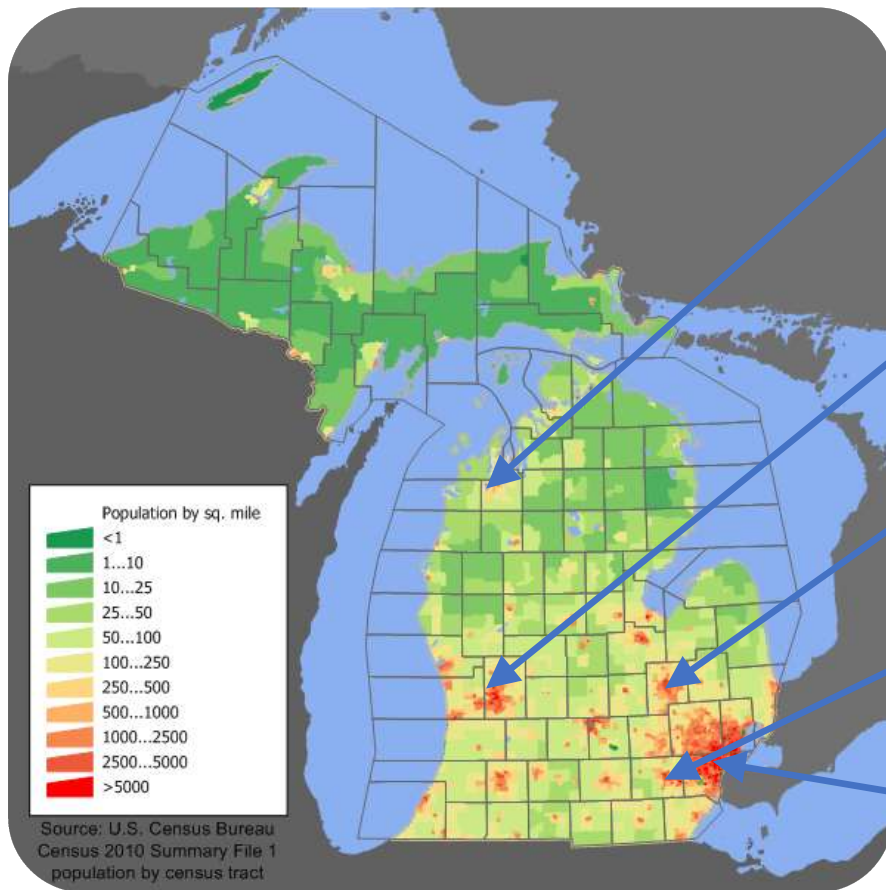

EXPANDING HARM REDUCTION IN MICHIGAN

BRANDON HOOL, MPH
HARM REDUCTION ANALYST
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES



Michigan Syringe Service Programs, Pre 2017



harm
reduction **MI**

the grand rapids
R&D project

Wellness
Services

UNIFIED
hiv health and beyond

CHAG

Harm Reduction Michigan

- SSP Services began: **2008**
- Based in **Traverse City**, satellite services throughout Michigan

The Grand Rapids Red Project

- Clean Works SSP Program began: **2000**
- Based in **Grand Rapids**. Services in Muskegon, Newaygo, Ottawa, Allegan, and Lake Counties

Wellness Services

- STEP Program SSP began: **2010**
- Serving the City of **Flint**

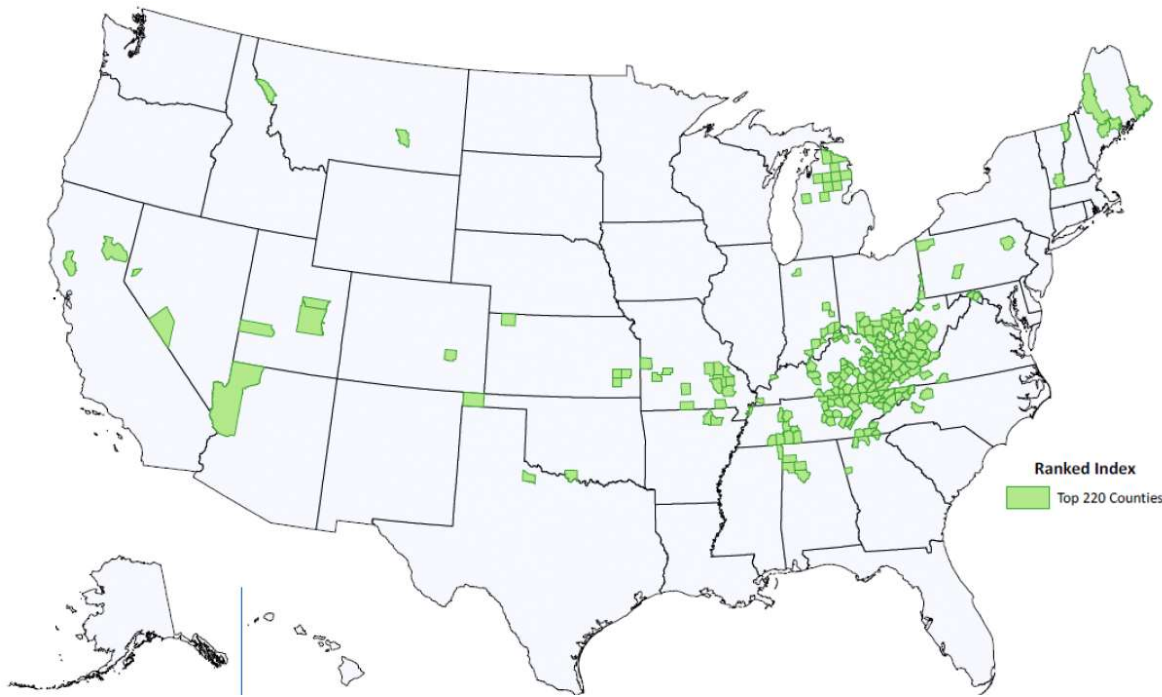
Unified HIV Health and Beyond

- Previously HIV/AIDS Resource Center
- SSP Services began: **1999**
- Serving Cities of **Ann Arbor** and **Ypsilanti**

Community Health Awareness Group

- SSP Services began: **1996**
- Serving the City of **Detroit**

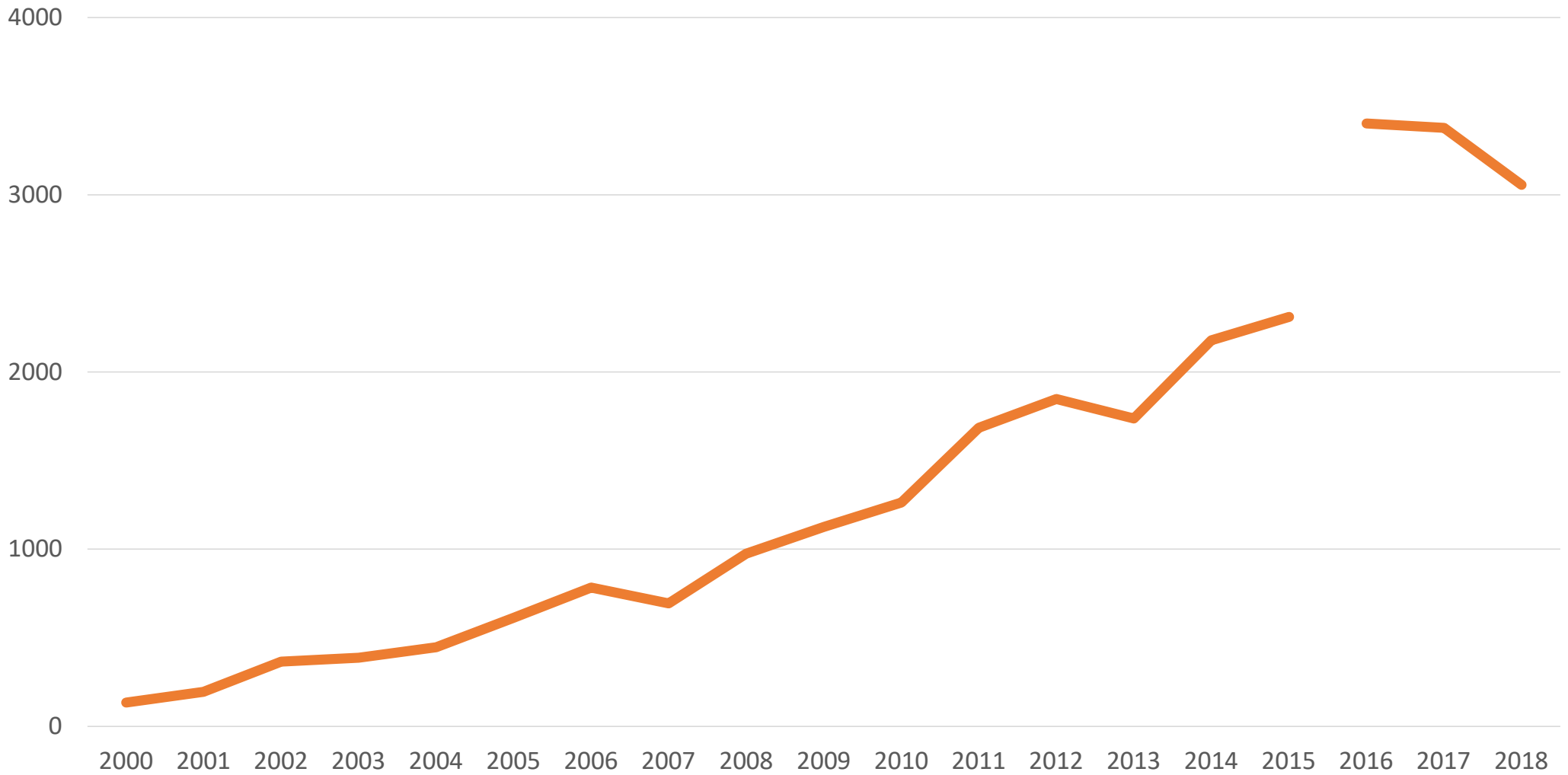
CDC Study to predict County-level Vulnerability for Rapid Dissemination of HIV/HCV among PWIDs



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		

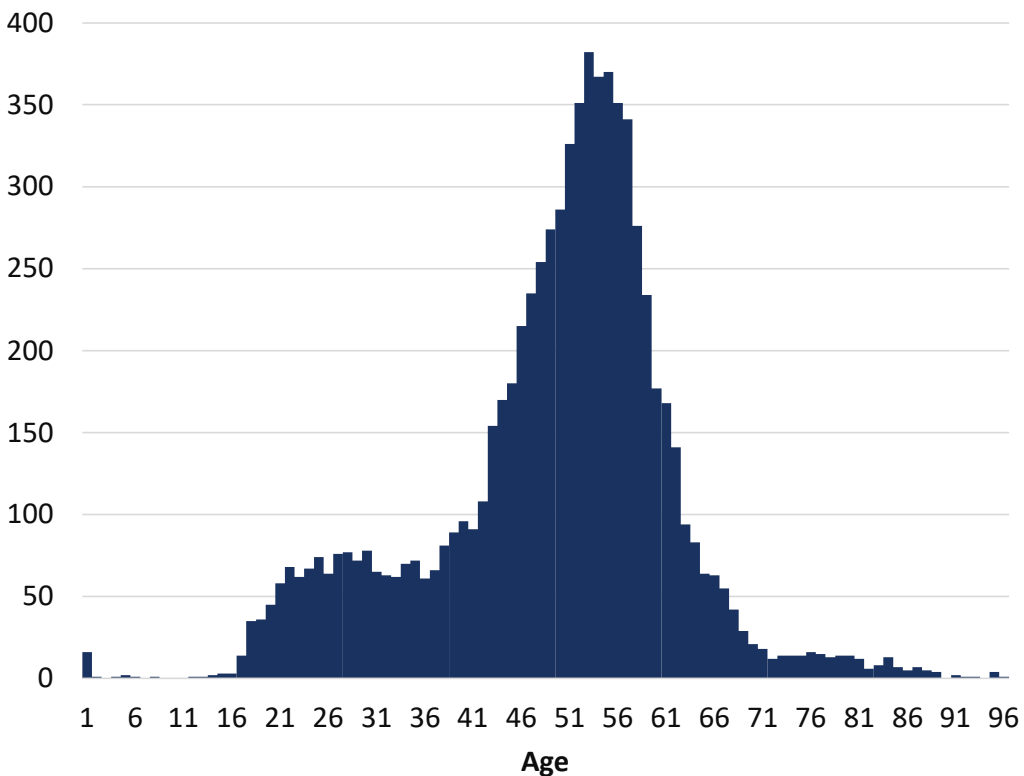
Michigan had the 5th most vulnerable counties of all the states in the U.S.

New HCV Diagnoses per Year Among Persons Aged 18-35

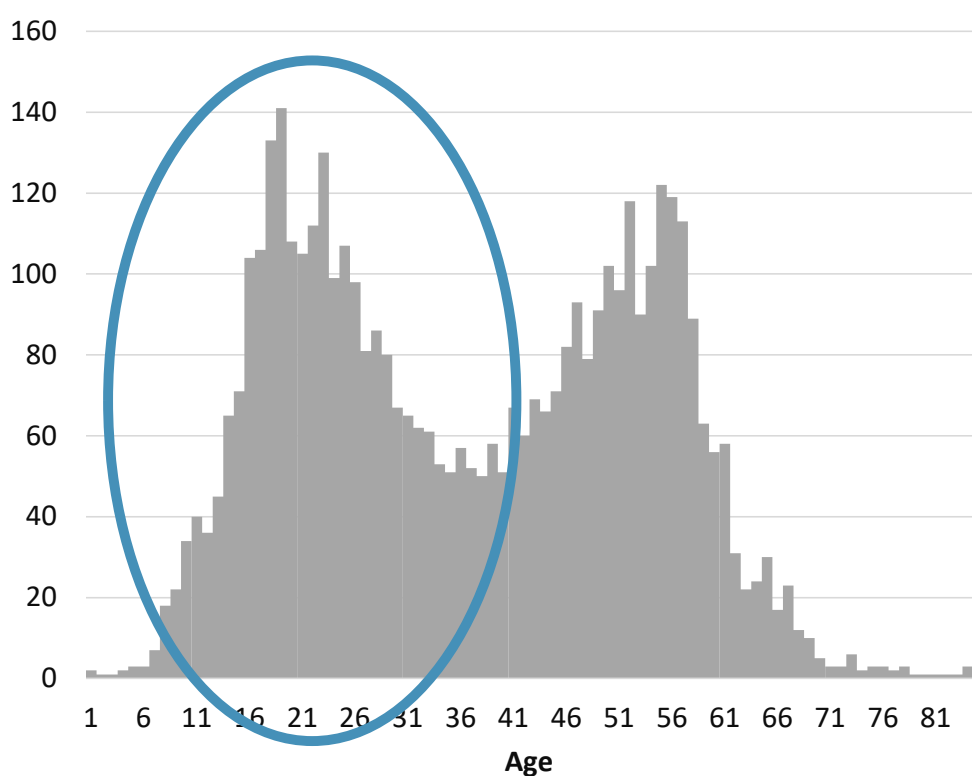


Distribution of New HCV Diagnoses by Year of Birth in Michigan 2009 vs 2020

2009

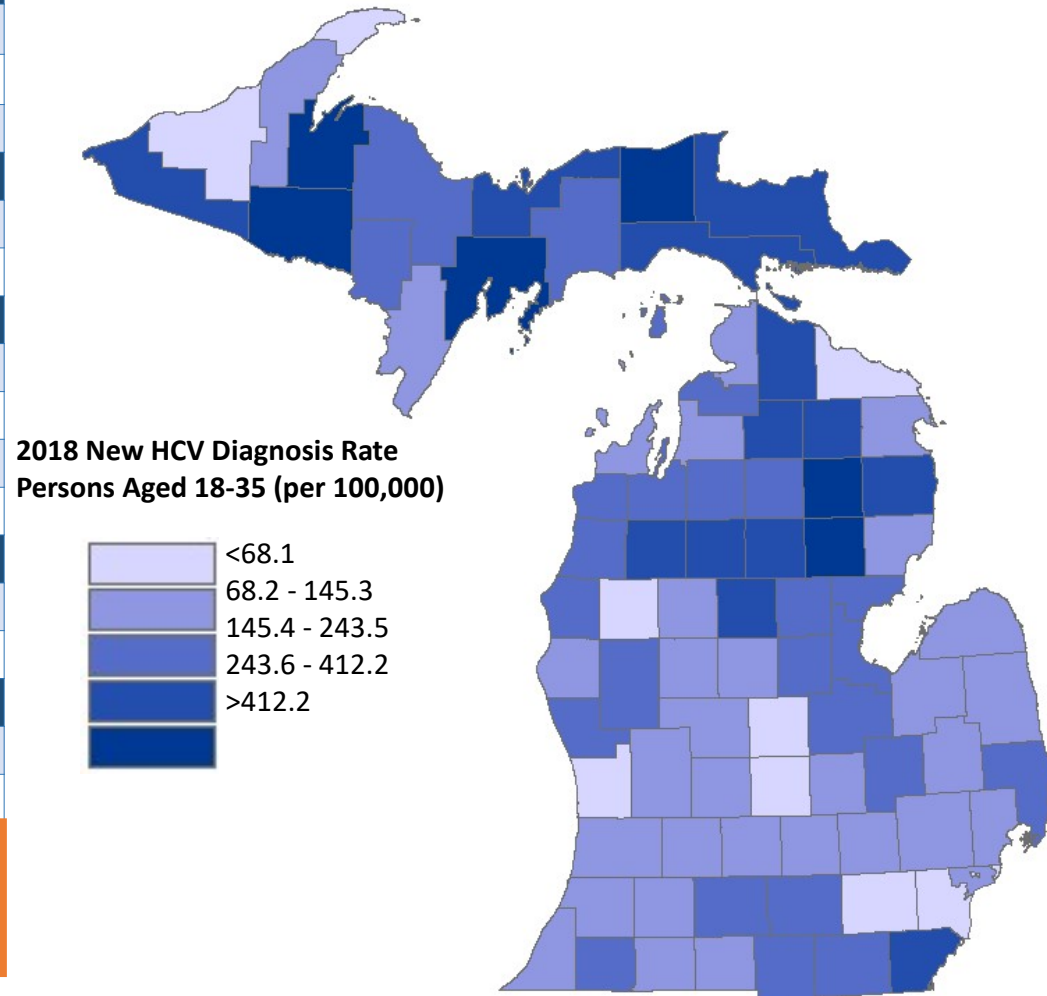


2020



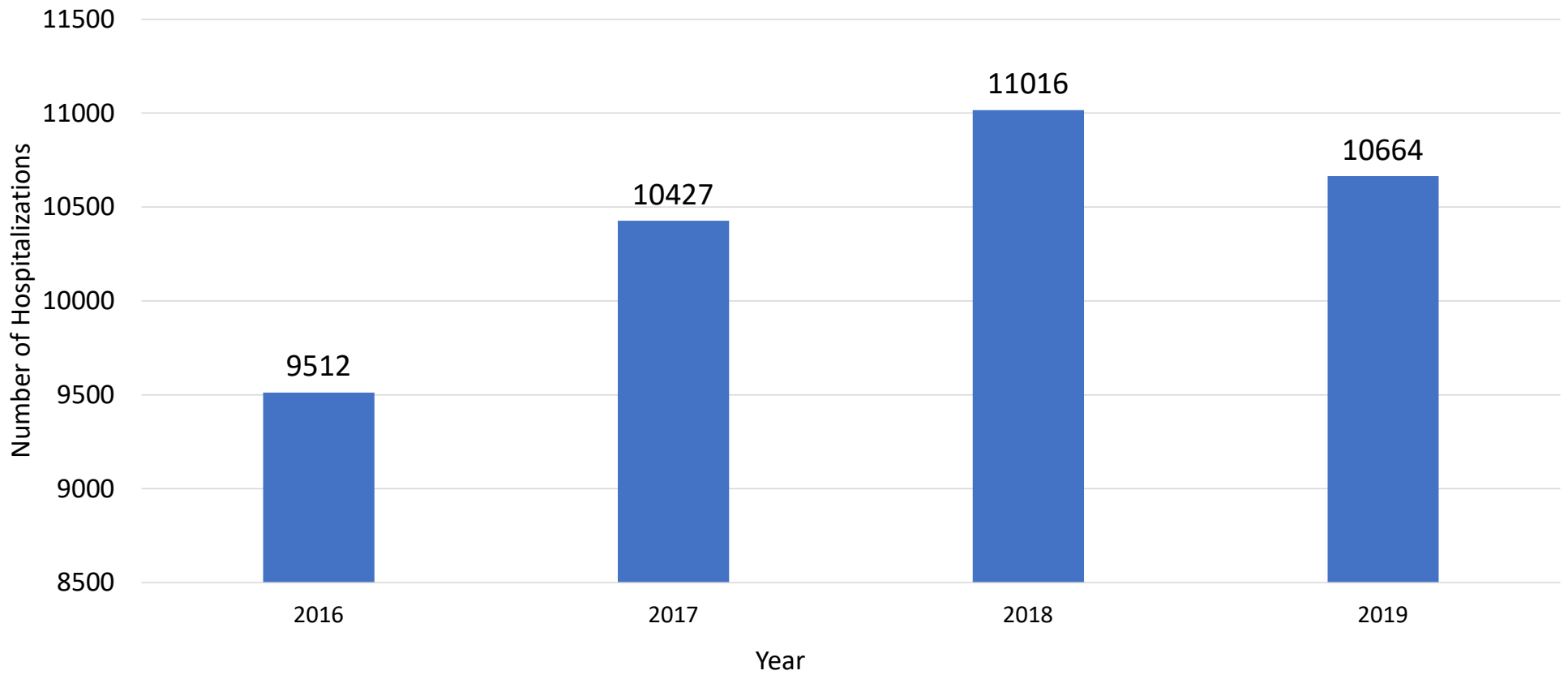
Demographics and County Rate Map of New HCV Diagnoses among 18-35 Year Olds, Michigan 2018

Age (n = 3062)		
Median		29
Mean		28.3
Range		18 - 35
Sex (n = 3048)		Rate per 100,000
Female	1467 (48.1%)	140.6
Male	1581 (52.9%)	134.3
Race (n = 2292)		Rate per 100,000
White	2047 (89.3%)	123.3
Black	183 (8.0%)	51.4
American Indian	49 (2.1%)	396.5
Asian	13 (0.6%)	14.0
Hispanic Ethnicity (n = 1862)		Rate per 100,000
Hispanic or Latino	75 (4.0%)	Not Available
Not hispanic or Latino	1787 (96.0%)	Not Available
Arab Ethnicity (n = 1141)		Rate per 100,000
Arab Ethnicity	4 (0.4%)	Not Available
Non-Arab	1137 (99.6%)	Not Available
History of IVDU (n = 1289)		
Yes	1079 (83.7%)	
No	210 (16.3%)	



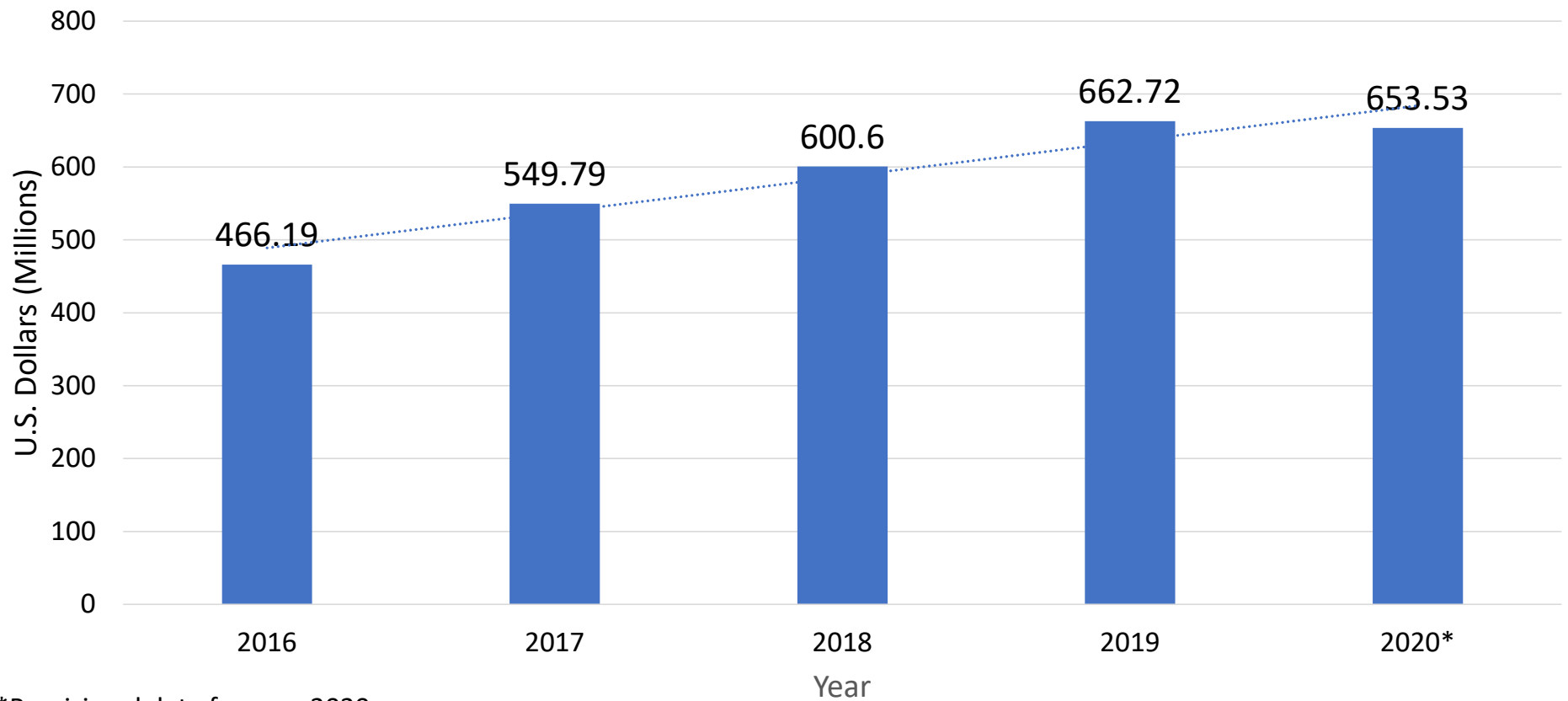
ANNUAL HOSPITALIZATIONS

Total Number of MI Hospitalizations Involving Substance Use and Infectious Disease ICD Codes,
2016-2020



Cost

MI Hospitalization Costs in Millions of US Dollars Associated with SSTVI and Substance Use ,
2016-2020*



*Provisional data for year 2020

Cost of hospitalizations for SUD-related infections

Skin, soft tissue, and venous infections (SSTVIs) are important public health impacts of injection drug use

- SSTVI = Bacterial and fungal infections of the skin, underlying soft tissues, or vascular system
- Can range from mild to serious, life-threatening infections (e.g., endocarditis, osteomyelitis and sepsis)

Skin, Soft Tissue and Venous Infections (SSTVI)

- Length of Stay: 8.7 days
- Discharged to:
 - Died and Hospice: 5.3%
 - Against Medical Advice (AMA): 10.7%

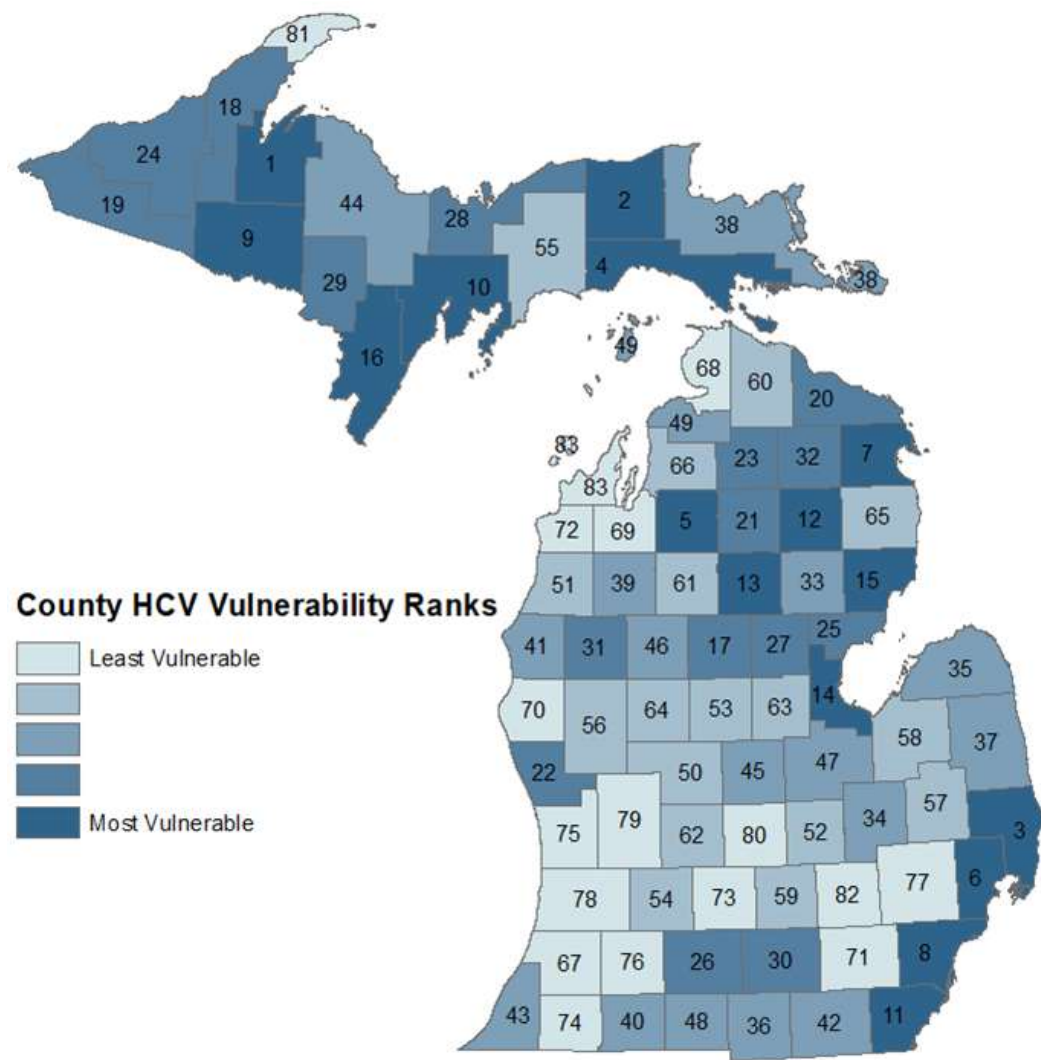
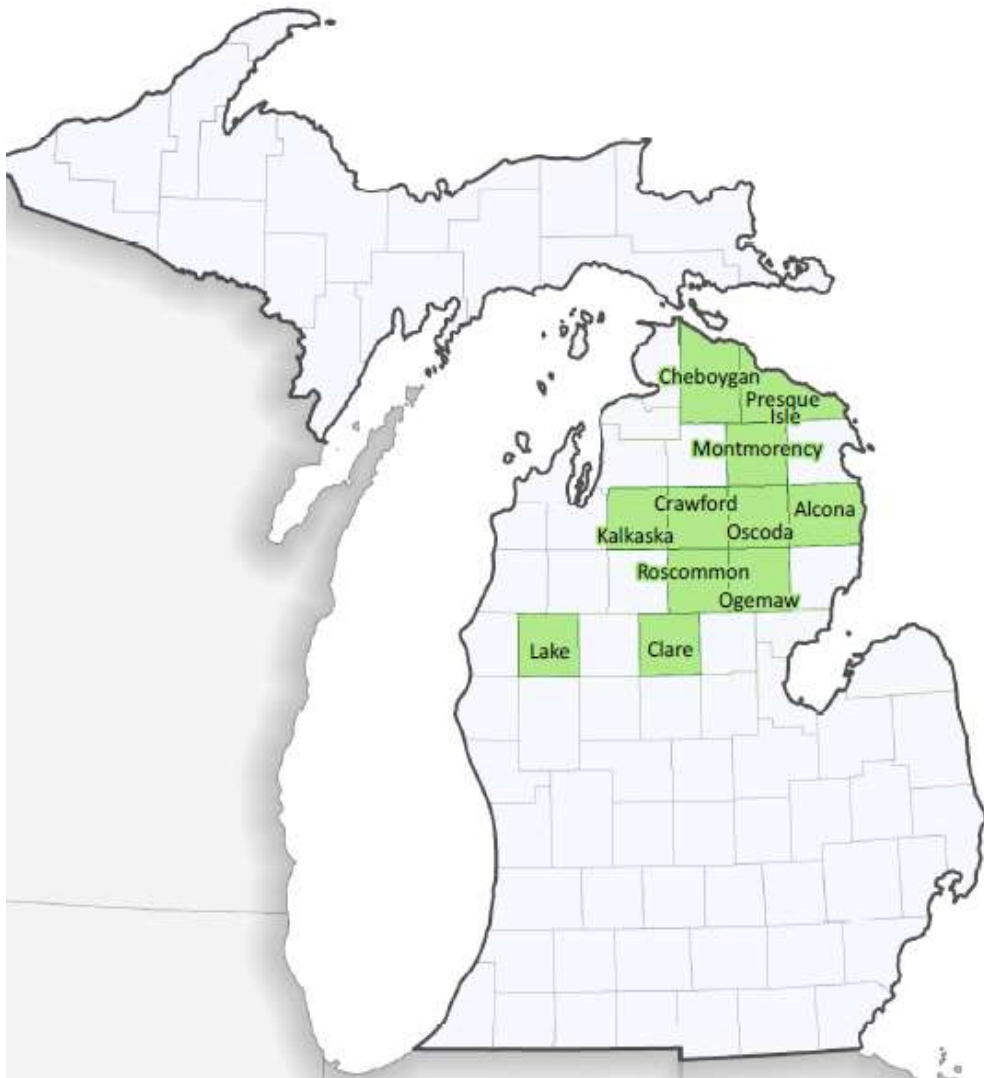
Average Cost of Hospitalization: \$53,960

Endocarditis

- Length of Stay: 15.2 days
- Discharged to:
 - Died and Hospice: 6.9%
 - Against Medical Advice (AMA): 20.3%

Average Cost of Hospitalization: \$98,597

CDC vs. Michigan HIV/HCV County-Level Vulnerability Ranking



So what Changed?

Funding 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
- **2018** – MDHHS HIV Prevention issues first ever federal funding to 4 rural health departments to implement SSP

Letter of Support from The Governor's Prescription Drug and Opioid Abuse Commission



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 12, 2018

Michigan Association for Local Public Health
426 S Walnut St
Lansing, MI 48933

Re: Prescription Drug and Opioid Abuse Epidemic in Michigan

Dear Michigan Association for Local Public Health:

In June of 2016, Governor Snyder signed an Executive Order establishing the Michigan Prescription Drug and Opioid Abuse Commission ("PDOAC"). The PDOAC was created to ensure the implementation and monitoring of the state-wide plan, and to make further recommendations, to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state. Among other things, the PDOAC was charged with developing and proposing policies and an action plan to implement the recommendations in the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Task Force; monitor and advise the Governor as to the progress of the action plan; and provide other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

I am writing to you on behalf of the PDOAC to inform you that the PDOAC endorsed the expansion of syringe service programs in Michigan. Syringe service programs help reduce the spread of infectious disease including Hepatitis A, Hepatitis B, Hepatitis C, and HIV. In addition to providing sterile syringes, syringe service programs provide vaccinations, referrals to treatment, and testing for infectious diseases.

We believe that the concerted efforts by your members will help to reduce the impact of infectious disease, increase the number of people in treatment, and will save lives. As the Chair for the Prescription Drug and Opioid Abuse Commission, I am requesting that you share this letter with your membership.

Should you have additional questions or concerns about the above request, please feel free to reach out to Weston MacIntosh, Board Analyst, at macintoshw1@michigan.gov.

Linda Davis
cn=Linda Davis, o=FAN, ou,
email=L.davis@41bcourt-mi.us, c=US
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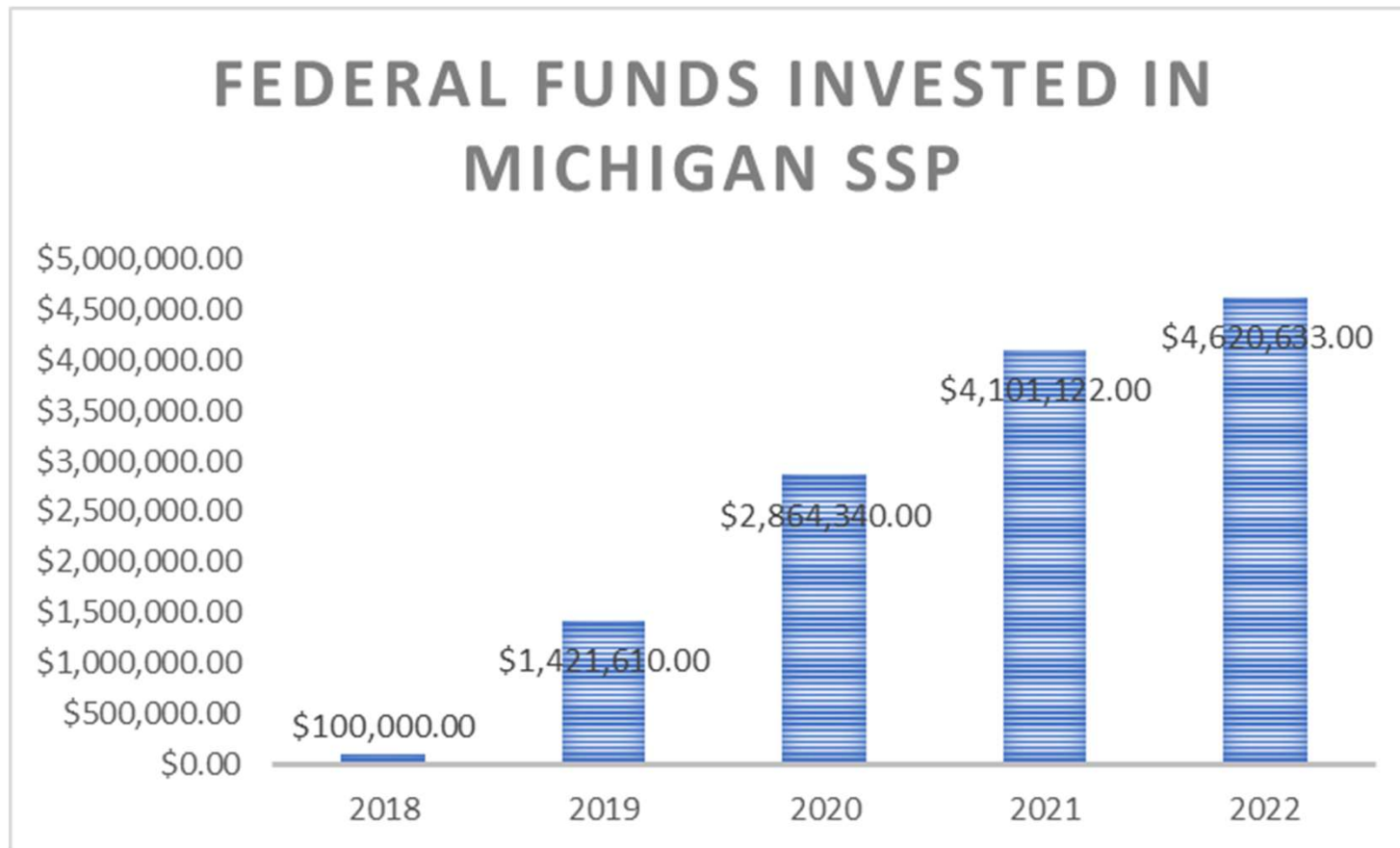
Hon. Linda Davis, Chairperson
Michigan Prescription Drug and Opioid Abuse Commission

CDC Determination of Need Request

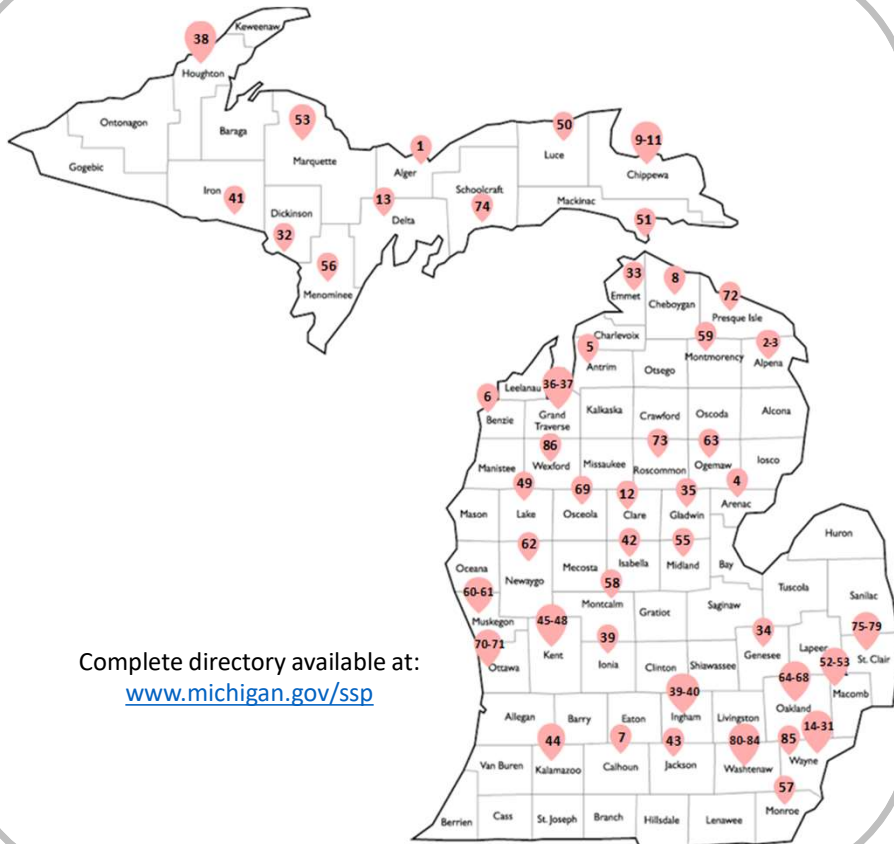
- In 2016, Michigan applied for a determination of need from the CDC to allow for the redirection of federal funding to support syringe services programs
- The CDC concluded:

After careful review of your submission, CDC concurs that Michigan is experiencing an increase in viral hepatitis or HIV infections due to injection drug use. The submitted data provide sufficient evidence to determine a need for SSPs within the jurisdiction. Specifically, the requestor presents statewide data on increases in acute HCV infections and total HCV infections, and that a predominance of new cases are attributed to injection drug use. Epidemiologic trend data in other areas (deaths from heroin and prescription opioids as well as heroin substance abuse treatment admissions) indicate increases in unsafe injection of drugs consistent with risk for a significant increase in viral hepatitis or HIV.

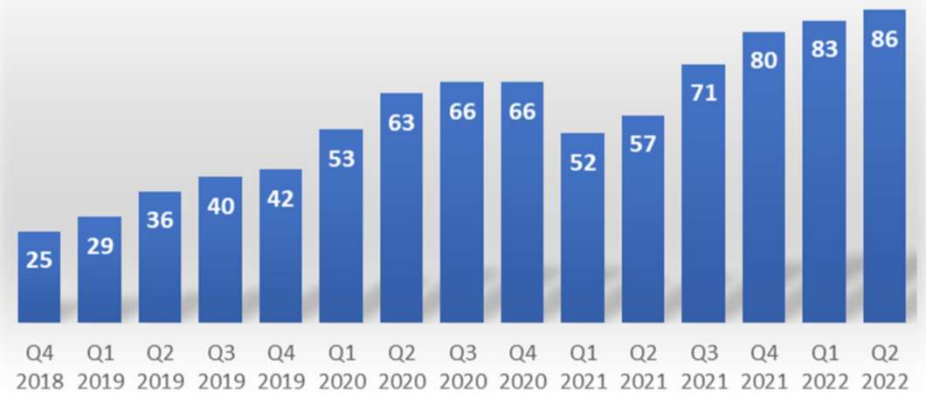
Continued Efforts to Expand SSP



Michigan Syringe Service Programs 2018 - 2022



SSP Sites October, 2018 - June, 2022



As of August 23rd, 2022:

86 Active SSP Locations

36 Syringe Service Programs

3 SSPs Expected to open in 2023

THANKS!

Brandon Hool, MPH

Harm Reduction Analyst
MDHHS Viral Hepatitis Unit
Phone: (517) 420-4978
Email: hoolb@michigan.gov



Team Email: MDHHS-syringeaccess@michigan.gov

Website: www.mi.gov/hepatitis
www.mi.gov/ssp

