



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.

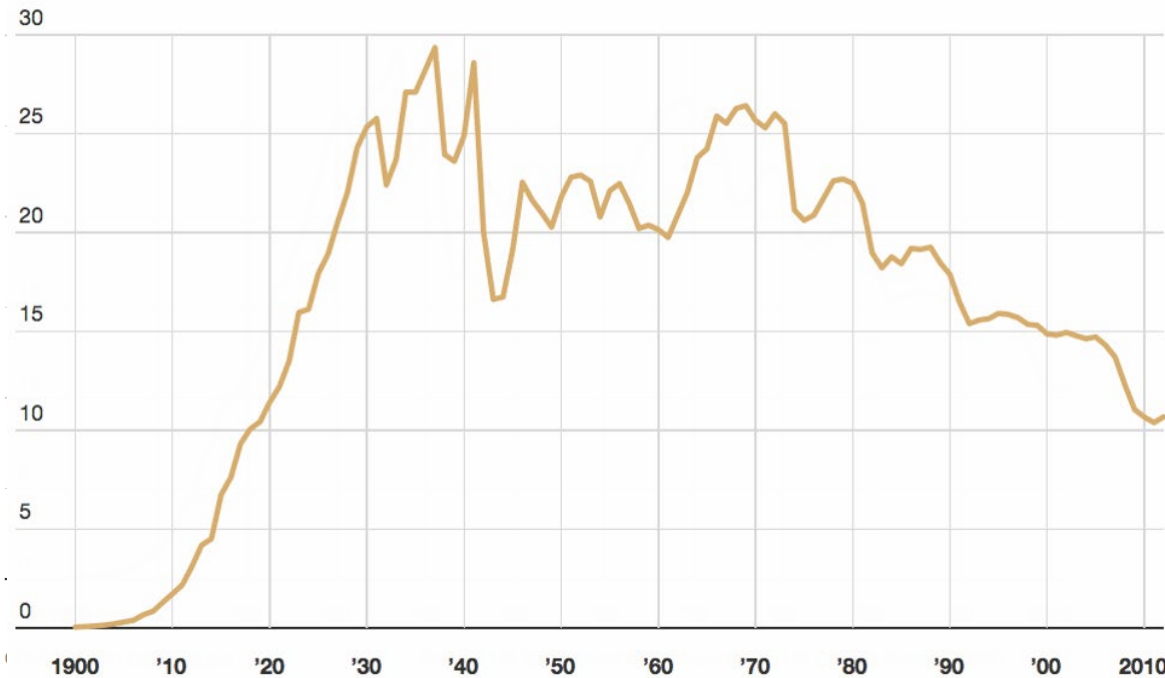
THE TULLOCK SPIKE

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



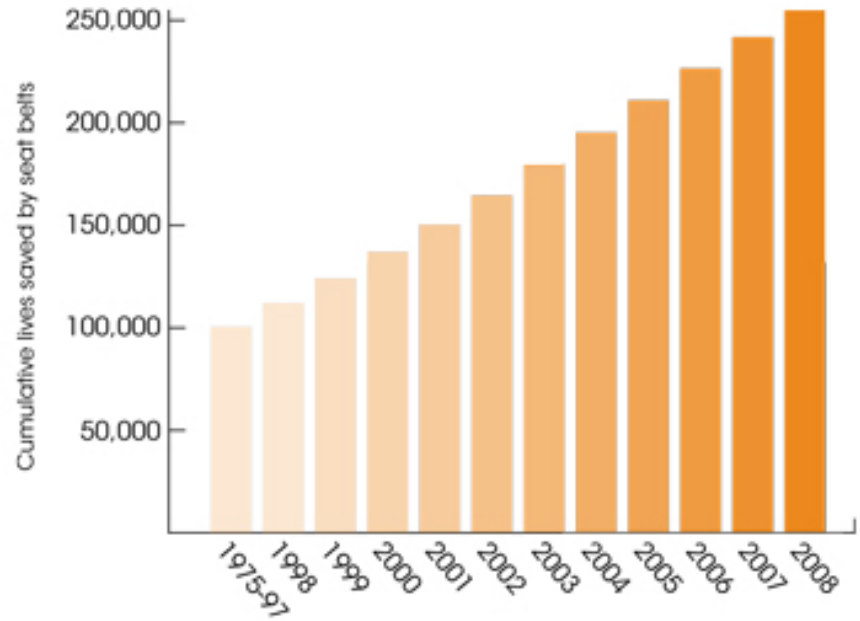
DO SEATBELTS WORK?

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 barbs the point. Damaged points can lead to:

- Abscesses
- Infections
- Blown veins

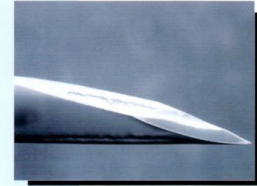


Save your veins!

- 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.



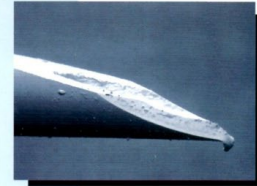
**Use a brand new syringe
EVERY TIME
you poke your skin
or vein.**



New needle point



Needle point, used once



Needle point, used twice



Needle point, used six times

Photos courtesy of Becton Dickinson and Co.
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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

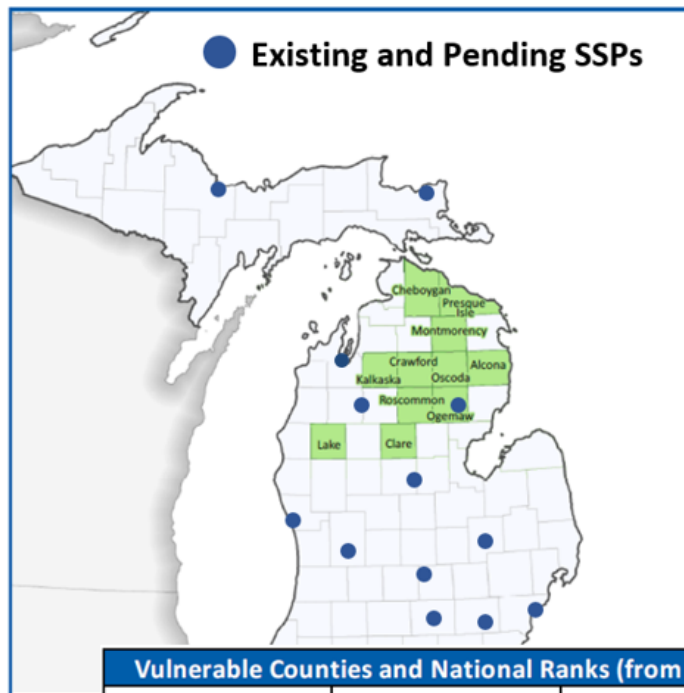
WHAT DOES THE DATA SAY?

- 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:

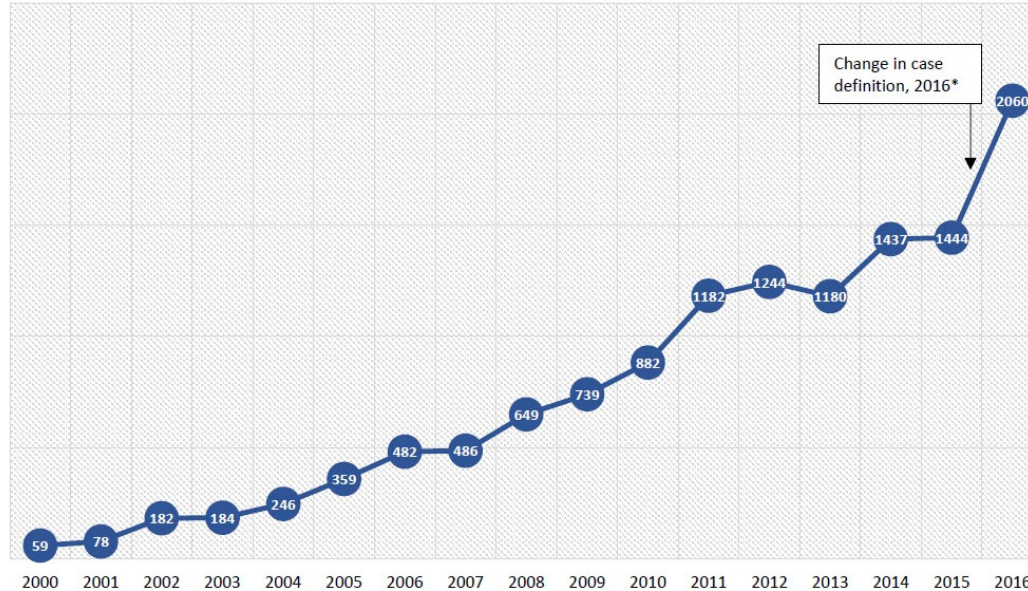
- Detroit
- Ypsilanti - Washtenaw
- Grand Rapids - Kent
- Flint - Genesee
- Marquette
- Muskegon
- Chippewa
- District Health Department #2
- Mt. Pleasant - Central Michigan DHD
- Traverse City – Grand Traverse

Pending:

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

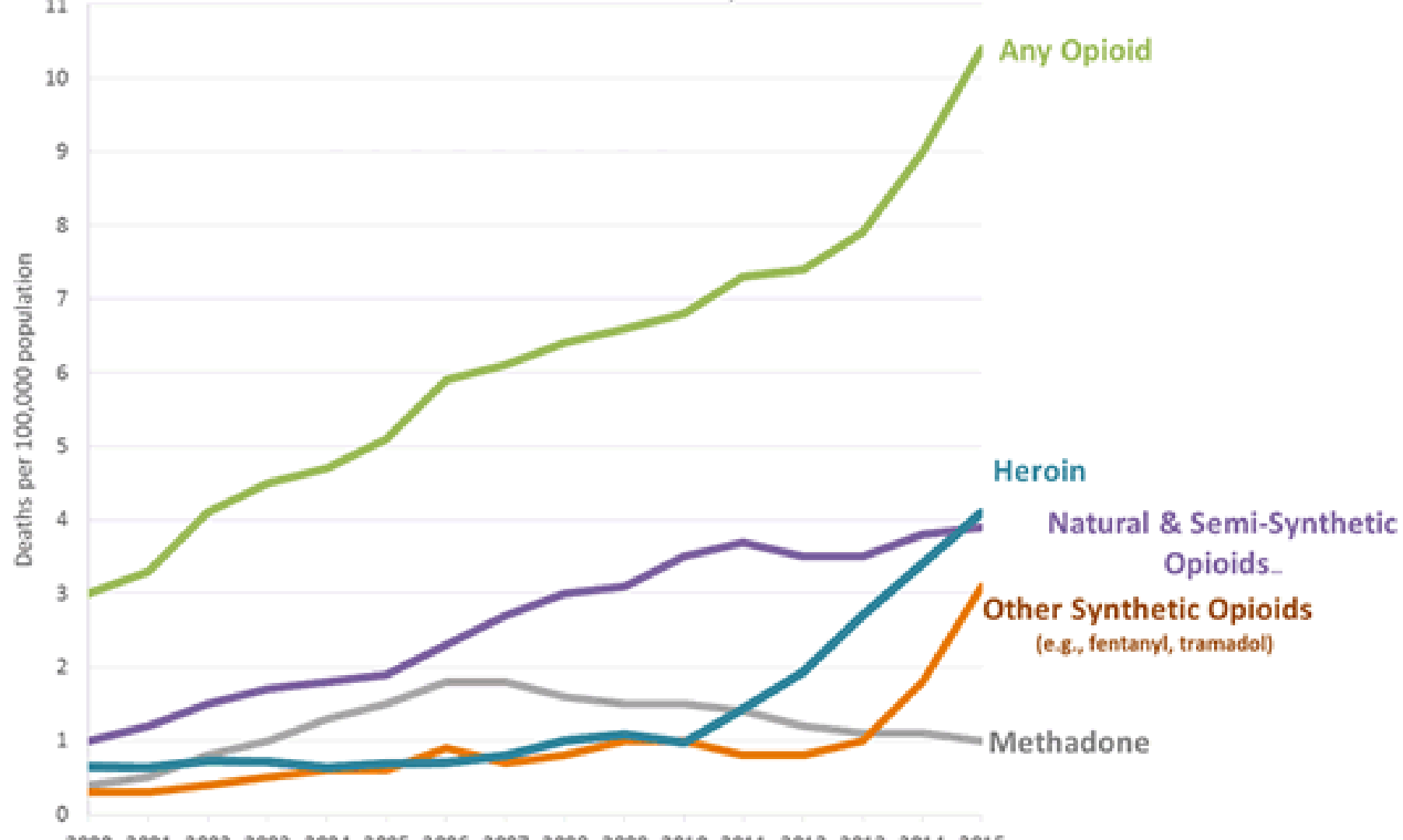
RISING RATES OF HCV

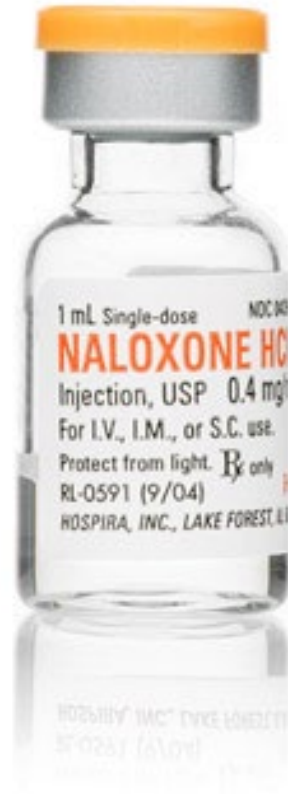
Figure 7.2 Number of Chronic Hepatitis C Cases Reported to MDHHS by year, 18-29 years of age, 2000-2016



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 opioids²¹, by sex, age, race, and selected counties – Michigan, 2016-2017

Decedent Characteristics	2016		2017		Change from 2016 to 2017 ²¹	
	Number	Rate	Number	Rate	Difference of rates	% change in rate
All	1,788	18.8	2,053	21.4	2.6	13.8*
Sex						
Male	1,202	25.6	1,349	28.3	2.7	10.5*
Female	586	12.0	704	14.5	2.5	20.8*
Age group (years)						
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
Sex and age group (years)						
Male						
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
Female						
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
Race						
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
Selected counties						
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