SUPPORT SYRINGE SERVICE PROGRAMS ISSUE EDUCATION FACT SHEET

Problem

- Syringe Service Programs (SSPs) are being restricted throughout the state from operating legally.
- Under state law, syringes and other equipment provided by health programs are **not** classified as drug paraphernalia.
- However, throughout the 1,700+ municipalities, majority maintain and enforce paraphernalia ordinances that criminalize the possession of public health supplies and trace amounts of residual substances within these supplies.
- These laws deem life-saving supplies like Fentanyl Test Strips and other drug checking equipment as paraphernalia.
- Police discretion can leave people in jail, which can be devastating even if charges are dropped.
- Even if the law is fixed state wide to align, many people will not have access to programs and resources, especially low-income, rural, and Black communities.

Impact

- The criminalization of drug paraphernalia interferes with SSP operations and expansion efforts within MDHHS's State Opioid Response Strategy and seeks to clarify state law.
- Since 2000, Michigan has demonstrated significant increases in HIV, HCV, overdoses, and other complicated related to drug use, lack of access to services, and criminalization of substance use and supplies, with determination of need submitted to the CDC in 2016. ¹
- Lack of access to sterile supplies and fentanyl test strips increases the risk of HIV, viral hepatitis, skin and soft tissue infections, and non-fatal and fatal overdoses.
 - Additional burdens on emergency rooms and healthcare facilities' staff and capacity.
 - Michigan tax payers are spending millions yearly in healthcare costs, from lack of access to sterile supplies such as syringes.³
- Michiganders are being harassed, arrested and charged for a health condition that has damaging consequences to themselves, their families, and their communities.
- The War on Drugs continues to harm low-income, Black and communities of color disproportionately throughout Michigan.

What are SSPs?

Syringe Service Programs (SSPs) provide comprehensive services ranging from:

- Supplies and education for safer drug use and sex
- HIV, STI and hepatitis prevention and testing
- Linkage to care
- Case management
- Harm reduction therapy
- And more!

These services address health issues of HIV, viral hepatitis, overdose, skin and soft tissue infections and substance use management utilizing a harm reduction trauma-healing philosophy.²

SSPs...

- Significantly reduce the risk of transmission of HIV/HCV⁶
- Do not increase drug use or crime ^{7,8}
- Reduce the number of publicly discarded syringes ⁸
- Reduce unintended needle sticks experienced by law enforcement officers and first responders ^{7,8}
- Increase engagement in substance use management and treatment⁹
- Are cost effective public health interventions ¹⁰

Every scientific and medical organization to study the issue has concluded that sterile syringe access reduces the spread of HIV, hepatitis, and other blood-borne diseases. ¹⁴



WE NEED HEALTH-CENTERED EQUITABLE POLICIES NOW!

An immediate focus on health-centered policies, including, but not limited to:

- Remove drug paraphernalia from state and local law, at minimum pass HB5178 and HB5179 with additions to include 2nd and 3rd party distributors.
- Protect individuals obtaining or returning syringes and other equipment that can be deemed as paraphernalia from arrest, prosecution, charges or conviction.
- Allow for drug checking technologies, not limited to fentanyl test strips.

Who is else calling for health-centered policies?

The National Institute on Drug Abuse 11,12

American Society of Addiction Medicine 13

American Medical Association 14

Human Rights Watch

American Public Health Association

World Health Organization

Network for Public Health Law

ACLU

Drug Policy Alliance

NAACP

International Federation of Red Cross

Red Crescent Societies

Global Commission on Drug Policy

Organization of American States

Canadian Nurses Harm Reduction Association

SAMHSA

Law Enforcement Action Partnership National Council for Mental Wellbeing

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And so many more! 14

Michiganders deserve policies centered in health equity, justice and science.

References

1 MDHHS. (2016). Determination of need.

 $https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder3/Folder51/Folder151/Folder151/Folder251/CDC_Determination_of_Need.pdf?rev=8b6e\\ ceca7a64497c9f19480be4d9c770\&hash=01ED529696D5C10F6C0926CAAD7BBA2E$

2 CDC. (2019). Syringe Service Programs. https://www.cdc.gov/ssp/index.html

3 Coyle, Joseph R et al. "Trends in Morbidity, Mortality, and Cost of Hospitalizations Associated With Infectious Disease Sequelae of the Opioid Epidemic." The Journal of infectious diseases vol. 222, Suppl 5 (2020): S451-S457. doi:10.1093/infdis/jiaa012

4 Michigan Department of Health and Human Services. (2020). Michigan Opioids Task Force Report.

https://www.michigan.gov/opioids/-/media/Project/Websites/mdhhs/Folder4/Folder28/Folder3/Folder128/Folder228/Folder228/Folder1/Folder328/Michigan-Opioids-Task-Force-Report.pdf?rev=3ece06433a5544a59eb6969979051b5b&hash=C12C712E94AE029D1818F841787813A9

5 Childs, R., & George, B. (2021). Model Syringe Services Program Act. 36.

6 Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.

7 Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. Am J Public Health. 2000;90(12),1933–1936.

8 Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. J Acquir Immune Defic Syndr. 2001;28(3),282-288.

9 Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. J Subst Abuse Treat. 2000;19(3):247–252.

10 Holtgrave, D. R., Pinkerton, S. D., Jones, T. S., Lurie, P., & Vlahov, D. (1998). Cost and cost-effectiveness of increasing access to sterile syringes and needles as an HIV prevention intervention in the United States. Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology: Official Publication of the International Retrovirology Association, 18 Suppl 1, S133-138. https://doi.org/10.1097/00042560-199802001-00022

11 https://www.healthaffairs.org/do/10.1377/forefront.20210421.168499/full/

12 https://nida.nih.gov/about-nida/noras-blog/2021/08/punishing-drug-use-heightens-stigma-addiction

13 https://www.asam.org/advocacy/national-advocacy/justice#RJAddictionRecommendations

14 https://end-overdose-epidemic.org/wp-content/uploads/2022/09/AMA-Advocacy-2022-Overdose-Epidemic-Report_090622.pdf