Lessons Learned During the Launch of Syringe Services Programs in Michigan
Lessons Learned During the Launch of Syringe Services Programs in Michigan

Authors

Sean T. Allen, DrPH, MPH
Department of Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland

Suzanne M. Grieb, PhD, MSPH
Department of Pediatrics
Johns Hopkins University School of Medicine
Baltimore, Maryland

Samantha J. Harris, PhD, MPA
Department of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland

Catherine Tomko, PhD
Department of Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland

Glenna Urquhart, MPH
Department of International Health
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland

Fernanda Alonso, PhD, LL.M., LL.B.
Department of Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland
Background

The addiction and overdose crisis in the United States has surged in recent years. Provisional data suggest more than 100,000 overdose fatalities occurred in the United States during the 12 months ending in April 2021. Data also indicate that overdose fatalities linked to synthetic opioids (e.g., fentanyl) and psychostimulants (e.g., methamphetamine) have increased in recent years. Paralleling these trends, from 2014 through 2018 in the United States and 6 dependent areas, the percentage of diagnoses of HIV infection attributed to injection drug use increased. Increased risks for overdose and bloodborne infectious disease acquisition are only two examples of many adverse health outcomes associated with substance use. Worsening trends in the addiction and overdose crisis have led to renewed efforts to implement evidence-based strategies to ensure people who use drugs have access to life-sustaining and health-promoting services, including syringe services programs.

Syringe services programs, sometimes referred to as needle and syringe exchange programs, were first implemented in the United States in the 1980s. These programs provide people who inject drugs with access to essential health and social services, including:

- access to sterile injection equipment for bloodborne infectious disease prevention
- referrals to substance use disorder treatment and other supportive services (e.g., housing, healthcare)
- testing for bloodborne infectious diseases
- vaccinations
- overdose prevention resources, such as naloxone and fentanyl test strips.

Syringe services programs have been implemented in geographically diverse locations worldwide and extensively evaluated. Syringe services program implementation does not lead to increases in substance use, improperly discarded syringes, or crime. Syringe services programs have consistently proven to be vital components of community HIV prevention programming because they increase access to sterile injection equipment and bloodborne infectious disease testing services. Syringe services program implementation results in significant cost-savings via averted HIV infections among people who inject drugs. Despite extensive scientific study demonstrating the public health utility of syringe services programs, their implementation can be obstructed by stigma and other policy and legal impediments.

Prior to 2017, there were only four syringe services programs legally operating through 22 sites in Michigan. However, the number of syringe services programs in Michigan rapidly changed in response to escalations in the addiction and overdose crisis. As of 2022, 35 syringe services programs operate at 86 sites across Michigan. Harm reduction supplies are also available to all Michigan residents by mail. The rapidity with which syringe services programs were scaled up across Michigan is a noteworthy public health achievement; however, it also underscores the scale of the modern addiction and overdose crisis and the need for evidence-based services. Exploring syringe services program implementation processes in Michigan and documenting the contributing factors to the rapid increase in service availability affords important insights that may be used to expedite program implementation in other jurisdictions. This report aims to “tell the story” of syringe services program implementation in communities throughout Michigan and describe the lessons learned by program operators.
Project Participants and Recruitment

All project participants were persons who operated a syringe services program in Michigan. In-depth, semi-structured interviews with a geographical diverse sample of syringe services program operators (n=19) were conducted during October and November 2021. Most (73.7%; n=14) of our participants identified as women. Potential participants were identified via the Michigan Department of Health and Human Services providing the Johns Hopkins team with a list of syringe services program contacts. We also conducted online searches to identify potential persons involved with syringe services program operations. Additionally, potential participants were identified via other participants. The Johns Hopkins team was led by researchers at the Johns Hopkins Bloomberg School of Public Health. Potential participants were contacted via email, informed about the project, and asked if they would be willing to participate. Interviews occurred via Zoom and phone, and were audio recorded with the participant's permission. Recordings were transcribed verbatim. All participants were offered a $25 Amazon card as an incentive.

Methods

An interview guide was developed for discussions with project participants. The interview guide broadly explored the contributing factors to the implementation of syringe services programs and was informed by existing research related to harm reduction services. Collaborators at the Michigan Department of Health and Human Services and Vital Strategies reviewed the interview guide and provided feedback to enhance its relevance to local communities. Data analyses of interview transcripts were conducted using an iterative, thematic constant comparison process informed by grounded theory. Two team members independently conducted open coding on four transcripts; the open coding lists from each team member were merged and discussed to further refine, align, and categorize the codes, creating the initial coding framework. Multiple iterations of the codebook were created through coding of additional transcripts and subsequent reflection and discussion by three qualitative coders. Two coders then independently applied the codes systematically to each of the interview transcripts in Atlas.ti software such that each transcript was double coded. The lead qualitative researcher reviewed the transcripts and resolved any discrepancies, ensuring intercoder agreement. Codes were then compared within a single interview and between interviews to develop the final thematic structure. Variability was considered based on syringe services program type (e.g., health department, community-based organization). Qualitative data are presented in this report using direct quotes from the participants to illustrate findings. To protect the anonymity of our participants, we present quotes with identifying information removed.
Summary of Key Findings and Recommendations

This report explores lessons learned during syringe services program implementation in Michigan from the perspectives of program operators. We identified several factors that served as barriers and facilitators to program launch. The findings of this report underscore the importance of communities working proactively to lower community-level risks for injection drug use-associated morbidity and mortality. Key findings and recommendations are summarized below.

Findings:

- The Michigan Department of Health and Human Services encouraging communities to implement syringe services programs and creating funding opportunities to support them were essential first steps to increasing the number of programs across the state.

- Much of the rapidity with which syringe services programs were launched in Michigan can be attributed to a high degree of mutual aid among program operators.

- Many syringe services program operators had to engage in lengthy engagement processes to educate local community members about substance use and the essential role of harm reduction services.

- In many instances, harm reduction and substance use disorder treatment services were not well connected.

- Local law enforcement responded inconsistently to syringe services program implementation across Michigan, ranging from support to total opposition and engagement in adverse policing practices toward program clients.

- Syringe services programs in Michigan need additional funding to sustain operations and meet the evolving needs of people who inject drugs.

Recommendations:

- The Michigan Department of Health and Human Services should ensure funding continuity for existing syringe services programs and create funding opportunities to support additional programs.

- Supporting linkages between established syringe services programs and nascent programs may facilitate implementation and enhance sustainability.

- Education initiatives designed to address misunderstandings about syringe services programs and underlying stigma associated with substance use are needed within the public health and healthcare workforce to ensure program sustainability.

- Community-level interventions are needed to correct misunderstandings about syringe services programs and eliminate stigmatization of substance use.

- Better integrating harm reduction and substance use disorder treatment services may afford people who inject drugs with enhanced access to the health and human services needed to improve public health.

- Amend state laws to explicitly authorize syringe services program operations.

- Increase funding for syringe services programs in Michigan and allow programs to purchase sterile injection equipment with state dollars.
Catalysts for Syringe Services Program Implementation

Many participants explained that syringe services program implementation launched following the Michigan Department of Health and Human Services engaging members of the public health and healthcare workforce in discussions about strategies for meeting the public health needs of people who use drugs and creating funding opportunities. For most participants, obtaining funding from the Michigan Department of Health and Human Services to support syringe services program implementation was an essential first step. Several participants emphasized that syringe services program implementation processes occurred at a fast pace once funding was secured.

In addition, most participants described their communities as having limited health and human services for people who inject drugs, including evidence-based substance use disorder treatment. Lack of service availability was described as a motivator for pursuing syringe services program implementation. Several participants reported that they knew the provision of harm reduction services was essential to ensuring the public health of their communities and reducing health disparities.

Recommendation:

The Michigan Department of Health and Human Services should ensure funding continuity for existing syringe services programs and create funding opportunities to support additional programs.
The Syringe Services Program “Learning Curve”

Many participants reported that they initially had limited knowledge of how to operate a syringe services program prior to launching their programs. Participants described a “learning curve” pertaining to how to best tailor program operations to fit within their local contexts. Overcoming the “learning curve” often required extensive and sustained research given shifts in policy and local contextual factors.

"[Syringe services program implementation] was very much a learning curve, and it still is because the policies are always changing, the laws are always changing, the community is always changing... you’ll never be bored running the syringe service program."

Participants consistently described syringe services program operators across Michigan as having a high degree of willingness to provide mutual aid to one another. Often, staff at newly launched syringe services programs visited nearby programs to learn about their operations, policies, and procedures. The mutual aid program operators provided to one another was routinely described as one of the primary reasons Michigan has been successful in rapidly increasing the number of syringe services programs.

"Like, they had showed me how they were collecting data. They had shown me kind of, ‘These are the things we’re going to need. These are the supplies that we’re going to give out.’"

"So, I had actually cold called some of the other syringe service programs and they were--here in Michigan and they were incredibly helpful and friendly and they kind of from day one had like metaphorically opened their doors."

"I did talk with some programs in Northern Wisconsin as well, and kind of was able to get some--a lot of print materials were really helpful, examples of policies. Programs were sharing a number of those [materials]..."

Recommendation:

Supporting linkages between established syringe services programs and nascent programs may facilitate implementation and enhance sustainability.
Syringe Services Program Staffing

Many participants reported that staff members at their organizations who supported syringe services program implementation had personal connections (e.g., knew someone with a substance use disorder) or lived experiences related to substance use. Staff having connections and experiences related to substance use afforded them perspective on the realities of addiction and the essential nature of syringe services programs. In addition, these connections and experiences enhanced the abilities of program staff to establish trust with people who inject drugs.

A lot of the people (staff supportive of syringe services program operations)... already have a history with harm reduction or already have-- either they are still in active use, or they are in recovery, so that they are very familiar with that process already, or they have worked as recovery coaches.

I definitely stay here for the harm reduction program... seeing how my son has struggled, and how he has been treated by people, and a lot of health professionals as well. I just want people who need help to know there are people who can help you in a compassionate, non-judgmental way. But that's really the only reason I'm here. Because between the pay and the leadership, I could-- I would go work somewhere else if I wasn't doing the harm reduction program.

Support for syringe services program operations was not universal among staff at implementing organizations. In some instances, staff initially opposed syringe services program implementation, often due to stigmatization and persons not understanding the purpose and scientific underpinnings of harm reduction.

...there's still a lot of stigma even internally within organizations like ours where this is something that you're constantly having to say, 'These are people, they're people, they have needs, and we don't discriminate. That's just that.'

...the majority [of staff] were on board. But I actually did get some employees directly either emailed me or actually came right down and said, 'You know, I can't believe we're doing this.' A couple of people said, 'This is against everything we do at the Health Department.'

Participants routinely acknowledged the potential consequences of people who inject drugs interacting with staff members who stigmatized substance use and were not supportive of syringe services program operations. In particular, persons emphasized that people who inject drugs experiencing stigma from staff members may undermine the purpose of the syringe services program and lead to diminished service utilization.
Lessons Learned During the Launch of Syringe Services Programs in Michigan

Notably, participants reported that through education, staff attitudes and beliefs about syringe services program operations could be changed.

A lot of people, once you educate them... once you explain and show them the stats of how useful it is to have needle exchange programs, I think they become aware and willing to work.

Recommendation:

Education initiatives designed to address misunderstandings about syringe services programs and underlying stigma associated with substance use are needed within the public health and healthcare workforce to ensure program sustainability.

Community Engagement and Response

The importance of community engagement was a common thread linking syringe services program operators in Michigan. Participants held a shared view that community engagement was critical for successful syringe services program implementation and subsequent operations. Before launching their syringe services programs, many participants described lengthy engagement processes to educate local community members about substance use and the essential role of harm reduction services.

So it really was about a good year and a half of just planning, meeting and before we were actually able to operate.

We then carried on those conversations (about syringe services program implementation) to drug court as well as the local law officials [and] government officials that were in the place at the time, so, the Police Chief as well as the Mayor, and so, I think being able to have those initial buy-in conversations were really important...

Overall, participants described community members as having diverse reactions to syringe services program implementation. Participants reported that people opposed to syringe services program implementation were often motivated by stigma toward people who inject drugs and misconceptions about program operations. Opponents’ viewpoints were frequently rooted in beliefs that syringe services programs would “bring in the bad element” and exacerbate issues they perceived as being driven by substance use, such as syringe litter.

There can’t be stigma or they’re not going to come here. They’re not. They’re just not going to come here. So, I really wanted to make sure that where we have our services and our health department is, like, a safe zone. Like they felt comfortable.
It seems like there’s an existing problem or perception of a problem with syringe litter and people thinking that syringe access programs are associated with syringes being improperly discarded in the community, really just stigma around drug use and people who use drugs, and some of it is really, really extreme.

One guy just straight out said that he thought that they should just hang drug addicts.

Participants also described scenarios in which local community members welcomed syringe services program implementation. In these instances, participants attributed the receptiveness to syringe services programs to community members’ awareness of the adverse health consequences that may result from injection drug use. In addition, many community members who supported syringe services programs viewed them as a positive and evidence-based intervention to meet the public health needs of people who inject drugs while also reducing harms.

Throughout their community engagement activities, most participants reported having to dispel inaccurate beliefs about syringe services program implementation (e.g., encourage drug use, crime, syringe litter) and provide community members with facts. Participants emphasized that effective messaging about syringe services programs involved framing the issue as a matter of public health.

...they were seeing what I was seeing... They were seeing the patients coming through. You know, the hospital was seeing horrible infections... I think we had a couple amputees because of horrible infections related to injectable drugs. So they were definitely on board...

I’d come in and I’d name out loud all the common myths, so I’d just say them out loud and then address those prior to jumping in as well.

The main questions or the main pushbacks that we had were about how this could potentially increase drug use and obviously, there is much data out there that dispels that myth.

I’ll say, ‘Well, you know, if someone came to you and said, ‘Hey, we have this public health program that helps get people into treatment, it decreases disease and then healthcare costs and protects our law enforcement and first responders,’ it’d be a no-brainer.

I really needed to take the public health approach, and I really needed to show them that hepatitis C, if the rates continued to grow the way they are in our little area, what type of an economical impact that’s going to have on our area.

Recommendation:
Community-level interventions are needed to correct misunderstandings about syringe services programs and eliminate stigmatization of substance use.
Overall, most participants reported that their communities had inadequate access to evidence-based substance use disorder treatment programs. Among the drug treatment programs available, many were abstinence-based.

In addition to the scarcity of evidence-based substance use disorder treatment programs, many participants reported that syringe services programs and recovery support services were not well-connected. This disconnect was partially attributed to the recovery community being reluctant to support syringe services programs due to stigma and concerns that the provision of sterile injection equipment would enable or otherwise encourage substance use. Participants also reported that reluctance to support syringe services programs was more prevalent among persons involved with abstinence-based recovery programs. In some instances, participants described scenarios in which substance use disorder treatment programs would not refer their clients to syringe services programs.

Some participants, however, indicated that their syringe services programs had positive collaborations with substance use disorder treatment programs. For example, some program operators reported collaborating with local substance use disorder treatment providers and allowing their recovery coaches to be on-site to enhance client referrals. Though these experiences were positive, participants emphasized that the scarcity of substance use disorder treatment programs remained challenging.
Recommendation:

Better integrating harm reduction and substance use disorder treatment services may afford people who inject drugs with enhanced access to the health and human services needed to improve public health.

Syringe Services Programs and Law Enforcement

Many syringe services program operators described scenarios in which they reached out to law enforcement before implementation to provide information about program operations, attempt to resolve any concerns, and answer questions. Some participants framed the purpose of engaging law enforcement in discussions about syringe services program as an opportunity to educate them about harm reduction and potentially avert subsequent adverse policing practices (e.g., targeting clients). The mechanisms through which syringe services program operators engaged law enforcement in discussions about harm reduction were context- and relationship-dependent. For example, in some cases, program operators had preexisting relationships with law enforcement that facilitated discussions about harm reduction (e.g., program operators having attended school with law enforcement officers).

"So, each day I go out, I have a different peer recovery coach with me from a different organization."

"I've been looking for, like, a recovery coach and I could find two... they're very, very supportive. They're willing to help with whatever. They're very supportive and they love having the conversations [about harm reduction]."

"I've been looking for, like, a recovery coach and I could find two... they're very, very supportive. They're willing to help with whatever. They're very supportive and they love having the conversations [about harm reduction]."

"We also approached law enforcement before we actually started the [syringe services program]. ...and said, 'We're going to be doing this, just so you're aware of this,' to get some feedback from them... And so, they're not out there arresting people."

"[Syringe services program staff member] was in the same grade as this Michigan State Police Officer... She was like, 'Let's get him in. Like, let's talk to him and let's try to build this relationship.'"
Overall, participants reported that law enforcement had a heterogeneous response to syringe services program implementation.

The Police Chief at the time ironically was really in support because of the fear that he had of his staff being stuck with syringes...

...they had quite a bit of pushback from the city police department, who, as far as I know, is still not really supportive. But all the other police departments were on board... you’ve got to have that support so that they’re not stopping people and getting them for drug paraphernalia and that kind of thing.

Fortunately, our sheriff was extremely supportive at the time, so was the captain who was involved at that time...

In some instances, participants described scenarios in which law enforcement engaged in policing practices that adversely affected syringe services program clients. These practices included confiscating sterile injection equipment, charging persons with drug paraphernalia possession, and attempting to exploit clients’ knowledge of persons who sell drugs.

...[participants] had situations with law enforcement where they said they’d taken all of their supplies, like unopened boxes of syringes that they’ve pretty much just picked up from us, and they confiscate all of that...

The police officers of this town, though, still threaten our participants with paraphernalia charges. I just have to educate our participants that this town doesn’t have a paraphernalia ordinance... I find it manipulative that they do it because there is no paraphernalia ordinance in this town and it can-- they can threaten all they want with paraphernalia charges, but it doesn’t exist in this town. But our participants don’t know that.

So, they passed a resolution saying that they would no longer penalize people, but we still had police entities who were ticketing individuals. This was after the prosecuting attorney said they weren’t going to prosecute those cases. None of that made sense, and it was more like harassment...

Many participants also described challenges for syringe services program operations stemming from the absence of a state law explicitly authorizing the possession of sterile injection equipment. In essence, participants explained that syringe services program staff and clients were vulnerable to arrest given that sterile injection equipment may be considered drug paraphernalia under existing laws. Participants expressed frustration with the absence of state authorization for the possession and distribution of sterile injection equipment. They explained that the lack of explicit authorization of syringe services programs at the state level was illogical given that Michigan was concurrently providing funding and technical assistance to programs.
Recommendation:
Amend state laws to explicitly authorize syringe services program operations.

Funding

Participants reported that funding sources for their syringe services programs were diverse. For example, participants reported receiving funding from the Michigan Department of Health and Human Services, private donations, tax dollars, and locally-controlled monies. In some instances, syringe services programs were also supported by innovative collaborations with local businesses in which a portion of proceeds was donated to the program.

One of our team’s parents donated one of their stimulus checks. A local coffee shop did—like for a month, a certain portion of their proceeds went to a local nonprofit.

So just this past year Red Project was fortunate enough to get a significant amount of money from Vital Strategies for purchasing supplies for other programs.

We wrote to use a grant, wrote to get a grant for liquor tax funding to be used for purchasing syringes...

Though several funding mechanisms across Michigan supported syringe services programs, most participants reported needing additional funding. Participants emphasized that additional funding would support expanding services at syringe services programs. Increased funding to support syringe services program expansion was described as essential for meeting the public health needs of people who inject drugs. For example, participants reported that increased funding would allow syringe services program operators to hire additional nurses, recovery coaches, and other personnel to link people who inject drugs to health and social services.
Almost all participants reported that not being able to use state funding (i.e., monies from the Michigan Department of Health and Human Services) to purchase sterile injection equipment was a major challenge. The inability to use state monies to purchase sterile injection equipment was frequently described relative to the public health utility of syringe services programs (e.g., decreasing community level risks for outbreaks of bloodborne infectious diseases via distributing sterile injection equipment). In essence, by not being able to leverage state funds to purchase sterile injection equipment, some participants reported having to limit supply distribution and, by extension, not follow evidence-based best practices for syringe services program operations.

The one thing that I need to run this program is the one thing that I can’t buy with the money that I get. It really makes no sense.

But the State still hadn’t allowed purchasing syringes, and that’s been a huge barrier, to have a program and to not be able to purchase, that’s been a huge barrier.

Theoretically the state could use state dollars to purchase syringes, but they’re not willing to do that.

Because of the ban on purchasing syringe with governmental dollars, it really immobilizes these programs.

We are really struggling more and more for funding for syringes as our program is expanding and numbers are looking up.

**Recommendation:**

Increase funding for syringe services programs in Michigan and allow programs to purchase sterile injection equipment with state dollars.
Conclusions

Participants reported many lessons learned during syringe services program implementation in Michigan. This report documents the importance of the Michigan Department of Health and Human Services championing syringe services programs and supporting their operations with funding opportunities. At the local level, program operators reported multiple manifestations of stigma, including among organizational staff, community members, and law enforcement. This finding underscores the critical role of investing in initiatives designed to eliminate stigma and ensure persons understand the evidence-base that underpins syringe services program operations. There is also an ongoing need to facilitate linkages between substance use disorder treatment programs and syringe services programs in Michigan. However, our participants described many communities as having inadequate access to substance use disorder treatment programs. Participants also reported that substance use disorder treatment programs may be in opposition to syringe services programs due to inaccurate perceptions that harm reduction may encourage substance use. Law enforcement was also described as having a heterogeneous response to syringe services program implementation. In some instances, participants described scenarios in which law enforcement engaged in policing practices that have been proven to adversely affect the public health of people who inject drugs. There is a sustained need for improving how law enforcement perceives syringe services programs and treats their clients. Last, nearly all of our participants described needing additional funding. This finding speaks to the evolving need for harm reduction services. Given the public health benefits of syringe services programs, increased funding has the potential to save lives and decrease community level risks for overdose and infectious disease outbreaks.

Limitations

This project has limitations that warrant consideration. First, we only interviewed nineteen syringe services program operators. As a result, our findings should not be viewed as reflective of the entirety of syringe services programs across Michigan. In addition, we did not interview persons who accessed syringe services programs. Future work should be conducted with syringe services program clients to learn about their needs and how to best tailor harm reduction service delivery. Recall bias may also be at play given that many syringe services programs had been operational for several years prior to when we conducted the interviews.

Acknowledgements

This project reflects collaborative activities between the Johns Hopkins Bloomberg School of Public Health, the Michigan Department of Health and Human Services, and Vital Strategies. None of this work would have been possible without the participation of syringe services program operators across Michigan; we are grateful for their involvement and willingness to share their lessons learned. This project was supported by the Bloomberg Opioid Initiative, a campaign from Bloomberg Philanthropies to reduce overdose deaths in the United States.
References


12. CDC. Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs). 2021.


Lessons Learned During the Launch of Syringe Services Programs in Michigan


32. Services MDoHaH. Find a Syringe Service Program Near You. 2022.


