



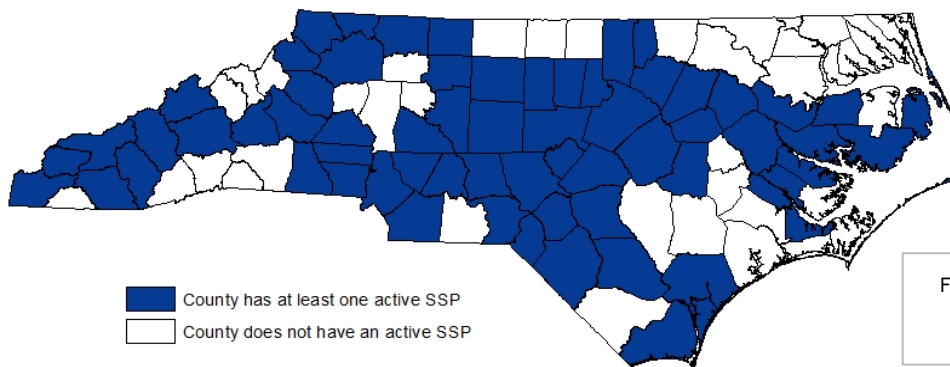
NC Safer Syringe Initiative Annual Report, 2021-2022

North Carolina law (G.S. 90-113.27) allows for the legal establishment of hypodermic syringe and needle exchange programs.¹ **Syringe services programs (SSPs) are an evidence-based strategy to reduce overdose deaths, reduce transmission of blood-borne pathogens including HIV and hepatitis C (HCV), and connect participants to treatment and care.** SSPs provide a variety of health and social services for people who use drugs, often serving as the primary avenue to meet their health needs. They offer sterile syringes and disposal services to remove biohazards from the community and reduce sharing and reuse of syringes. They also provide wound care, distribute naloxone, and offer many wraparound services. This report summarizes data reported from July 1, 2021 - June 30, 2022 to the Division of Public Health (DPH) from all registered SSPs in North Carolina about their services.

¹ Visit <https://tinyurl.com/NCSSPLaw>

SSPs directly serve over half of all North Carolina counties.

There are **47 Syringe Services Programs** providing direct outreach in **63 counties** and **1 federally-recognized tribe** across NC. Despite the increased coverage over time, there are many North Carolinians who still need access to syringe services programs. The North Carolina Safer Syringe Initiative aims to ensure maximum coverage of SSPs in the state. While these programs do not entice people to start using drugs, they do connect people who already use drugs to critical health care and social supports.



For a continuously updated list of registered SSPs, visit <https://tinyurl.com/NCSSIList>

Of these 47 SSPs, 29 operate using a fixed-site location, 31 operate using mobile services, 26 operate using peer-based distribution, 22 operate in an integrated space, and 15 operate using delivery services.

Note that many SSPs utilize more than one program model. For more information about program model types, visit <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-models>.

SSPs connect with people who are often disconnected from traditional health services.



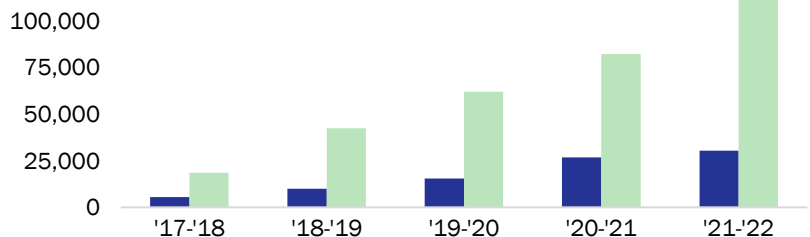
30,306 unique individuals were served across all programs in the 2021-2022 reporting year. This represents **an increase of 13%** since the last reporting year.

Individuals Served and Total Contacts by SSPs

Participants

■ Unique individuals served

■ Total number of contacts



Programs had **116,977** total contacts* with participants in the 2021-2022 reporting year. This represents **an increase of 42%** from the previous year.

*A contact can be any interaction with a participant that provides connection to harm reduction or overdose prevention services.

Of the participants who reported demographic information (43%) in the 2021-2022 reporting year:

Individuals **ages 31-40** made up the **highest percentage of SSP participants (40%)** followed by ages 41-50 (23%) and 21-30 (20%).

54% of the participants were **male** and **45%** of the participants were **female**. The remainder of participants identified as non-binary or different identity. Across all gender identities, 75 participants identified as transgender.

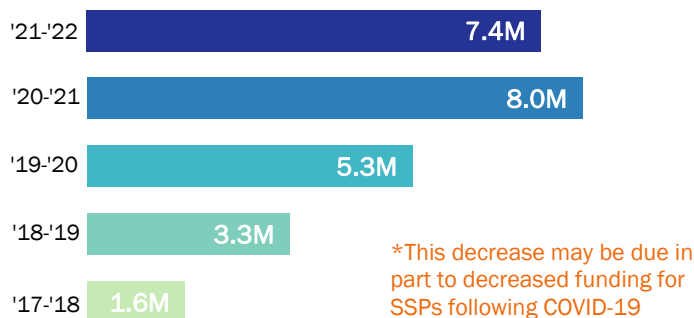
The **majority of SSP participants identified as white (83.3%)** followed by Black participants (10.2%). Less than 1% of participants were American Indian.

Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2022.

SSPs distribute supplies and make referrals that save lives.

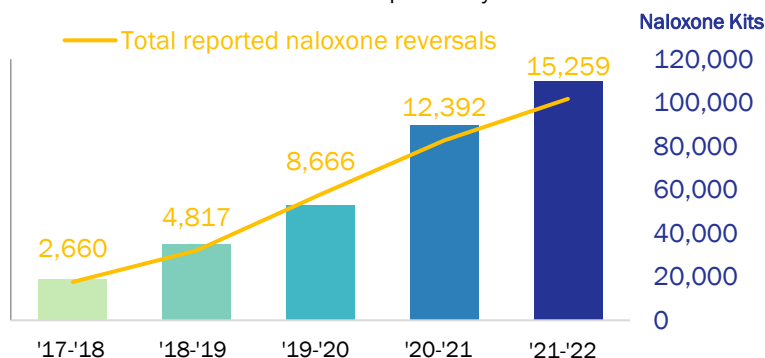
SSPs distributed approximately **7.4 million syringes** in the 2021-2022 reporting year.

This is an **8% decrease*** from the previous year.



SSPs distributed **over 109,000 naloxone kits** in the 2021-2022 reporting year.

This is an **increase of 23%** from the previous year.



A key purpose of SSPs is to provide participants with sterile syringes and facilitate safe disposal of syringes. SSP participants can also dispose of syringes in hard-wall containers as part of their household waste, as generally allowed by state and local law. To prevent risk of infectious diseases, a new, sterile syringe is recommended for each use. Increases in the number of syringes distributed by a program highlight success in expanding syringe access.

SSPs establish trust with their participants and regularly engage with frontline communities responding to drug overdoses. Naloxone distribution, to people who use drugs and to their friends and families, has been shown to be an **extremely successful and cost-effective strategy to reduce overdose deaths**.

15,259

overdose reversals were reported to SSPs in 2021-2022.

15,259 reported overdose reversals is an **increase of over 22%** from the previous year. This number is also likely an underestimate of the total overdose reversals done by SSP participants, as many are not reported.

SSPs provide more than just access to sterile supplies and naloxone.

This annual reporting year, the following formal referrals were reported by SSPs:

112

referrals to employment resources

472

referrals to housing resources

Despite impacts of the COVID-19 pandemic on service provision for many healthcare providers,

887

participants were tested for Hepatitis C.

2,147

participants were referred to 160 unique SUD treatment providers.

993

participants were tested for HIV.

SSPs connected participants to a **variety of different types of service providers**, including:

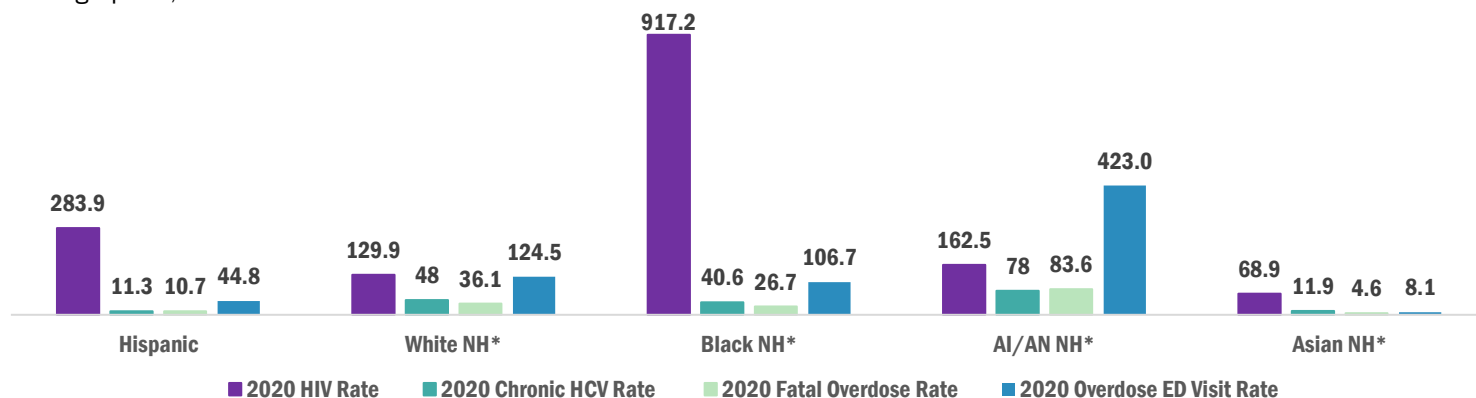


Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2022.

SSPs and people who use drugs continue to face a variety of barriers.

Despite the work being done by syringe services programs (SSPs) in North Carolina, people who use drugs still face barriers to accessing many types of services. Black, American Indian/Indigenous, and other people of color may not seek services at SSPs due to a variety of reasons including fear of criminalization. **Increased access to culturally appropriate, low-barrier care for all North Carolinians is crucial to decreasing the disproportionate health burdens and fatalities for people of color.**

While the majority of SSP participants providing demographic information identified as non-Hispanic White, they are not the only demographic group in need of services provided by SSPs. The graphic below illustrates the disproportionate health burden, particularly among Black and American Indian communities, when examining the rate per 100,000 people, across racial demographics, for substance use-associated health outcomes & death.



Supporting SSP infrastructure development is key to being able to meet the needs of all North Carolinians. While support for harm reduction and overdose prevention is increasing, SSPs often still operate with extremely limited budgets and work with a variety of funding restrictions that impact their ability to function.

Increasing access to SSPs and naloxone saves money and saves lives.

Every effort:	Saves money:
\$5 dose of naloxone...	could save \$20,500 in potential medical costs to treat an overdose.
\$1 invested in SSPs...	could save \$6.38-\$7.58 in HIV treatment.
\$0.10 sterile syringe...	could save \$250,000 for a heart valve replacement due to endocarditis plus the cost of a 4–8-week hospital stay.
\$1 invested in substance use disorder treatment...	could save \$4-\$7 in criminal justice related costs.

DHHS Support of Syringe Services Programs



Supply Purchase

Throughout the COVID-19 pandemic, DHHS expedited the order and delivery of supplies requested by SSPs, including naloxone kits, sterile waters, and personal hygiene and wound care supplies. Since 2020, DHHS has provided over 283,863 doses of naloxone directly to all registered SSPs across the state.



Regional Coordination

The DHHS Injury and Violence Prevention Branch has two regional coordinators who provide in-depth technical assistance on a number of topics including starting and running an SSP. These positions have allowed for more tailored support for programs.



Opioid and Substance Use Action Plan SSP Advisory Group

DHHS convenes a group monthly to discuss issues and receive feedback from people who have lived experience of drug use and/or are directly impacted by the overdose crisis.



InjuryFree NC Academy on Harm Reduction as a Transformative Practice

In partnership with the UNC Injury Prevention Research Center, IVPB hosted two Immersive Harm Reduction Academy sessions. This hybrid training opportunity brought together harm reduction experts to provide insights on best practices and lessons learned from the field. Over 80 individual participants joined the hybrid trainings.



SSP Learning Collaborative

In collaboration with NC Harm Reduction Coalition, DHHS brings SSP leaders from across the state together quarterly to share perspectives, build capacity and skills, and discuss ongoing work and program planning.



SSP Equity Navigator Funding

DHHS awarded funding to three SSPs to expand outreach and linkage to care for historically marginalized populations who are not traditionally reached by harm reduction services. Funded programs are sharing lessons learned with SSPs across NC.

Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2022.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Chronic Disease & Injury Section • Injury and Violence Prevention Branch •
<https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic> • NCDHHS is
an equal opportunity employer and provider

1/12/2023