2020-2021 Annual North Carolina Safer Syringe Initiative Report

Start of Block: Introduction

Introduction
**North Carolina Safer Syringe Initiative**
**Annual Reporting Form**

The North Carolina Safer Syringe Initiative Annual Reporting Form is to be completed every year. This year, you have two months to complete the form and it will be due by August 31. Please include information about services provided between **July 1, 2020 and June 30, 2021**. This report should take approximately 15-30 minutes to complete but will require you to gather some information ahead of time about your program over the past year. There is an option to save and complete at a later time if needed. If you anticipate difficulty completing this online by August 31, please let us know.

Please send any additional materials and other inquiries to SyringeExchangeNC@dhhs.nc.gov.

Thank you for your time spent completing this report and all the work your program does!

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**Background Information**

As of July 11, 2016, North Carolina ([G.S. 90-113.27](https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf)) allows for the legal establishment of hypodermic syringe and needle exchange programs. Any governmental or nongovernmental organization “that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors” can start a syringe services program (SSP).

SSPs in North Carolina are required to provide a range of services including distribution of sterile syringes, syringe disposal, educational materials, and security plans addressing the site. You can find a full list of the required services at the [NC Safer Syringe Initiative website](https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative).

The Division of Public Health (DPH) is responsible for collecting data annually on program reach and provided services. The annual reporting period closes August 31st and covers the previous year of operations (or, for programs that have been operating for less than a full year at the time of annual reporting, operations to date). DPH recommends reviewing the annual reporting form before starting services to ensure that internal data-collection and program monitoring will collect the required information.

Annual reporting allows DPH to monitor program development and service coverage. Programs are encouraged to contact DPH as needed to share questions and concerns. The annual reporting process provides a formal opportunity for syringe exchange programs to share this information and other feedback. Information collected during annual reporting is shared in the [NC Safer Syringe Initiative Annual Reporting Summary](https://www.ncdhhs.gov/media/10215/download).

Please contact the NC Safer Syringe Initiative at SyringeExchangeNC@dhhs.nc.gov with any questions or additional materials.

End of Block: Introduction

Start of Block: Contact Information

1. Please provide your name and contact information.

* First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you the primary contact person for your SSP?

* Yes
* No

Display This Question:

If 2. Are you the primary contact person for your SSP? = No

2a. Please provide the name and contact information for the primary contact person at your SSP.

* First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Which SSP are you filling this form out for? Please ensure there is only one form submission for your SSP.

* AIDS Leadership Foothills-Area Alliance
* Beaufort County Syringe Exchange Program
* Birches Foundation
* Buncombe County Health and Human Services Syringe Services Program
* Public Health Authority of Cabarrus County (Cabarrus Health Alliance)
* Carolina Treatment Center - Fayetteville
* Center for Prevention Services-Queen City Harm Reduction
* Coastal Horizons Center
* Community Hope Alliance
* Durham County Department of Public Health
* Edgecombe County Health Department Edgecombe Safe Syringe Initiative
* ekiM For Change
* Franklin County Emergency Services
* Guilford Solution to the Opioid Problem (GSTOP)
* Havelock Fire Rescue Department
* Hyde County Health Department (Hy-life SOS)
* Holler Harm Reduction (formerly Madison Harm Reduction Collective)
* NCHRC - Cumberland
* NCHRC - Durham
* NCHRC - Haywood
* NCHRC - Vance
* NCHRC - Wake
* NCHRC - Wayne
* NCHRC - Wilmington
* Olive Branch Ministry-Points of HOPE
* Orange County Health Department
* Pinehurst Comprehensive Treatment Center
* Smoky Mountain Harm Reduction
* Syringe Service Program at Alamance Cares
* Syringe Services Program at Community Care Clinic of Dare
* The Anchor Holds, Inc. (CARE of Nash County)
* The HOPE Exchange
* The Steady Collective
* TiaHart Community Recovery Program
* Tsalagi Public Health Syringe Exchange Program
* Twin City Harm Reduction Collective (TCHRC)
* Urban Survivors Union - NC Access
* Uwharrie Harm Reduction Initiative  (UHRI)
* Wayne County S3
* Western North Carolina AIDS Project--Asheville location
* Western North Carolina AIDS Project--Franklin location
* Wilson County Health Department Syringe Exchange Program
* Other: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If 3. Which SSP are you filling this form out for? Please ensure there is only one form submission f... = Other: Please specify

3a. Please include the name of your SSP.

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4. Please review your program information on the [NC Safer Syringe Initiative website](https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north). Do you have any changes to your information that we should update on the website? For example physical address, hours of operation, program contact person.

* Yes, please make the following edits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, all of my program information is accurately listed.

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End of Block: Contact Information

Start of Block: General SSP Information

5. Syringe Services Program (SSP) Model (select all that apply):

* Fixed Site: exchange runs from a permanent fixed location (including regular shared-space locations)
* Mobile: exchange runs from a mobile vehicle operation in one or more locations
* Peer-based: exchange run through peer networks distributing in a community
* Integrated: exchange services are integrated through an existing agency, such as a health department or treatment program
* Delivery: exchange services are provided by delivery to a chosen location
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please select the counties where the SSP operates (including fixed and mobile locations and regular outreach sites).

* Alamance
* Alexander
* Alleghany
* Anson
* Ashe
* Avery
* Beaufort
* Bertie
* Bladen
* Brunswick
* Buncombe
* Burke
* Cabarrus
* Caldwell
* Camden
* Carteret
* Caswell
* Catawba
* Chatham
* Cherokee
* Chowan
* Clay
* Cleveland
* Columbus
* Craven
* Cumberland
* Currituck
* Dare
* Davidson
* Davie
* Duplin
* Durham
* Edgecombe
* Forsyth
* Franklin
* Gaston
* Gates
* Graham
* Granville
* Green
* Guilford
* Halifax
* Harnett
* Haywood
* Henderson
* Hertford
* Hoke
* Hyde
* Iredell
* Jackson
* Johnston
* Jones
* Lee
* Lenoir
* Lincoln
* Macon
* Madison
* Martin
* McDowell
* Mecklenburg
* Mitchell
* Montgomery
* Moore
* Nash
* New Hanover
* Northampton
* Onslow
* Orange
* Pamlico
* Pasquotank
* Pender
* Perquimans
* Person
* Pitt
* Polk
* Randolph
* Richmond
* Robeson
* Rockingham
* Rowan
* Rutherford
* Samson
* Scotland
* Stanly
* Stokes
* Surry
* Swain
* Transylvania
* Tyrell
* Union
* Vance
* Wake
* Warren
* Washington
* Watauga
* Wayne
* Wilkes
* Wilson
* Yadkin
* Yancey
* Qualla Boundary (Eastern Band-Cherokee Nation)
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. If the program records the counties in which participants served reside, please select them below and include neighboring states.

* Alamance
* Alexander
* Alleghany
* Anson
* Ashe
* Avery
* Beaufort
* Bertie
* Bladen
* Brunswick
* Buncombe
* Burke
* Cabarrus
* Caldwell
* Camden
* Carteret
* Caswell
* Catawba
* Chatham
* Cherokee
* Chowan
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* Cleveland
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* Craven
* Cumberland
* Currituck
* Dare
* Davidson
* Davie
* Duplin
* Durham
* Edgecombe
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* New Hanover
* Northampton
* Onslow
* Orange
* Pamlico
* Pasquotank
* Pender
* Perquimans
* Person
* Pitt
* Polk
* Randolph
* Richmond
* Robeson
* Rockingham
* Rowan
* Rutherford
* Samson
* Scotland
* Stanly
* Stokes
* Surry
* Swain
* Transylvania
* Tyrell
* Union
* Vance
* Wake
* Warren
* Washington
* Watauga
* Wayne
* Wilkes
* Wilson
* Yadkin
* Yancey
* Qualla Boundary (Eastern Band-Cherokee Nation)
* Out of State (please list state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Populations served by the syringe services program (select all that apply):

* People who use drugs by injecting
* People who use drugs by other means
* Sex hormone/hormonal therapy injection users
* Diabetic insulin users
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. How does the program dispose of used syringes, needles, and injection supplies (select all that apply):

* Biohazard company (please list name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Clinic or hospital partnership (please list name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Local health department (please list name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Waste disposal site (e.g. dump or transfer station; please list name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please list name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. On which of the following topics does the syringe services program (SSP) offer information, educational materials, and or referrals (select all that apply):

* Overdose prevention
* How to identify and respond to an overdose, including how to use naloxone
* Safer drug use
* Prevention of HIV transmission
* Vaccination (Hepatitis A and/or B, HPV, etc.)
* Prevention of viral hepatitis (hepatitis A, B, and C) transmission
* HIV/viral hepatitis (including hepatitis B and C) testing
* HIV/viral hepatitis (including hepatitis B and C) treatment
* STI testing and treatment
* Mental health services
* Treatment of substance use disorders, including referrals for medication-assisted treatment (e.g. Detox/rehabilitation, methadone, buprenorphine, naltrexone) (please identify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Support groups, advocacy, or other recovery supports
* Primary care services (chronic disease management, reproductive health services, wound care)
* Social services (including employment, housing, and legal aid services)
* COVID-19 Testing
* None or not applicable (N/A)
* Other referrals for key services not listed here (please write-in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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End of Block: General SSP Information

Start of Block: Annual Reporting Data

Annual Report Annual Reporting Data

11. Program Contacts

* Number of unique individuals served by the SSP in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of total contacts the programs had with all participants in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Syringes Dispensed and Returned

* Number of syringes dispensed by the program in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of syringes returned to the program in the past year (if by weight, estimate that 281 syringes/1 lb): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Were other supplies returned to the program in the past year in addition to syringes?

* Yes
* No

Display This Question:

If 13. Were other supplies returned to the program in the past year in addition to syringes? = Yes

13a. Please include the type of supplies returned and an estimate of how many.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. For each supply dispensed by the SSP, please enter the total number dispensed in the past year (your best estimate). For pre-bagged supplies like cottons and cookers, multiply the total number of bags dispensed by the average number of supplies bags contain.

|  |  |
| --- | --- |
|  | Dispensed |
| Cookers |  |
| Cottons, filters |  |
| Tourniquets |  |
| Sterile water |  |
| Sharps containers  |  |
| Acidifiers (breakdown e.g. vitamin C)  |  |
| Fentanyl test strips |  |
| Alcohol wipes or swabs  |  |
| Other wound care supplies (bandages, gauze) |  |
| External (male) condoms  |  |
| Internal (female) condoms  |  |
| Lubricant |  |
| Menstrual hygiene supplies |  |
| General hygiene supplies  |  |
| Other |  |
| Other |  |
| Other |  |

15. Please provide any additional information you would like to share about supplies distributed between July 1, 2020 and June 30, 2021.

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16. Naloxone Distribution

* Number of naloxone kits distributed by the program in the past year (if applicable). 1 naloxone kit = 2 doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of referrals made to obtain naloxone from another source in the past year (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If 16. Naloxone Distribution Number of referrals made to obtain naloxone from another source in the past year (if applicable): Is Not Empty

16a. Where were people referred to for naloxone? (please list multiple referral sites as necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Number of overdoses reversed with naloxone that have been reported to your program in the past year.

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18. Have you reviewed your naloxone standing order over the past year to ensure it is up to date? Please send a copy of your current standing order to SyringeExchangeNC@dhhs.nc.gov.

* Yes
* No
* N/A- we do not distribute naloxone.

19. Treatment

* Number of people the program referred to treatment for substance use disorder and/or mental health services in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If 19. Treatment <span style="font-family:Arial,Helvetica,sans-serif;"><span style="font-size:16px;">Number of people the program referred to treatment for substance use disorder and/or mental health services in the past year:</span></span> Is Not Empty

19a. Where were people referred to for SUD treatment (please list multiple referral sites if necessary)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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End of Block: Annual Reporting Data

Start of Block: HIV and HCV Testing

20. Does the program offer HIV testing?

* Yes
* No

Display This Question:

If 20. Does the program offer HIV testing? = Yes

20a. What kind of test(s) are offered? (select all that apply)

* Rapid Test
* Blood Test
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If 20. Does the program offer HIV testing? = Yes

20b. HIV Testing

* How many unique individuals did the program test in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many total tests did the program conduct in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many unique individuals tested positive for HIV in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Does the program make referrals for HIV testing?

* Yes
* No

Display This Question:

If 21. Does the program make referrals for HIV testing? = Yes

21a. Where are people referred to for HIV testing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Does the program make referrals for HIV treatment?

* Yes
* No

Display This Question:

If 22. Does the program make referrals for HIV treatment? = Yes

22a. Where are people referred for HIV treatment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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23. Does the program offer hepatitis C (HCV) testing?

* Yes
* No

Display This Question:

If 23. Does the program offer hepatitis C (HCV) testing? = Yes

23a. What kind of test(s) are offered? (select all that apply)

* Antibody Test
* Confirmatory Test
* Rapid Test
* Blood Test
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If 23. Does the program offer hepatitis C (HCV) testing? = Yes

23b. HCV Testing

* How many unique individuals did your program test in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many total tests did the program conduct in the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many unique individuals tested positive for HCV in the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If 23. Does the program offer hepatitis C (HCV) testing? = No

23c. Why does your program not offer HCV testing?

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Display This Question:

If 23. Does the program offer hepatitis C (HCV) testing? = No

23d. What support does your program need to be able to offer HCV testing?

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24. Does the program make referrals for HCV testing?

* Yes
* No

Display This Question:

If 24. Does the program make referrals for HCV testing? = Yes

24a. Where are people referred to for HCV testing?

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25. Does the program make referrals for HCV treatment?

* Yes
* No

Display This Question:

If 25. Does the program make referrals for HCV treatment? = Yes

25a. Where are people referred for HCV treatment?

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26. Do you offer referrals to any other types of services (e.g. transportation, housing, food)?

* Yes
* No

Display This Question:

If 26. Do you offer referrals to any other types of services (e.g. transportation, housing, food)? = Yes

26a. Please list the types of services for which you offer referrals.

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End of Block: HIV and HCV Testing

Start of Block: Verification of Participation and Security Plan

Limited Immunity NC law protects syringe services program (SSP) staff and participants from being charged with possession of syringes or other injection supplies. People affiliated with an exchange must provide written verification (such as a participant card) to be granted limited immunity. NC law does not specify format or content of the written verification.

27. Does your program provide written verification of participation such as a participant card?

* Yes
* No
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. Please share any feedback related to written verification and limited immunity that you think would be helpful for us to know.

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| Page Break |  |

Security Plan NC law requires that SSPs have a security plan in place that is shared with key partners such as law enforcement. Please complete the responses below on the security plan.

29. Have you reviewed your security plan over the past year?

* Yes
* No
* Not sure

30. Have you updated your security plan over the past year?

* Yes
* No
* Not sure

Display This Question:

If 30. Have you updated your security plan over the past year? = Yes

30a. Please send the most recent version of your security plan SyringeExchangeNC@dhhs.nc.gov.

31. Please list who you have shared your security plan with over the past year.

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End of Block: Verification of Participation and Security Plan

Start of Block: Demographic Information and Feedback for DPH

Demographic Info This next set of question is focused on demographic information. This is a newer question to the NCSSI Annual Report, so please respond to the best of your ability.

32. What kind of demographic information does your program collect and how do you collect this information (e.g. intake or sign-up form)?

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33. Age Breakdown of SSP Participants (please include the total number of participants in each of the following age ranges.)

* Under 21\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 21-30 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 31-40\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 41-50\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 51-60\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 61-70\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 71-80\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Over 81\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

34. Gender Breakdown of SSP Participants (please include the total number of participants in each of the following gender identity categories.)

* Man (including trans man) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Woman (including trans woman) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Non-Binary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Different Identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

35. How many participants identified themselves as transgender?

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36. Race Breakdown of SSP Participants (please include the total number of participants in each of the following racial categories)

* American Indian, Native American, or Indigenous \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Asian or Pacific Islander \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Black or African American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Multiracial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* White \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Different identity, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

37. Ethnicity Breakdown of SSP Participants (please include the total number of participants in each of the following ethnicity categories)

* Hispanic or Latine/x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Hispanic or Latine/x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Drug of Choice We are interested in starting to collect information on drug of choice and method of consumption. **This set of questions is completely optional and not required in the Annual Report.** If you do choose to respond, we recognize that you might not have all of this information available since this is the first year we are including this information, so please respond to the best of your ability.

38. Please select the three most commonly used drugs reported by program participants (rank 1-3, with 1 being the most common).

\_\_\_\_\_\_ Heroin

\_\_\_\_\_\_ Opioid Pills

\_\_\_\_\_\_ Fentanyl

\_\_\_\_\_\_ Cocaine

\_\_\_\_\_\_ Crack

\_\_\_\_\_\_ Benzos

\_\_\_\_\_\_ Speed/Meth

\_\_\_\_\_\_ Other, please describe:

39. Please select the three most common methods of drug use reported by program participants (rank 1-3, with 1 being the most common).

\_\_\_\_\_\_ Injection

\_\_\_\_\_\_ Ingestion

\_\_\_\_\_\_ Smoking

\_\_\_\_\_\_ Snorting

\_\_\_\_\_\_ Other (e.g. booty bumping), please describe:

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40. We know that this past year and a half has posed unprecedented challenges for your participants, staff, and programs. Please share any information you think we should know about how COVID-19 has impacted your work (e.g. increased number of participants).

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41. If you have any technical assistance or support needs that you would like to share with DPH, please include them here.

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42. If you have any other feedback and/or considerations that you would like to share with DPH, feel free to describe them here.

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End of Block: Demographic Information and Feedback for DPH

Start of Block: End of Survey

Please email [syringeexchangenc@dhhs.nc.gov](http://syringeexchangenc@dhhs.nc.gov) if you have any additional information or follow up questions.

A summary of your response to this survey will be provided on the next page so you can keep it for your program records.

End of Block: End of Survey