

# NC Safer Syringe Initiative Annual Report, 2020-2021

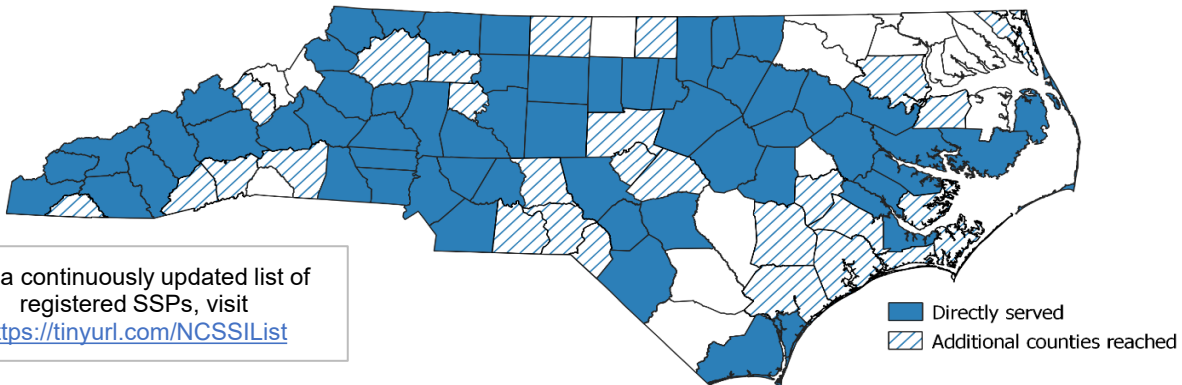
**Syringe services programs (SSPs) are an evidence-based strategy to reduce overdose deaths, reduce transmission of blood-borne pathogens, including HIV and hepatitis C (HCV), and connect participants to treatment and care.** SSPs provide a variety of social and health services for people who use drugs, often serving as the primary avenue to meet their health needs. They offer sterile syringes and disposal services to remove biohazards from the community, reduce sharing and reuse of syringes, provide wound care, distribute naloxone, and offer many other wraparound services. This report summarizes data reported from July 1, 2020 - June 30, 2021 to the Division of Public Health (DPH) from all registered SSPs in North Carolina about their services. North Carolina law (G.S. 90-113.27) allows for the legal establishment of hypodermic syringe and needle exchange programs.<sup>1</sup>

During the 2020-2021 reporting year, programs continued to see many challenges to service delivery such as the ongoing COVID-19 pandemic, increases in fatal and non-fatal overdoses, and supply shortages. SSPs have been at the frontlines of addressing these intersecting epidemics by scaling up their naloxone distribution, expanding the reach and scope of their programs, and helping participants access COVID-19 testing and vaccinations. In addition to reporting increasing overdose trends, programs have also reported an increased need for their services, seeing more participants than they did before the pandemic. **At the same time, SSPs have seen shortages in traditional funding streams, such as foundations, available for harm reduction services.**

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

## NC Counties Served or Reached as of June 30, 2021

There are a total of **42 registered Syringe Services Programs directly serving 56 counties and 1 federally-recognized tribe** across North Carolina. Residents from 27 additional counties and 3 states (GA, SC, and TN) were also served by these SSPs.



Of these 42 SSPs, 27 operate using a fixed-site location, 24 operate using mobile services, 22 operate using peer-based distribution, 12 operate in an integrated space, and 21 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>.

## Participant Numbers, 2020-2021



The number of unique individuals served across all programs was **26,596** -- an **increase of 73%** since the last reporting year.

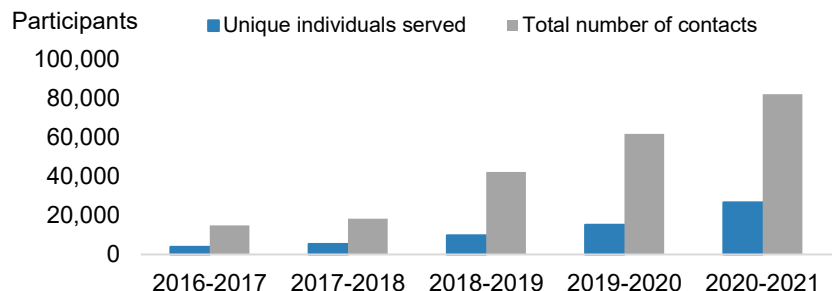


Programs had **82,071** total contacts\* with participants in the 2020-2021 reporting year. This represents an **increase of 32%** from the previous year.



In 2020-2021, programs provided participants with a total of **1,973** referrals to substance use treatment.

### Individuals Served and Total Contacts by SSPs



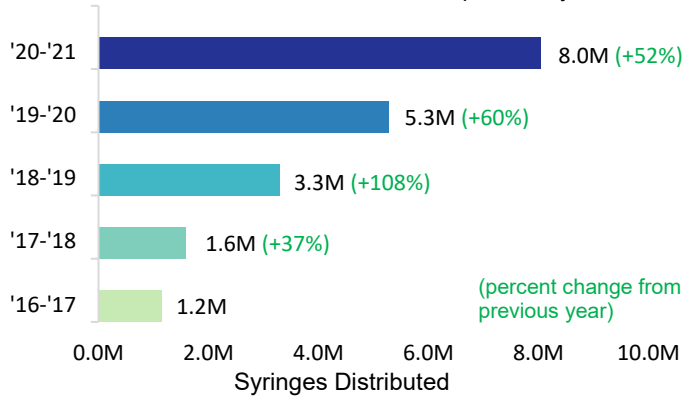
\*A contact can be any interaction with a participant that provides connection to harm reduction or overdose prevention services.

Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2021.

## Supply^ Distribution, 2020-2021

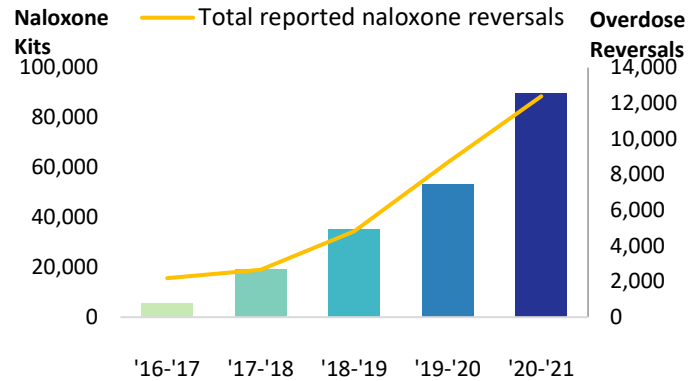
SSPs distributed over **8 million** syringes in the 2020-2021 reporting year.

This is an **increase of over 52%** from the previous year.



SSPs distributed **over 89,500** naloxone kits in the 2020-2021 reporting year.

This is an **increase of over 69%** 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. Furthermore, household disposal using hard-wall containers may be a safer option than returning used supplies directly to the program.

SSPs establish trust with their participants and regularly engage with frontline communities responding to drug overdoses. Naloxone distribution, particularly to people who use drugs and other community members at highest risk of an overdose, along with their families, has been shown to be an extremely successful and cost-effective strategy to reduce overdose deaths.

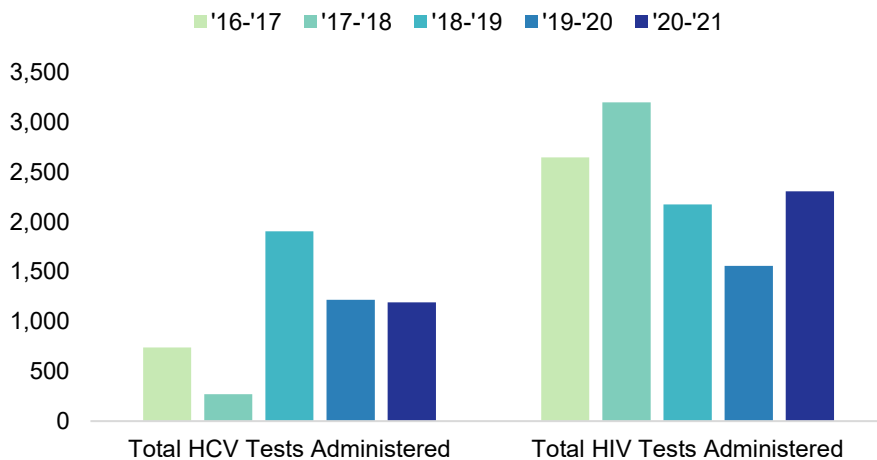
**12,392** overdose reversals were reported to SSPs in 2020-2021.

12,392 reported reversals is an **increase of over 43%** from the previous year. This number is also likely an underestimate of the total overdose reversals done by SSP participants, as many are never reported.

<sup>^</sup>for a full report of all supplies distributed or referred to by SSPs visit <https://tinyurl.com/NCsaferSyringeInitiative>

## Communicable Disease Testing, 2020-2021

### HCV & HIV Tests Administered by SSPs



HIV and HCV testing has been limited throughout the entire state due to the COVID-19 pandemic, resulting in the declines shown in the figure above.

Sterile syringes are a key tool in reducing the spread of HIV, viral hepatitis (HCV), and other blood-borne infections. They have been associated with a 50% decrease in HIV and HCV incidence.<sup>2</sup>

<sup>2</sup>To learn more visit: <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.

**56%** of all registered SSPs offered HIV testing to their program participants in the 2020-2021 reporting year. This is an **increase of 15%** since the previous year.

**61%** of all registered SSPs offered HCV testing to their program participants in the 2020-2021 reporting year. This is an **increase of 19%** since the previous year.

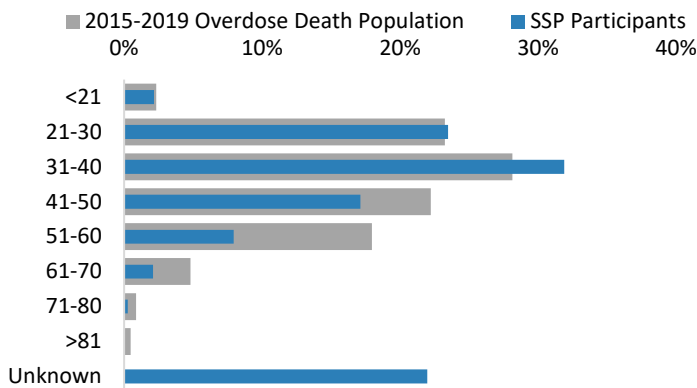
In the event of a positive test result, SSPs refer participants to HIV or HCV treatment providers, as well as often provide bridge counselors/linkage coordinators to assist with payment options, patient care navigation, and additional support such as transportation, food, or housing. Some SSPs have started offering low barrier hepatitis C treatment and Pre-Exposure Prophylaxis (PrEP) for HIV prevention on site at their programs through partnerships with medical providers in academic institutions.

Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2021.

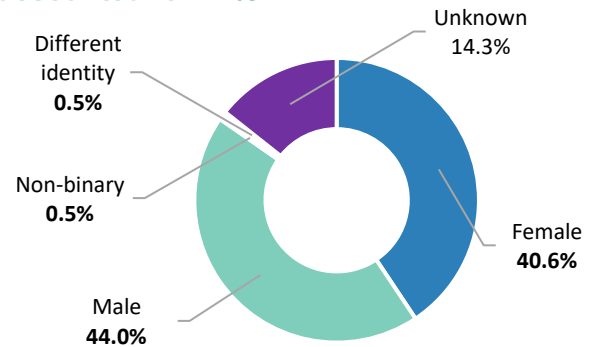
## Participant Demographics\*, 2020-2021

Individuals **age 31-40** made up the highest percentage of SSP participants (30%) in the 2020-2021 reporting year.

Ages 21-30 and 41-50 made up the next highest percentage.

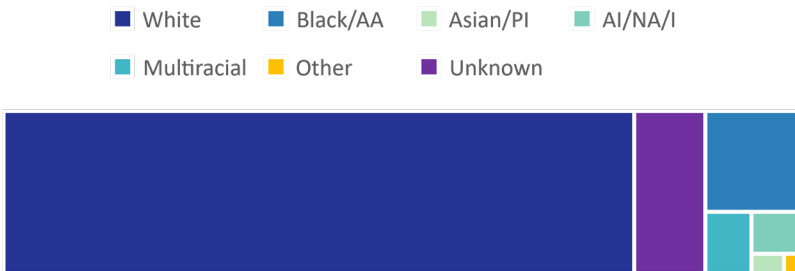


**Male participants** accounted for 44% of the participant population and **female participants** accounted for 41%.



The remainder of participants identified as non-binary or different identity. Across all gender identities, 49 participants identified as transgender.

The **majority** of SSP participants identified as **white (77.2%)**.



This was followed by:

- Black or African American participants (7.7%)
- Multiracial (2.1%)
- American Indian/Native American/Indigenous (1.8%)
- Asian/Pacific Islander (0.5%)
- Other (0.3%)

Nearly 1.7% of participants identified as Hispanic.

Note: 8.7% of SSP participants did not report race.

From 2015-2019, 81.7% of overdose deaths were among white people, 13.5% were among Black/AA people, 2.3% were among Hispanic people, and 1.7% were among American Indian people. While this closely reflects those served by SSPs, it is important to note that the Black/AA population is not currently represented in the population being served at the level with which they are represented in the death burden.

\*Demographic data were not provided by all SSP participants

## DHHS Support of Syringe Services Programs



### Supports During COVID-19

DHHS maintained ongoing communication with SSPs, sharing resources and learning local needs. DHHS helped connect SSPs to local COVID-19 vaccination initiatives and connected them with key partners to troubleshoot challenges they encountered.



### InjuryFree NC Academy on Harm Reduction as a Transformative Practice

In partnership with the UNC Injury Prevention Research Center, DHHS hosted bi-monthly trainings over 7 months to a total of 46 individuals from NC, TN, GA, and AL. This all-virtual training opportunity brought together harm reduction experts to provide insights on best practices and lessons learned from the field.



### Supply Purchase

DHHS expedited the order and delivery of supplies requested by SSPs, including naloxone kits, sterile waters, and personal hygiene and wound care supplies. Since the start of the COVID-19 public health emergency, DHHS has provided a total of over 210,000 doses of naloxone directly to all registered SSPs across the state.



### 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.



### Opioid Action Plan SSP Advisory Group

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



### Direct funding to Support SSPs

DHHS continued funding issued in 2019 to 11 local health departments to support the development or expansion of SSPs. In 2021, DHHS awarded funding to 5 community-based organizations to expand their existing SSP services.

Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2021.