
THE OPIOID CRISIS

BRINGS AN INFECTIOUS
DISEASE CRISIS

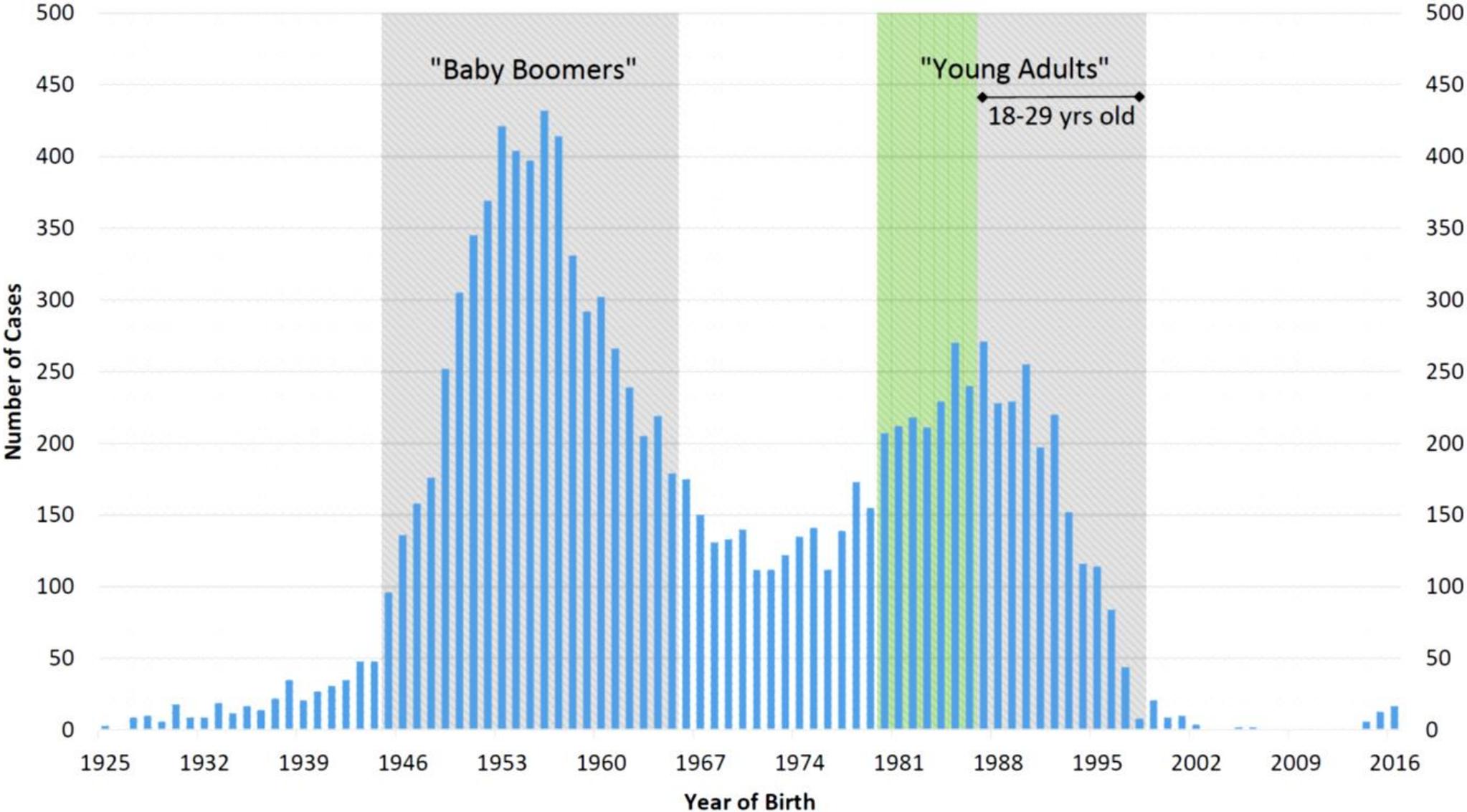
WHY DOES DRUG USE LEAD TO INFECTIOUS DISEASES?

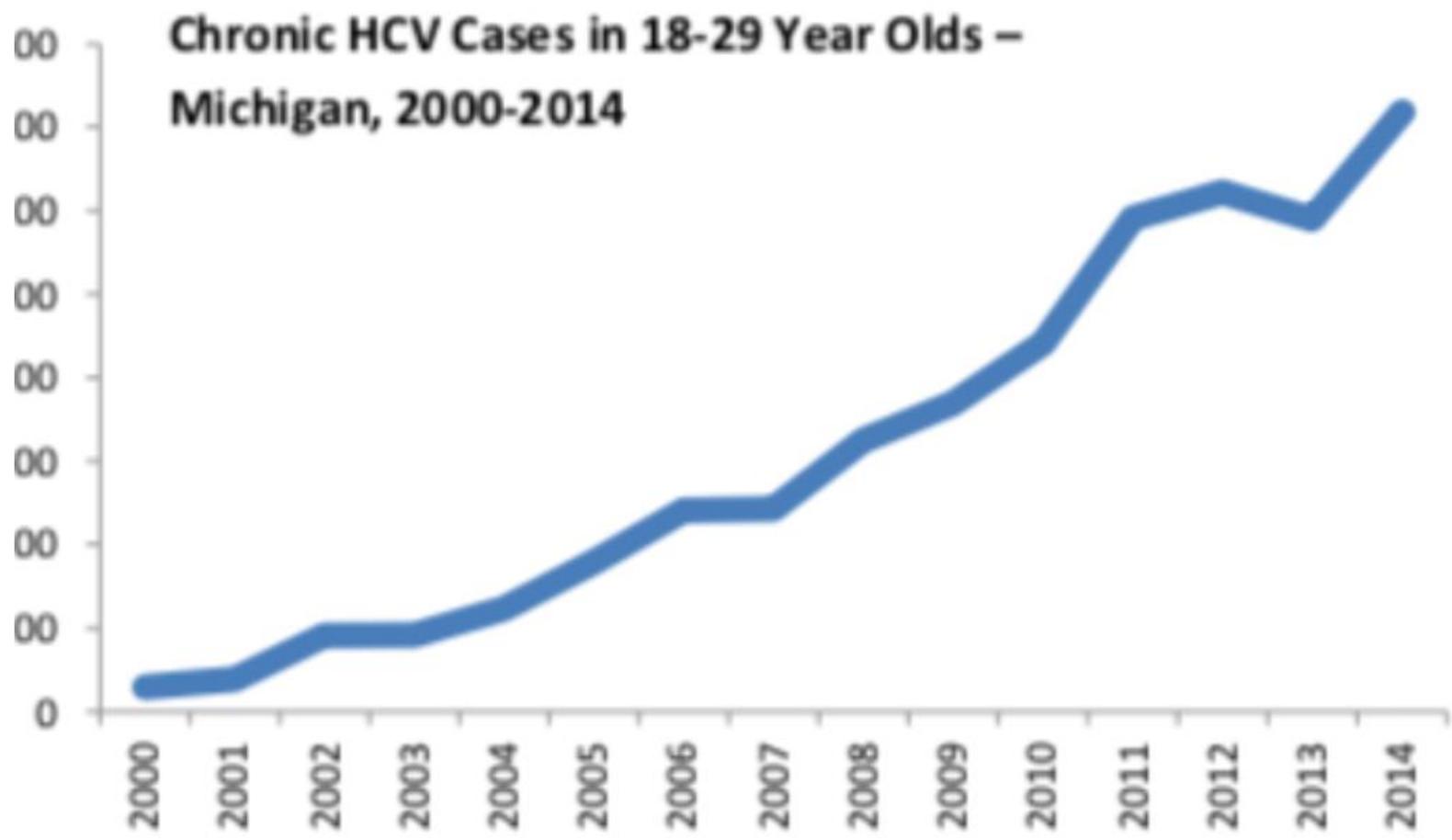
- **Individuals who abuse prescription drugs often turn to injection;** high cost of prescription drugs cause many to **transition to heroin**
- **Stimulants**, such as meth and cocaine, are **also injected, and must be injected much more often**
- **Re-use and sharing of needles and syringes** is a route of transmission for infectious diseases, notably **HIV and Hepatitis C**

HEPATITIS C

- Serious and common cause of hepatitis.
- Most commonly caused by injection or intra-nasal drug use.
- Majority become chronically infected, leading to later liver failure or liver cancer and making them infectious to others.
- Transmissible by minute amounts of blood, viable in dried blood up to 6 weeks.
- Three times as many Hep C infections among IDUs as HIV.
- 15,000 annual US deaths from Hep C.

Figure 7.1 Number of Chronic Hepatitis C Cases Reported to MDHHS by Year of Birth, 2016





SYRINGE SERVICE PROGRAMS – A PROVEN APPROACH TO BOTH FACETS OF THE PROBLEM

- Also referred to as syringe exchange programs (SEPs), syringe access programs (SAPs), needle exchange programs (NEPs) and needle-syringe programs (NSPs).
- Community-based organizations that provide access to sterile needles and syringes, often with other supplies needed for safe injections, free of cost and facilitate safe disposal of used needles and syringes

WHAT IS OFFERED AT SYRINGE SERVICE PROGRAMS?

- Sterile syringes and all other materials needed for safe injections
- Safe disposal of used sharps
- Testing for HIV, hepatitis C, hepatitis B, Sexually Transmitted Diseases
- Referral for treatment of infectious diseases as needed
- Vaccination for hepatitis A and B, tetanus, influenza, and any others needed
- Referral for mental health services, social services, medical care, and substance use disorder treatment
- Overdose education and prevention
- Other infection prevention tools such as counselling, condom distribution and safe sex education, and PrEP (a medication to prevent HIV)

SOME OF THE FACTS

Syringe Service Programs typically provide a variety of services in addition to syringe exchange and improve welfare of participants

- Increase in Syringe Service Programs programs in NYC from 1990 to 2001 associated with **78% decrease in HIV prevalence in Injecting Drug Users** and **decrease in HCV from 90% to 63%**
- One study: within 6 months of use of Syringe Service Programs clients saw **45% increase in employment, 25% more likely to be referred to mental health treatment** and prescribed medication
- New Jersey: **22% of Syringe Service Programs clients enter drug treatment**; Seattle: more likely to significantly **decrease Injecting Drug Use, stop Injecting Drug Use , remain in treatment**
- **Proven to not increase, encourage starting drug use, or transitioning to injection drug use**

SOME OF THE FACTS

Statistics show that Syringe Service Program services improve public health and safety

- Decrease in break-ins, burglaries; **reduced needle stick injuries** to law enforcement, EMS, firefighters, other first responders

Syringe Service Programs are highly cost-effective

- Lifetime cost of treating HIV-positive person estimated to be \$385,200-\$618,900; medication for hepatitis C costs \$34,000
- Estimated that **every dollar invested in Syringe Service Programs saves \$3 to \$7 by prevented HIV infections** alone

WHY THIS RESOLUTION?

- Per Michigan Public Health Code, Act 368 of 1978, Sec. 7457: Distribution of injection supplies (or any drug “paraphernalia”) by a state or local governmental agency or **by a person authorized by a governmental agency** to prevent transmission of infectious agents is *legal*.
- *GTCHD* strongly supports the initiation of a Syringe Service Program in the county, and will happily take on the authorization and monitoring role.