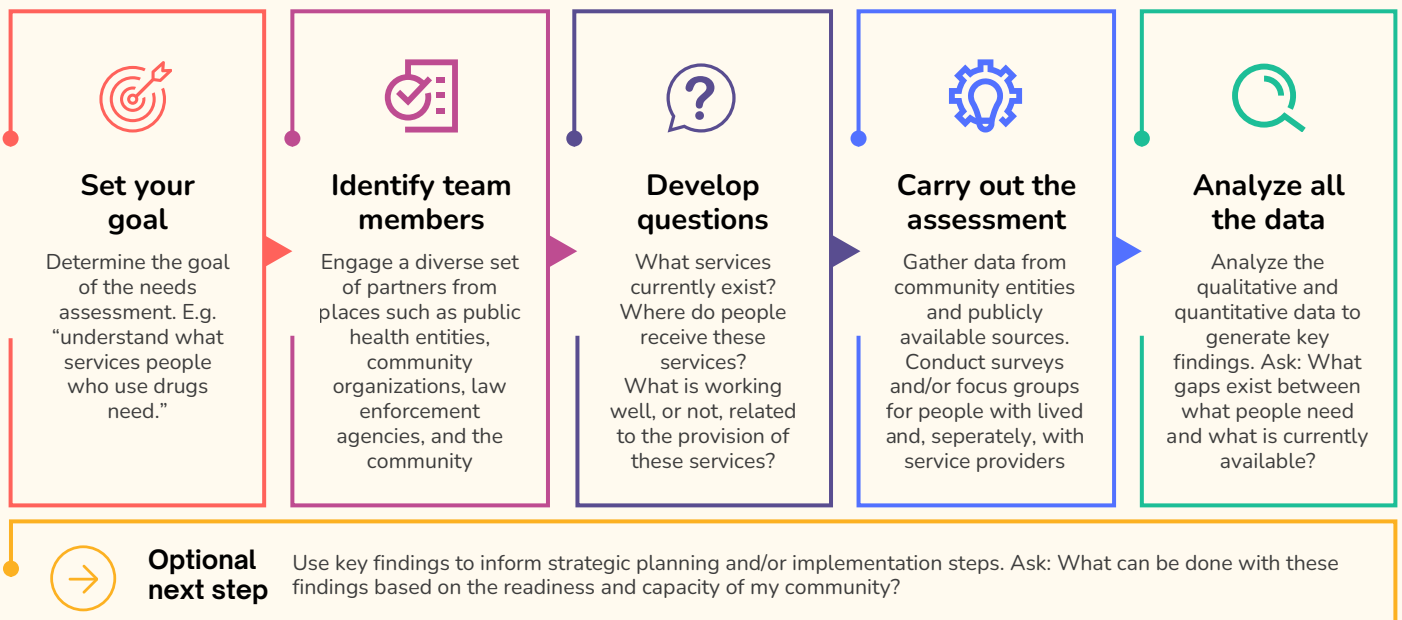


Building Community-Centered Support for Harm Reduction (National Harm Reduction Coalition)



Ordinance Preparation: Assessing the Needs of People with Lived and Living Experience

Communities considering adopting ordinances that support harm reduction may, as part of their work to educate local officials, want to consider a needs assessment. This assessment of how your community currently supports (or does not support) people who use or have used drugs can inform the ordinance language you pursue. Your community can complete an appropriately scaled needs assessment to determine what resources currently exist to support people with lived experience, what barriers they face, and what supports are missing, all of which should provide you with critical information about how to adopt ordinances that best meet the needs of your community. One suggested needs assessment process is shown below.



Learn More



 **Michigan Overdose
Prevention Coalition**
mioverdoseprevention.com



Michigan Department of Health &
Human Services SSP 101 website



Michigan Overdose Data to
Action Dashboard (MDHHS)



Appendix: Sample Policy Language

EXAMPLE ONE: JACKSON, MI



Why this policy is supportive of harm reduction: Jackson’s code of ordinances expressly exempts its local needle-exchange program activity and staff, board, and volunteers from the city’s marihuana and drug paraphernalia division 2 ordinance enforcement.

Selected Provisions:

Sec. 18-157. - Exemptions.

This division shall not apply to manufacturers, wholesalers, jobbers, licensed medical technicians, technologists, nurses, hospitals, research teaching institutions, clinical laboratories, medical doctors, osteopathic physicians, dentists, chiropodists, veterinarians, law enforcement agencies, pharmacists and embalmers in the lawful course of business or professional activity, nor to persons suffering from any medical condition which requires administering prescribed medication. This division shall not apply to the possession of medical marihuana or paraphernalia used in connection with the medical use of marihuana by qualifying patients or primary caregivers, as those terms are defined in the Michigan Medical Marihuana Act, MCL 333.26421 et seq., in the amounts of medical marihuana permitted under the Michigan Medical Marihuana Act, who have a valid medical marihuana registration issued by the Michigan Department of Community Health or its successor agency that permits the qualifying patient or primary caregiver to cultivate and/or consume medical marihuana. This division shall not apply to the distribution of injection supplies, for the purpose of preventing transmission of infectious agents, by JXN Harm Reduction and its board, staff volunteers, and interns as so authorized by the City of Jackson pursuant to the Michigan Public Health Code (Section 7457f), MCL 333.7451—MCL 333.7455.

(Ord. No. 2019-04, § 2, 1-29-19; Ord. No. 2019-10, § 2, 5-28-19)



Other communities could modify this provision using the following sample language:

“This division shall not apply to the distribution of injection supplies, for the purpose of preventing transmission of infectious agents, by **authorized providers**, meaning an individual who, or entity which, has been approved by the Health Department, within the meaning of Section 7457 of the Michigan Public Health Code, being MCL 333.7457, to provide a needle-exchange program for the purpose of preventing transmission of infectious disease as so authorized by the <MUNICIPALITY> pursuant to the Michigan Public Health Code.”



Appendix: Sample Policy Language

EXAMPLE TWO: STATEWIDE LEGISLATION



Why this policy is supportive of harm reduction: Michigan's House Bill 5178 of 2023 would have amended the Michigan Public Health Code to clarify that authorized SSPs would have immunity from other provisions of the code that would otherwise criminalize the work of the SSP or participation in the program (e.g., possession of paraphernalia).

Selected Provisions:

Sec. 5137. (1) A person that receives authorization from the department or a local government agency may establish a needle and hypodermic syringe access program for the purposes of distributing sterile needles or hypodermic syringes to individuals or providing additional services, items, or equipment to individuals to decrease the spread of communicable diseases.

(2) The department may promulgate rules to implement subsection (1), including, but not limited to, rules on requirements for obtaining an authorization to establish and implement a program.

(3) An individual who participates in a program or who is employed by or volunteering for a program established under this section is not in violation of section 7401, 7403, 7404, or 7453, or under a local ordinance substantially corresponding to section 7401, 7403, 7404, or 7453, or a local ordinance that provides criminal penalties for the possession of drug paraphernalia, for the possession, use, distribution, or delivery of any of the following:

- (a) A needle, hypodermic syringe, or drug paraphernalia.*
- (b) A controlled substance that is contained in a used needle, used hypodermic syringe, or used drug paraphernalia, if the amount of the controlled substance contained in the needle, syringe, or drug paraphernalia is in an amount sufficient only for personal use.*
- (c) Drug testing equipment, including, but not limited to, a test strip or reagent.*

(4) Participation in a program established under this section may be established through any evidence that is otherwise admissible, including, but not limited to, either of the following:

- (a) Testimony from a third party regarding the individual's participation in a program.*
- (b) A program card or sign-in sheet.*

(5) As used in this section:

- (a) "Controlled substance" means that term as defined in section 7104.*
- (b) "Drug paraphernalia" means that term as defined in section 7451.*
- (c) "Local government agency" means a local health officer or a local health department or other governmental entity.*
- (d) "Needle and hypodermic syringe access program" or "program" means a program established under subsection (1).*



Appendix: Sample Policy Language

EXAMPLE THREE: WASHTENAW COUNTY'S QUANTITATIVE DRUG-CHECKING POLICY DIRECTIVE



Why this policy is supportive of harm reduction: Rather than an ordinance, Washtenaw County elected to enact a policy that prevents people from being charged with drug possession when they possessed only trace amounts of drugs for quantitative drug-checking purposes or if they possessed only enough for personal use. This creates an environment where people feel safe checking their drugs, thus helping them make informed decisions.

Selected Provisions:

II. Policy Directive

1. Possession of Trace Amounts of Drugs for Quantitative Drug Checking Purposes: The Washtenaw County Prosecutor's Office will not file any criminal charges for the possession of trace amounts of drugs that were possessed by:

- (1) an individual seeking to obtain quantitative drug checking;*
- or*
- (2) a person involved with facilitating quantitative drug checking (for example, a worker who possessed a sample of drugs for the purposes of testing that sample).*

For purposes of this policy, "trace amounts" means 1/100th of a gram, or approximately the size of half a grain of rice.

Every case is different, and there is no comprehensive set of circumstances which indicate that a person possessed a controlled substance for quantitative drug-checking purposes. In determining whether an individual was seeking to avail themselves of quantitative drug-checking, Assistant Prosecuting Attorneys (APAs) should consider the totality of circumstances. Among other factors, APAs should consider:

- 1) a person's statements;*
- (2) any receipts or other documentation from a drug-checking service; and*
- (3) the physical location at which an individual was alleged to have possessed the controlled substance (i.e., whether they were at or near a drug-checking site).*



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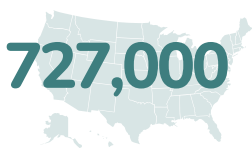
Fall 2025 Harm Reduction Legislative Summary

Harm reduction is a public health approach that aims to reduce the negative impacts of substance use. Syringe service programs (SSPs) are community-based prevention programs that participate in harm reduction efforts every day across Michigan.

Why Do Harm Reduction Efforts Matter?

- 1** Harm reduction meets people where they are
- 2** Connects people with life-sustaining health services
- 3** Reduces overdose deaths in Michigan

Now is the time to increase support and funding for these lifesaving programs.



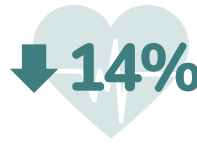
People died from opioid overdose **nationwide** between 1999 and 2022.¹



SSPs are associated with an estimated **50% reduction** in HIV and HCV incidence.²



Following passage of PA 167 of 2022 expanding access to naloxone, Michigan deaths **decreased to 1,927** in 2024 from 2,931 in 2023.³



Opioid overdose deaths **decreased by 14%** in states that enacted naloxone access laws.⁴



What Is Hindering Harm Reduction's Success?

An inconsistent patchwork of different laws across the state means that many Michigan municipalities **continue to criminalize** harm reduction activities.

Senate Bill 628: Medicaid Coverage for SSP Services

SB 628 mandates that the state's Medicaid program covers the services provided to participants at SSPs, ensuring their financial stability.

- **Financial sustainability and expansion:** Provides a reliable funding stream for SSPs, allowing them to **expand services** beyond needle exchange to include crucial offerings like screening, testing, counseling, and referrals.
- **Barrier reduction and cost savings:** Integrates harm reduction services into the standard healthcare system, which could lead to a **reduction in long-term healthcare** costs associated with treating HIV, HCV, and other injection-related infections.

By lowering the financial hurdle, SB 628 makes essential health and harm reduction services accessible to Medicaid recipients, linking them to substance use disorder treatment and primary care.

Senate Bill 629: SSP Authorization and Protections

SB 629 is the senate version of House Bill 4498 and is designed to provide statewide authorization for syringe service programs (SSPs) while establishing necessary legal protections.

- **Statewide SSP authorization:** Provides the legal framework for SSPs to operate across the state, which is expected to lead to **increased access** and wider availability of sterile syringes and other harm reduction tools.
- **Staff and participant protections:** Grants legal safeguards for individuals working in and utilizing SSPs, protecting them from paraphernalia or drug possession charges related to program participation. This protection **improves public health and safety** by encouraging participation, which in turn reduces the sharing of contaminated needles and transmission of blood-borne diseases like HIV and hepatitis C (HCV).

About Syringe Service Programs

How Do SSPs Reduce Substance Use Harms, Save Lives, and Protect Communities?



Keep people alive by preventing overdoses

Michigan has distributed over **730,000 naloxone kits** and recorded **over 6,600 overdose reversals** between 2020 and 2024 via its Naloxone Direct Portal.⁵ Fentanyl test strips are tied to safer drug use and greater overdose prevention.⁶



Reduce crime by linking people to drug treatment, housing, and other social services

SSPs do not lead to increased arrests for drug possession, violent crime, or assaults against police.⁷



Slow the spread of disease by offering sterile syringes, testing, and vaccinations

SSPs are linked to a **50% reduction** in HIV and HCV infections.⁹



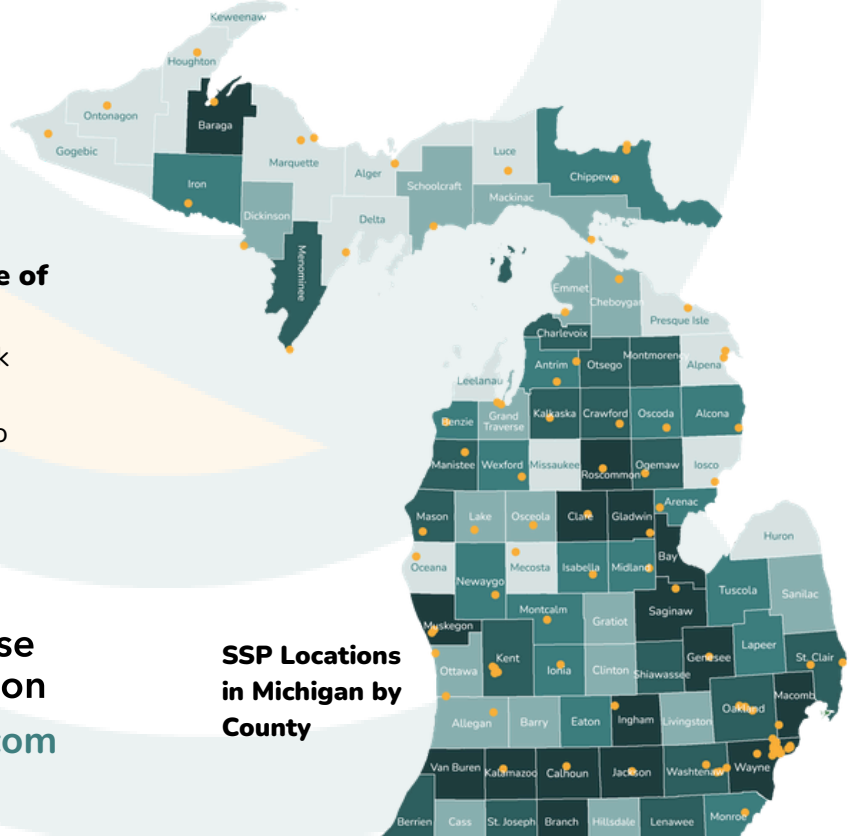
Keep people healthy by offering comprehensive care

SSP participants are **5x more likely** to access recovery and substance use disorder services and about **3x more likely** to reduce or quit injection drug use.⁸



Keep communities safe by providing safe ways to dispose of used needles and syringes

One in three officers will be stuck by a syringe during their career. SSPs lower needle-stick injuries to law enforcement by **66%**.¹⁰



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SSP Locations in Michigan by County

SOURCES

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- [3] State of Michigan, SUD Resources. “Data.”
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