



improving health ■ preventing HIV ■ reducing risk

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

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# 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 PHILOSOPHY

“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.

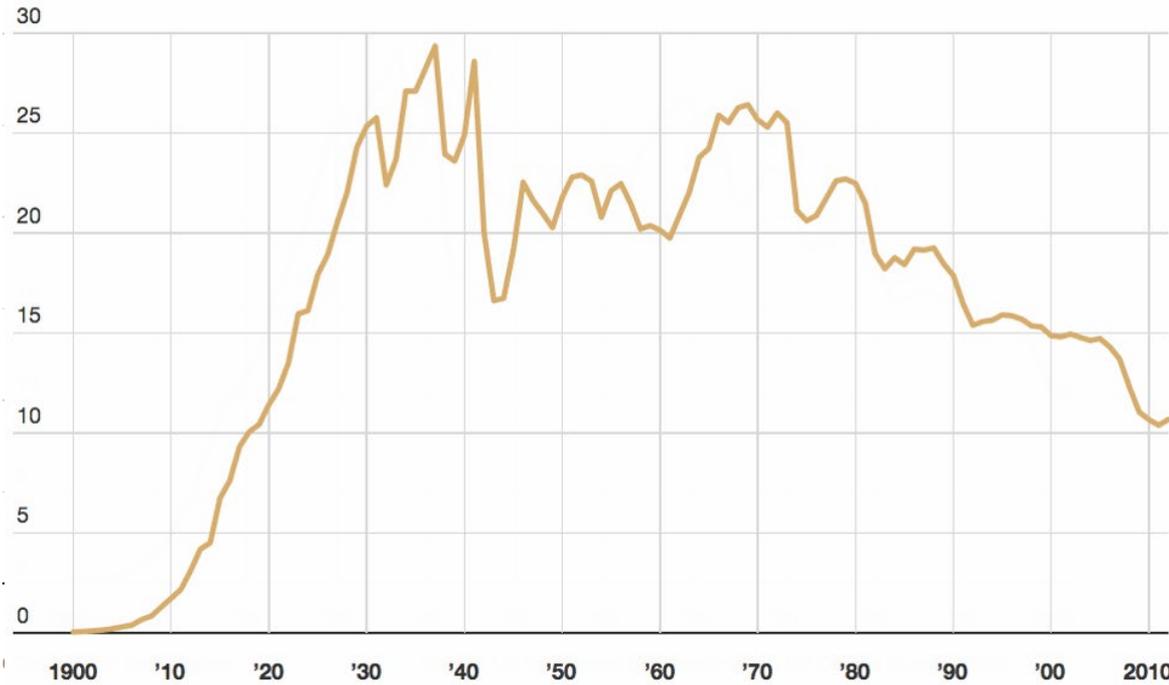
# THE TULLOCK SPIKE

- Gordon Tullock
- Armen Alchian
- Risk Compensation
- The Spike



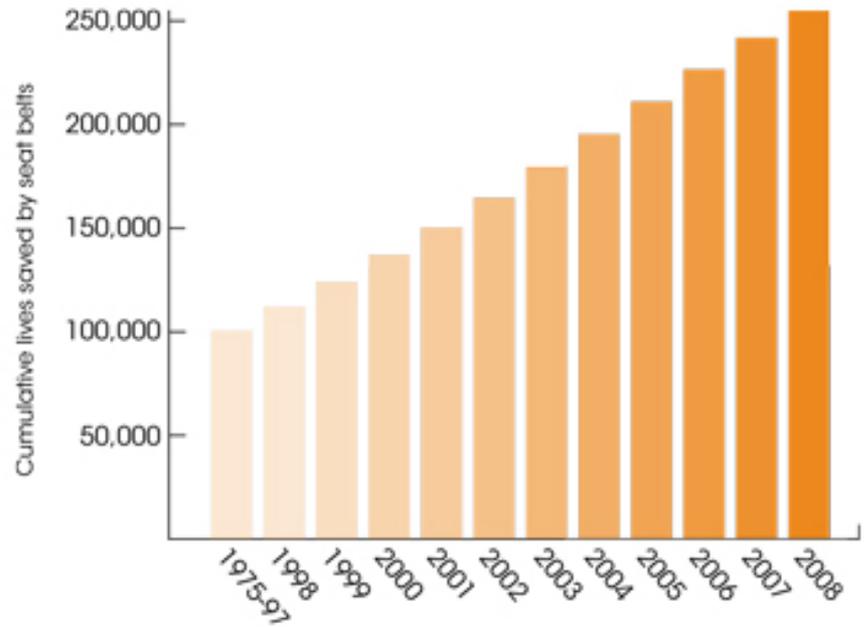
# DO SEATBELTS WORK?

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



# DO SEATBELTS WORK?

Seatbelts have saved an estimated 255,000 lives since 1975



Dept of Transportation (US), National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts: Occupant Protection. Washington (DC): NHTSA; 2009. Available at URL: <http://www-nrd.nhtsa.dot.gov/Pubs/811160.pdf>

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

# HUMAN RIGHTS

**“Impeding [the IDU] population from obtaining or using sterile syringes amounts to prescribing death as a punishment for illicit drug use.”**

*Source: Human Rights Watch, “Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation,” April 2004, Vol. 16, No. 5, p.3*

# 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

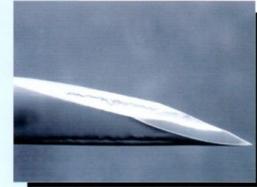
Syringes are illegal in Indiana

# STRUCTURAL VS. BEHAVIORAL INTERVENTIONS

## Skin is tough!

Every time you hit, your skin barsbs the point. Damaged points can lead to:

- Abscesses
- Infections
- Blown veins



New needle point

## 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.



Needle point, used once



Needle point, used twice

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



Needle point, used six times

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the grand rapids  
**Red project**

# A WORD ON CONTROVERSY

Indiana governor does not “believe” in syringe access; currently our vicepresident

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

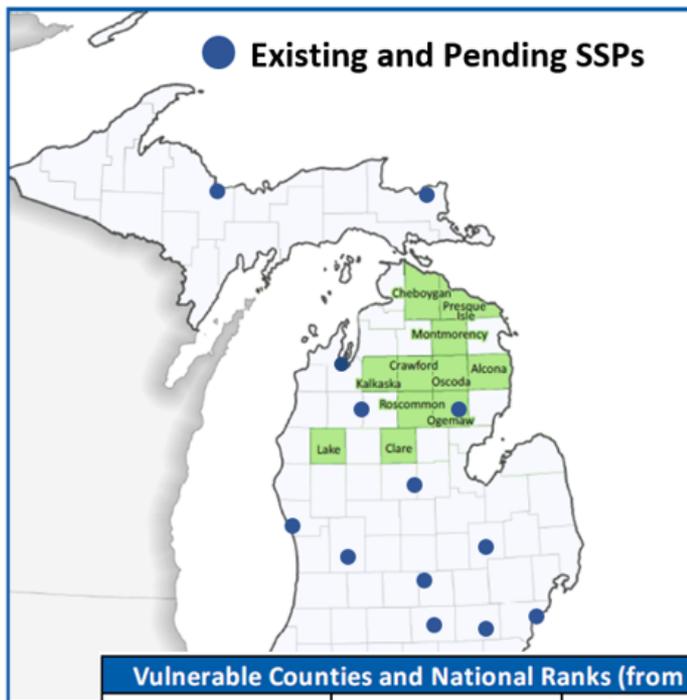
# WHAT DOES THE DATA SAY?

- 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



### Michigan Syringe Service Programs

#### Existing:

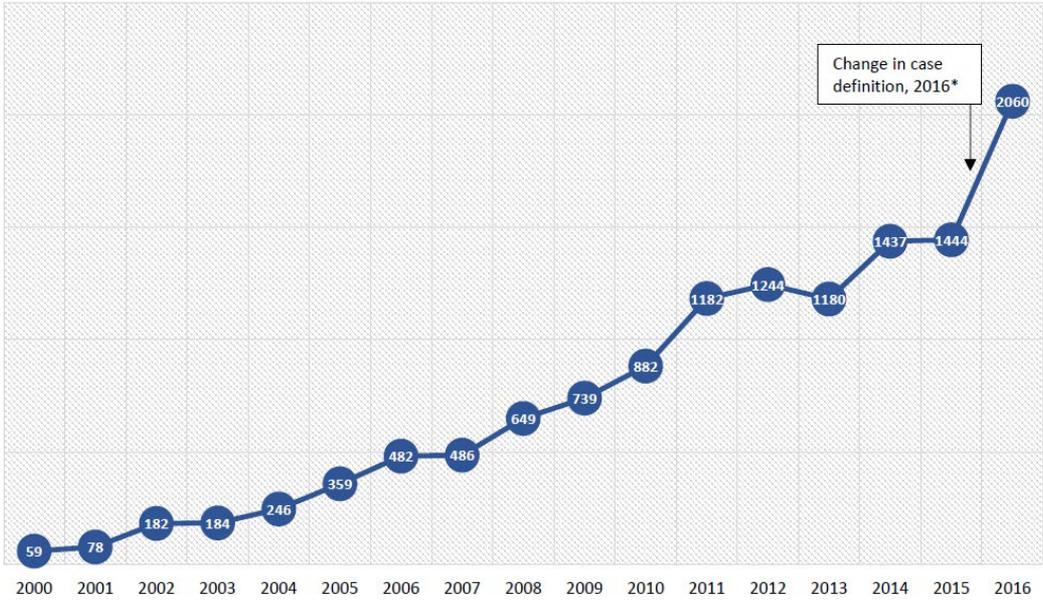
- Detroit
- Ypsilanti - Washtenaw
- Grand Rapids - Kent
- Flint - Genesee
- Marquette
- Muskegon
- Chippewa
- District Health Department #2
- Mt. Pleasant - Central Michigan DHD
- Traverse City – Grand Traverse

#### Pending:

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

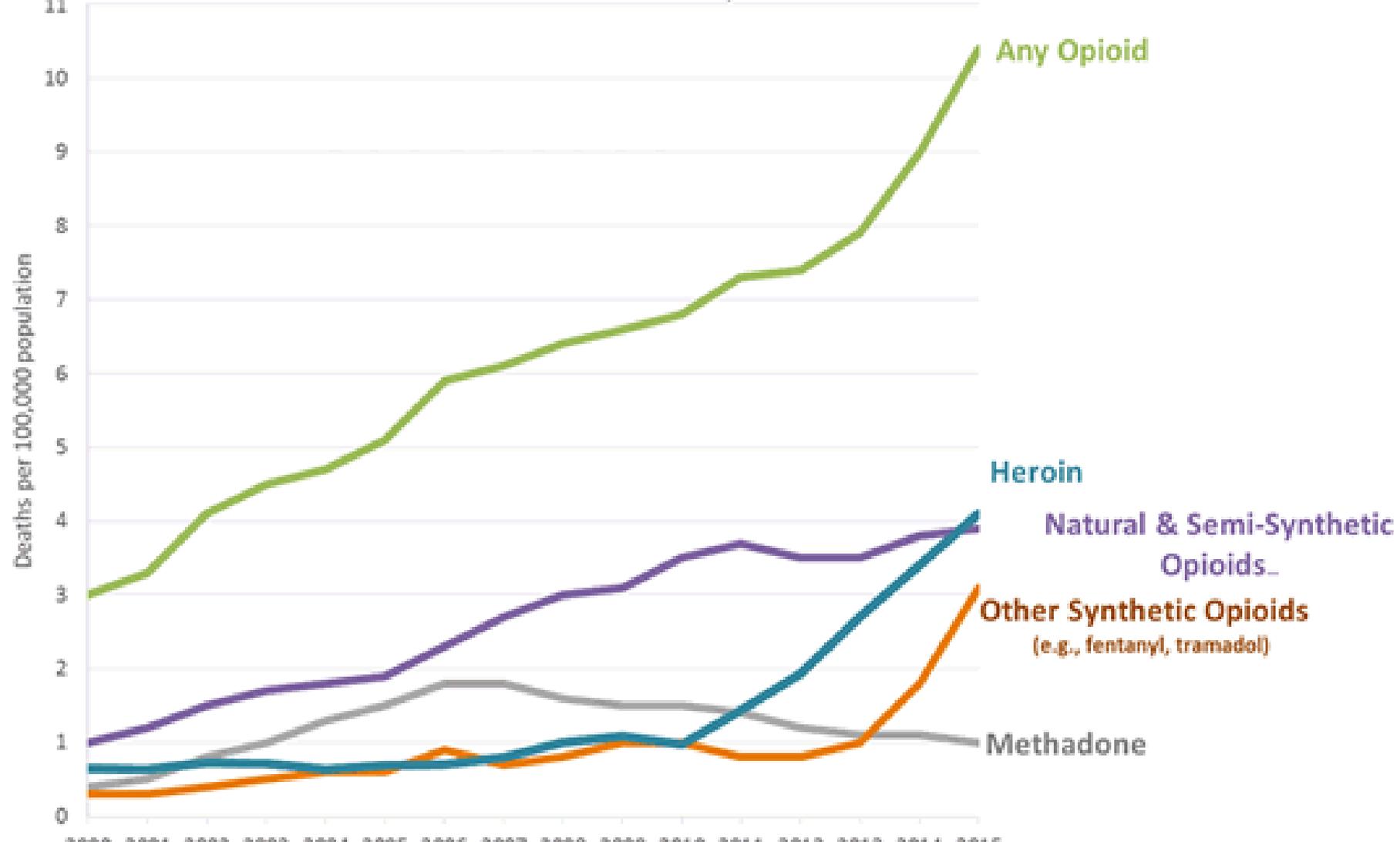
# RISING RATES OF HCV

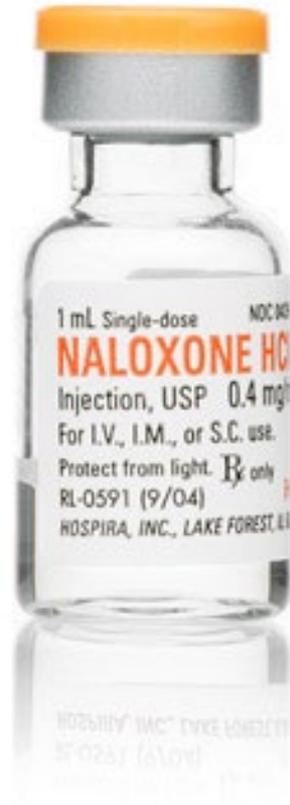
Figure 7.2 Number of Chronic Hepatitis C Cases Reported to MDHHS by year, 18-29 years of age, 2000-2016



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





THE SILVER LINING

# 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 mortality is dependent on increasing naloxone distribution*

# Results

- 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

Table 2. Annual number and age-adjusted rate of drug overdose deaths involving all opioids<sup>21</sup>, by sex, age, race, and selected counties – Michigan, 2016-2017

Decedent Characteristics	2016		2017		Change from 2016 to 2017 <sup>†</sup>	
	Number	Rate	Number	Rate	Difference of rates	% change in rate
<b>All</b>	1,788	18.8	2,053	21.4	2.6	13.8*
<b>Sex</b>						
Male	1,202	25.6	1,349	28.3	2.7	10.5*
Female	586	12.0	704	14.5	2.5	20.8*
<b>Age group (years)</b>						
15-24	152	11.0	160	11.7	0.7	6.7
25-34	503	40.5	579	45.6	5.2	12.7
35-44	411	35.5	458	39.6	4.1	11.6
45-54	385	28.6	437	33.0	4.5	15.7
55-64	279	20.0	335	23.9	3.9	19.5
65 and older	54	3.3	82	4.9	1.6	47.4
<b>Sex and age group (years)</b>						
<b>Male</b>						
15-24	108	15.3	100	14.3	-1.0	-6.3
25-44	640	53.2	704	57.8	4.6	8.7
45-64	417	31.1	493	37.0	5.9	18.9
<b>Female</b>						
15-24	44	6.5	60	9.0	2.5	38.5
25-44	274	22.9	333	27.6	4.7	20.4
45-64	247	17.7	279	20.1	2.4	13.4
<b>Race</b>						
White	1,461	19.7	1,640	21.9	2.2	11.2*
Black	276	18.2	353	23.7	5.5	30.2*
American Indian	25	28.7	26	29.8	1.1	3.8
<b>Selected counties</b>						
Wayne	538	30.6	636	36.1	5.5	18.0*
Macomb	262	30.6	320	37.5	6.9	22.5*
Oakland	§		§			
Genesee	120	31.8	131	35.3	3.5	11.0
Kent	64	9.9	102	15.9	6.0	60.6*
Ingham	66	25.9	63	21.9	-4.0	-15.4
St. Clair	56	39.2	50	35.9	-3.3	-8.4
Washtenaw	64	16.4	62	16.8	0.4	2.4
Monroe	43	31.4	48	35.0	3.6	11.5
Calhoun	41	33.1	44	36.8	3.7	11.2
Kalamazoo	54	22.6	44	17.0	-5.6	-24.8
Muskegon	33	20.1	34	23.0	2.9	14.4

# 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