Public Health in the Midst of The Opioid Epidemic: Syringe Access and Naloxone

Steve Alsum
Executive Director
STEVE@REDPROJECT.ORG
Outline

- Red Project Basics & Harm Reduction
- Framing Syringe Access in Human Rights
- Overdose and Naloxone
RED PROJECT BASICS

→ 501c3 Nonprofit Organization

→ Health Issues: HIV, Hepatitis C, and Overdose

→ Mission: Improve Health, Reduce Risk, Prevent HIV

→ Pre-2012 Budget: $100,000
  ⋮ 2019: 1.5 mil
“Harm Reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, abstinence. Harm reduction strategies meet drug users ‘where they’re at,’ addressing conditions of use along with the use itself.”

– Harm Reduction Coalition
But doesn’t this encourage people to use drugs?
Many people practice harm reduction in their daily lives:

SEATBELTS

1968 - Title 49 of the United States Code, Chapter 301, Motor Vehicle Safety Standard required all vehicles to be fitted with seat belts in all designated seating positions.
THE TULLOCK SPIKE

- Gordon Tullock
- Armen Alchian
- Risk Compensation
- The Spike
DO SEATBELTS WORK?

US motor vehicle deaths per 100,000 people, 1900–2012

Created with Datawrapper
Source: US Department of Transportation, US Census Bureau, FRED.
Seatbelts have saved an estimated 255,000 lives since 1975

Dead people do not become better drivers.

Dead people do not recover.
Harm Reduction Is:

→ Services culturally and ethnically appropriate
→ Services geographically accessible
→ Hours accessible
→ Meeting people where they are at
→ Client-centered
→ Non-judgemental and non-coercive
→ Providing a range of options
→ Supportive and encouraging, positive, empowering environment
→ Do not put paperwork over people
→ Pre-Recovery Supports
→ Low threshold!!!
FRAMING SYRINGE ACCESS IN HUMAN RIGHTS
“Impeding [the IDU] population from obtaining or using sterile syringes amounts to prescribing death as a punishment for illicit drug use.”

CASE STUDY:

INDIANA 2014/15

Scott County, Indiana
→ Small, southeastern, rural county
→ Typically <5 new HIV cases per year

November 2014 - April 2015
→ Almost 150 new cases identified
→ 96% injection risk, primarily injected prescription opioids

Syringes are illegal in Indiana
STRUCTURAL VS. BEHAVIORAL INTERVENTIONS

Skin is tough!
Every time you hit, your skin barbs the point. Damaged points can lead to:
- Abscesses
- Infections
- Blown veins

Save your veins!
- If you miss your vein, re-load a new syringe and try again.
- Don't use the same point to hit over and over again.
- Trying to sharpen a used point makes more barbs.
- Don't use the tip of your needle to mix your hit.

Use a brand new syringe EVERY TIME you poke your skin or vein.

Photo courtesy of Becton Dickinson and Co.
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A WORD ON CONTROVERSY

Indiana governor does not “believe” in syringe access; currently our vice-president

Scientific data says: Syringe access…

→ Decreases HIV transmission
→ Does not increase drug use, often the opposite
→ Is extremely cost-effective
→ Can address other epidemics too

Syringe access is good, solid Public Health
WHAT DOES THE DATA SAY?

→ Programs reduce the spread of HIV by up to 80% and Hepatitis C by up to 50%
→ They decrease drug use: participants are 5 times more likely to access treatment
→ They protect the community: decreasing accidental needle stick by 66% and taking used syringes off the street
→ They save taxpayer dollars: Cost of...
  → HIV Treatment = $300-600K
  → Hepatitis C Treatment = $100-500K
  → Sterile Syringe = 10¢
KENT COUNTY (GRAND RAPIDS)

- 1998: 25% of all HIV/AIDS cases related to injection drug use; Mayor’s Task Force recommends establishment of a syringe access program

- August 2000: City Commission resolution allows Red Project to offer syringe access from 1 location in downtown Grand Rapids

- September 2011: Further resolution allows syringe access expansion to entire city

- Current: 8% of current HIV/AIDS cases in KC related to injection drug use
County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons Who Inject Drugs

Existing and Pending SSPs

Michigan Syringe Service Programs

Existing:
- Detroit
- Ypsilanti - Washtenaw
- Grand Rapids - Kent
- Flint - Genesee
- Marquette
- Muskegon
- Chippewa
- District Health Department #2
- Mt. Pleasant - Central Michigan DHD
- Traverse City – Grand Traverse

Pending:
- Lansing - Ingham
- Jackson
- District Health Department #10

Vulnerable Counties and National Ranks (from 1-220)

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<tr>
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<td>Cheboygan</td>
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RISING RATES OF HCV

Figure 7.2 Number of Chronic Hepatitis C Cases Reported to MDHHS by year, 18-29 years of age, 2000-2016

Change in case definition, 2016*
What will it take for us to learn from our mistakes, and not place impediments in the way of the tools people need to stay healthy and stay alive?
Overdose and Naloxone
OVERDOSE INTERVENTION: NALOXONE HYDROCHLORIDE (NARCAN®)

- An unscheduled prescription medication both federally and in the state of Michigan
- Use solely for the prevention and reversal of an opiate overdose
- A pure antidote
  - Little to no effect on individuals without opiate in their system
- Safe and effective
  - When an individual presents unresponsive emergency medical services will administer naloxone hydrochloride without knowing whether or not an overdose has occurred
- FDA approved in 1971 for first responders to use when responding to an overdose situation
GRAND RAPIDS AREA PROGRAMMING

→ Clean Works Program - October 2008
→ Cherry Street Health Methadone Clinic - 2012
→ Network 180 and SUD Treatment - 2013
  → SA Turning Point, Arbor Circle IOP, Our Hope, Jellema House, Freedom House, Cherry Street Health Methadone Clinic, Degage Open Door Women’s Shelter, Network 180 Access Center, etc.
→ Results (as of April 2019)
  → 9,000+ individuals trained which has led to 1,000+ reported reversals
→ The Future
  → Increased local collaboration/partnerships
  → Technical assistance and program support in “out-state”
2016/17 EXPANSIONS

- Direct Client Service Delivery
  - Muskegon County
  - Ottawa County
  - Allegan, Lake, Mason and Oceana Counties

- Technical Assistance/Program Start-Up
  - A statewide epidemic…

- Law Enforcement Training

- Kent County
  - Community Task Force
  - Medical Community
WHAT IS THE POINT?

→ Massachusetts provides overdose education and naloxone distribution on a statewide level, supported through their health department.

→ Walley et al. BMJ 2013; 346: f147 found that:
  → 0 kits/100,000 people resulted in a 0% change
  → 1-100 kits/100,000 people resulted in a 27% reduction in community overdose mortality rates
  → >100 kits/100,000 resulted in a 46% reduction

*Decreasing overdose morality is dependent on increasing naloxone distribution*
In Kent County, the result of increased access to naloxone, since 2008, is exactly what we would expect from the scientific literature:

- **Significantly lower community levels of opioid overdose fatality**
- 2-3 times lower by population, in fact
- What this means, is that by population we would actually expect 100-200 more people dying each year without naloxone access.
A COMMON CONCERN ADDRESSED

- Just because you have one of these

- Does not mean you will start one of these
Questions???
RESOURCES

→ Centers for Diseases Control and Prevention
→ Drug Policy
→ Harm Reduction Coalition
→ Human Rights Watch
→ Project Lazarus
→ The Vancouver Declaration
→ United Nations General Assembly