MSP Forensic Laboratory Seized Drug Analysis

Elaine Dougherty
Michigan State Police Forensic Science Division
Bridgeport Forensic Laboratory
doughertye@michigan.gov

MSP FSD Laboratories

Workflow

- Police agency submits evidence
- Evidence is assigned to a unit and is placed into the backlog
- Evidence is analyzed (with exceptions) in the order it was submitted
- A report is issued
- Evidence is returned to submitting agency

Drug Analysis Process

- Select what will be analyzed
  - Weight guidelines
  - Different drugs
- Weigh sample
- Identify whether or not a controlled substance is present using two independent tests
- Issue a report listing the controlled substances identified in each sample analyzed
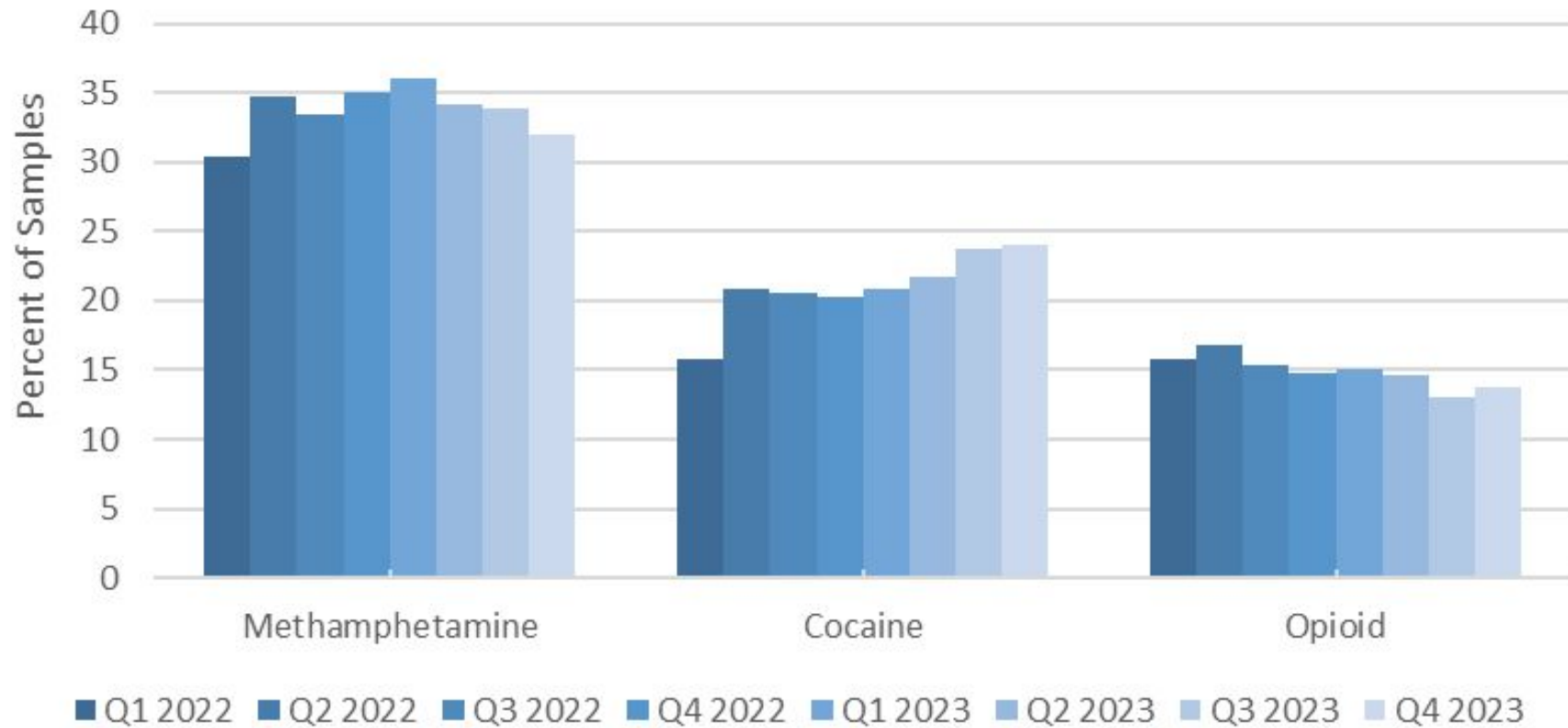
Data Limitations

- Not every agency submits evidence to MSP labs
- Not all evidence seized is submitted
- Not all evidence submitted is analyzed
- Only controlled substances are tracked, with a few exceptions
- Submitted evidence must be associated with a criminal investigation
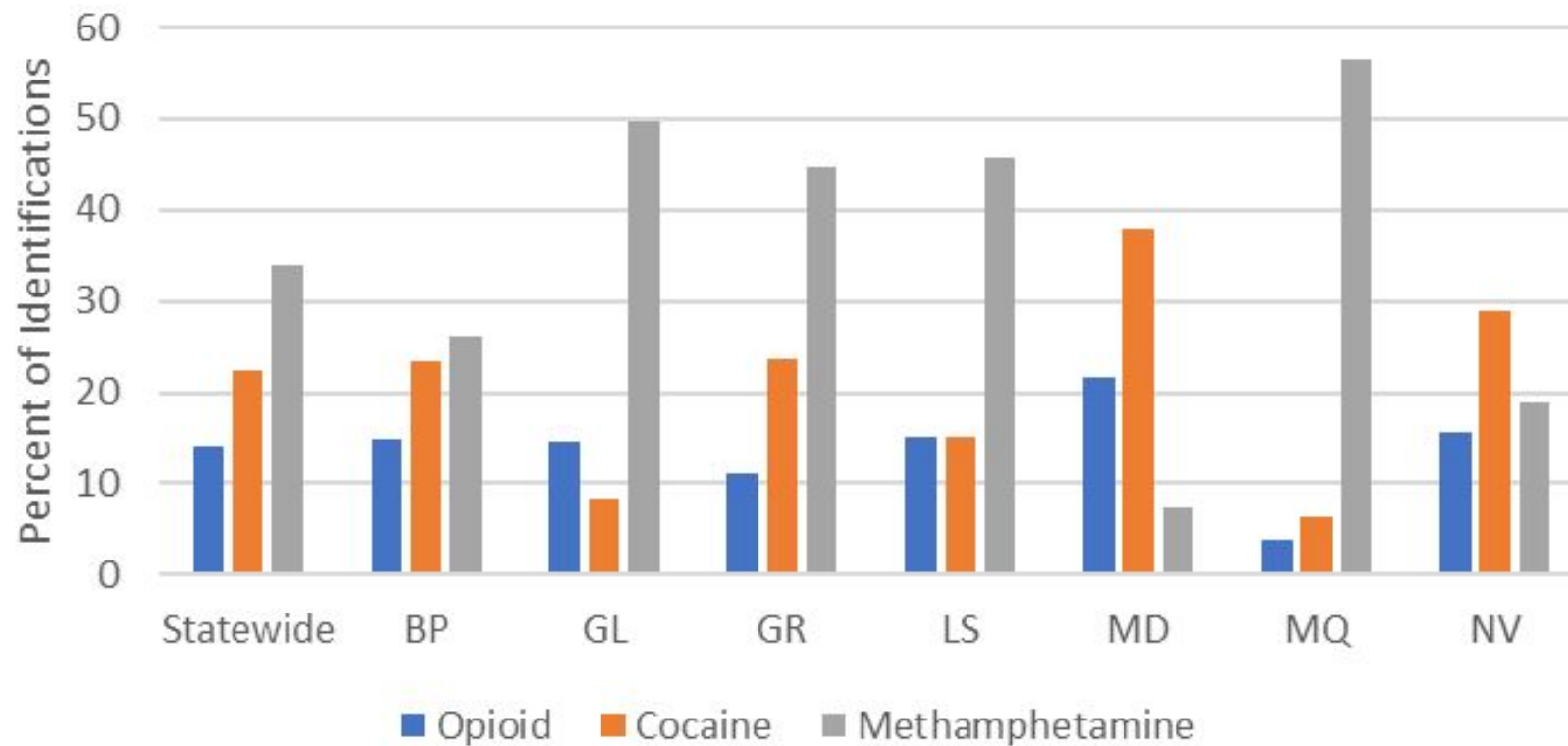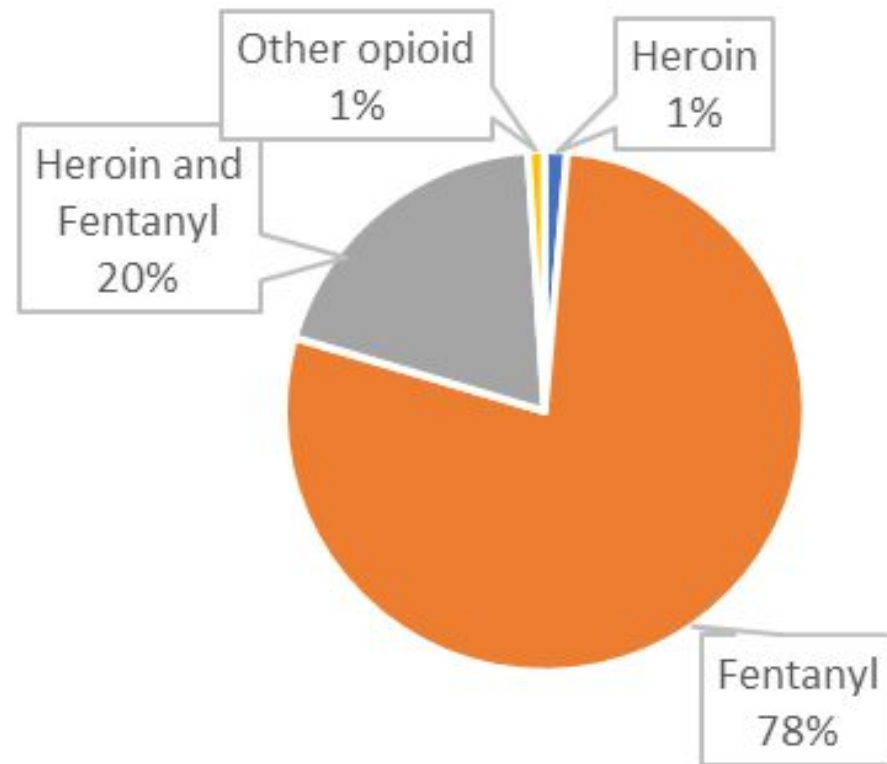
Opioid Sample Composition - 2023

Percent of Opioid Samples Containing Xylazine 2022 and 2023
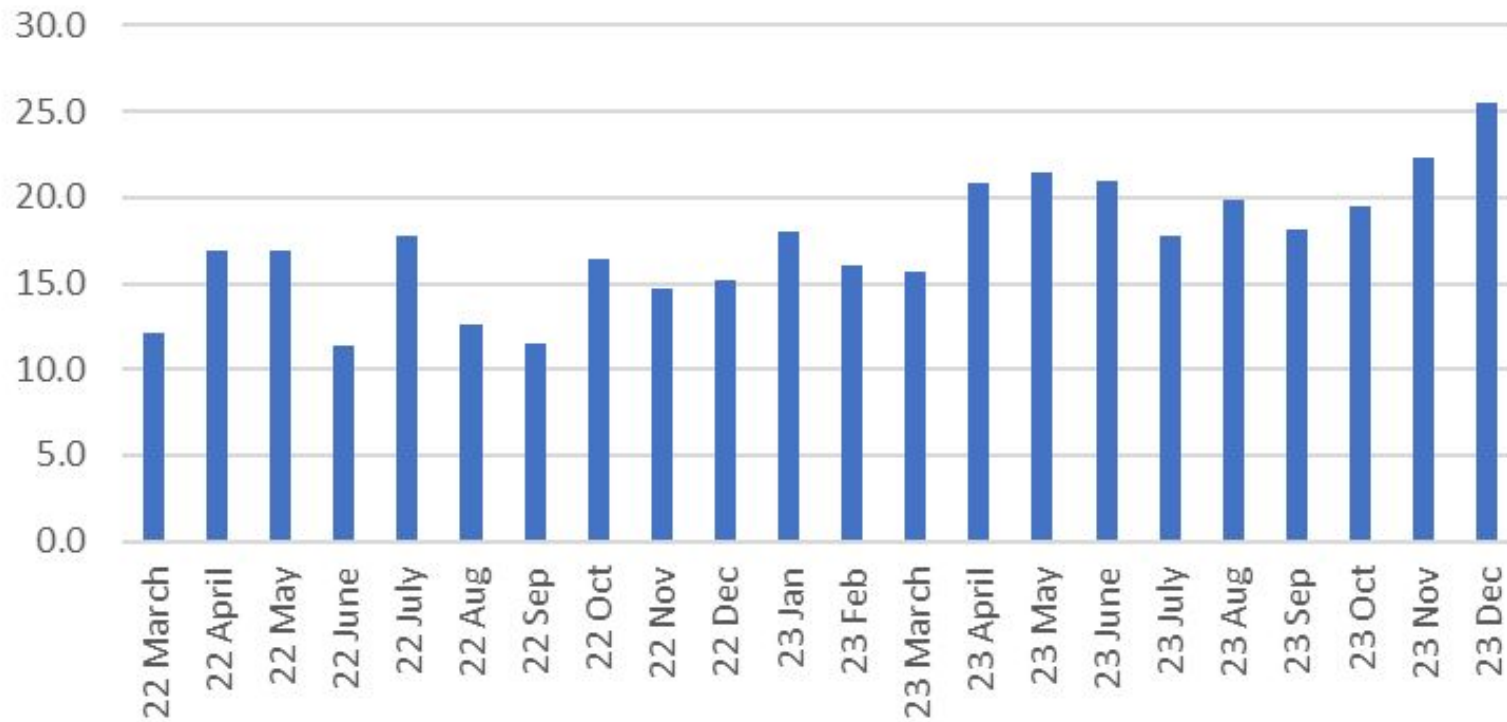
Other Info

- Nitazenes
- Fentanyl analogs
- Fentanyl/stimulant combinations
- 4-ANPP
- Fentanyl/cannabinoids
- Meth/MDMA
- Marihuana with other drugs
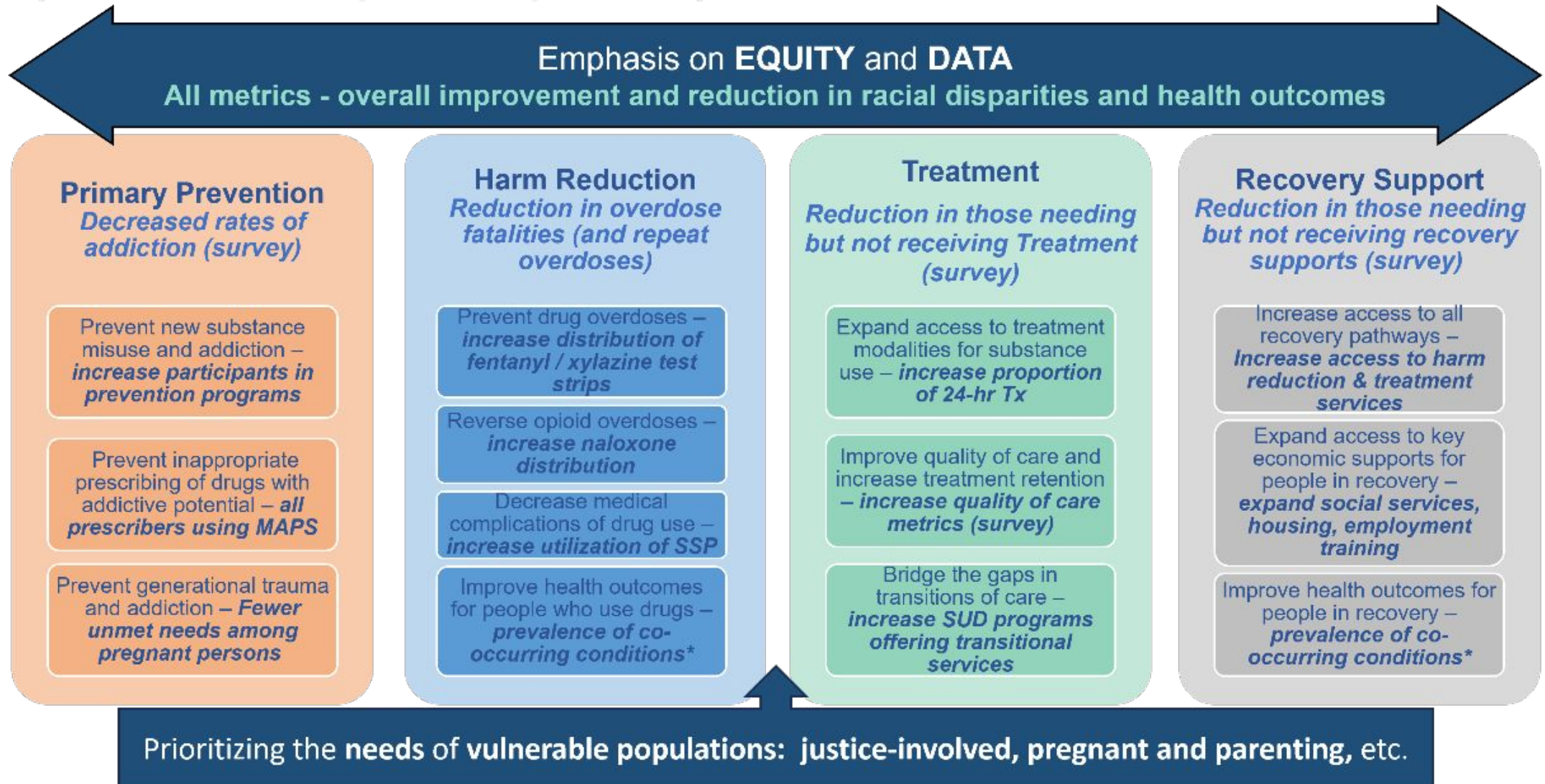- Levamisole
- Synthetic cannabinoids
- Cathinones

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Opioid Task Force Meeting Pillar Subcommittee Presentation

May 15, 2024

Original Framework

Prevention Top 3 Goals & Associated Metrics

1. Goal: Prevent new substance misuse and addiction.
   - Metric: Increase number of participants in prevention programs, including established and emerging programs.

2. Goal: Increase knowledge of the impact of illicit drugs, counterfeit pills, prescription drugs with addiction potential, and available resources amongst the general public, targeting at risk communities, adolescents, young adults, and older adults.
   - Metric: Increase knowledge of impact and harms of illicit drugs, counterfeit pills, prescription drugs with addiction potential, and available supports and resources.

3. Goal: Prevent and reduce impacts of generational trauma and addiction.
   - Metric: Increase the number of Adverse Childhood Experience (ACEs) and trauma-informed trainings, and information on resources for services and supports, for human service personnel (e.g., healthcare professionals, school-based faculty and staff, law enforcement, children's welfare and services staff, homecare workers, community health workers, behavioral health professionals).

Prevention Top 3 Recommendations Actionable for the Next Year

1. In the next year, through a competitive Request for Proposal (RFP) process, increase funding for the implementation of innovative, evidence-based, culturally-appropriate, inclusive, equity-focused primary prevention services within counties with highest need as indicated by the Substance Use Vulnerability Index and additional relevant data, to increase the number of participants receiving direct prevention services by 10%, and require that all settlement-funded direct primary prevention services be tracked in the Michigan Prevention Data System to measure this increase. *(Additional Funding Request; Program Design/Development)*

2. In the next year, using the Substance Use Vulnerability Index and additional relevant data, conduct community engagement efforts with Michigan's most vulnerable populations to inform, develop, and implement an evidence-informed, equity-focused, inclusive, and relevant public health campaign to reach the general public, and also targeting adolescents, young adults, and older adults, particularly within at risk communities, to increase their knowledge of the impact and harms of illicit drugs, counterfeit pills, prescription drugs with addiction potential, and available supports and resources, as verified by a pre- and post-survey administered to a sample of individuals within focus communities, and quantified campaign engagement. *(Additional Funding Request; Program Design/Development)*

3. In the next year, invest in equity-focused, evidence-based Adverse Childhood Experiences (ACEs) and trauma-informed trainings to be provided to personnel that serve as touchpoints to youth/adolescents and/or work within the human services field (e.g., healthcare professionals, school-based faculty and staff, law enforcement, children's welfare and services staff, homecare workers, community health workers, behavioral health professionals) with the goal of 1) developing their knowledge and understanding of the connection between ACEs and trauma to substance use, substance/opioid use disorders, and risk and protective/resiliency factors, 2) learning of available resources for services and supports, and 3) preventing and reduce impact of ACEs and generational trauma, beginning with the most under resourced communities. *(Additional Funding Request; Program Design/Development)*

Harm Reduction Top 3 Goals & Associated Metrics

1. Goal: Align state policy to reduce overdose fatality and eliminate racial disparities in outcomes from substance use.
   - Metric: Passage of legislative bills that remove barriers to harm reduction services.

2. Goal: Prevent Fatal Opioid Overdose.
   - Metric: Measured through the multiple drug-checking methodologies and OD reversal strategies in communities with high overdose burden.

3. Goal: Improve Health Outcomes for People Who Use Drugs.
   - Metric: Decrease medical complications impacting PWUD through the expansion of healthcare access within harm reduction services in a variety of settings.

Harm Reduction Top 3 Recommendations Actionable for the Next Year

MDHHS
Michigan Department of Health & Human Services

1. Continuous support of legislation or policy change to advance harm reduction interventions. Currently, in Michigan, these are HB 5178 & 5179. *(Legislative Action)*

2. By December 2025, an additional $500,000 annually will be allocated among SSP Legacy sites in Ypsilanti, Flint, Detroit, and Grand Rapids to purchase and utilize Fourier-transform infrared (FTIR) spectrometers to increase drug-checking methodologies in MI. *(Additional Funding Request)*

3. By December 2025, Increase funding by $2M annually for SSPs to distribute basic harm reduction equipment, services, and education, which will include rescue breathing supplies and training. *(Additional Funding Request)*

Treatment Top 3 Goals & Associated Metrics

1. Goal: Expand access to treatment modalities for substance use.
   - Metric: Reduced disparities, in median time to treatment, for vulnerable populations (ex: criminal justice involved, under the age of 18).

2. Goal: Improve quality of care and increase treatment retention.
   - Metric: Increase the percentage of treatment facilities offering MOUD and tailored programming.

3. Goal: Improved continuity of care.
   - Metric: Increase in maintenance of care provided throughout treatment.

Treatment Top 3 Recommendations Actionable for the Next Year

1. To expand state-wide access for MOUD within treatment modalities, by 2025, MDHHS will officially adopt Medication First principles as the standard for care for Opioid Use Disorders (OUD) and request the PIHPs to include them in their contracts with providers. Contracted programs can be audited to measure fidelity. These principles would make available MOUD at the earliest possible point of care for consumers. *(Policy Change)*

2. By October 2024, increase the availability of contingency management (CM) through increased funding and the removal of barriers to accesses reimbursement for contingency management. This can be accomplished with strategies like direct invoicing to contracted PIHP, Health Plans, and commercial carriers, increasing opportunities for CM implementation across all providers, regions, and diverse populations. This can be measured through the monitoring of funds appropriated and spent on contingency management to reflect a total increase in utilization. *(Additional Funding Request)*

3. In FY25, increase funding to establish additional Crisis Centers equipped to handle SUD throughout the state. Crisis Centers equipped to handle SUD would have programmatic availability for screening, stabilization, case management, MOUD, and navigation services. This can be measured by the number of newly added Centers throughout the state. This would be done through initiatives like the issuance of RFP's provide communities the opportunity to form partnerships and cultivate local resources in the design of Crisis Centers, with emphasis on how to integrate communities impacted by disparity and vulnerability. *(Additional Funding Request)*

Recovery Top 3 Goals & Associated Metrics

1. Goal: Increase access to all peer-led recovery pathways.
   - Metric: # of Recovery Community Organizations (RCOs) and other peer-led recovery support providers receiving public funds.

2. Goal: Expand access to self-sufficiency services for people in recovery.
   - Metric
     1. # of employers who are certified Recovery Friendly Workplace (RFW).
     2. # of MARR beds in certified recovery residences.

4. Goal: Improve health outcomes for people in recovery.
   - Metric: People with a history of SUD that are accessing primary care services.

Recovery Top 3 Recommendations Actionable for the Next Year

1. By end of FY25, increase state-level funding for RCOs by 100%, with multi-year awards, to support geographic expansion and access to new programs; prioritizing those that create safe spaces for MOUD, address transportation, promote Global Health. *(Additional Funding Request; Program Design/Development)*

2. By end of FY25, implement a capital investment strategy for Recovery Residence program development and expansion in targeted communities identified by a thorough assessment on the distribution of SUD recovery housing beds ($20M/$5M over 2 yrs for purchase/repairs). *(Additional Funding Request)*

3. By FY25, examine and resolve obstacles, such as Medicaid Fitness & eligibility criteria, hindering the equitable certification and employment opportunities of Certified Peer Recovery Coaches & peer workers. *(Policy Change)*