

NC Department of Health and Human Services

Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

Topic: Syringe Service Programs (SSPs) in
North Carolina

December 5, 2024



Welcome to OPDAAC!

- Ellen Stroud, Division of Mental Health, Developmental Disabilities, Substance Use Services

Housekeeping

- *Take breaks as needed*
- For questions during the meeting:
 - **Virtual attendees:** Please put your questions in the Q&A box, which will be monitored for the duration of the meeting. **Note:** you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
 - **In-person attendees:** Fill out an index card given at registration with your questions and put in box at the back table.
 - **All attendees:** If you would like to ask a question to a specific presenter, please be sure to include their name in your question (either in the Q&A box or on an index card).

Housekeeping, Cont.

Poll Categories

- Substance Use Services Providers
- Public Health
- Health Care Provider
- Harm Reduction
- Recovery Community Organizations
- Law Enforcement Officials
- EMS or Fire
- Re-entry Programs
- Housing Programs
- Others

NC Department of Health and Human Services

State Opioid Response (SOR) Harm Reduction Updates

Ellen Stroud, LPC/MSHP (TN)
Assistant Project Director
Division of Mental Health, Developmental
Disabilities and Substance Use Services

December 5, 2024



State Opioid Response (SOR) Information

- The State Opioid Response is a \$36 million federal grant that funds treatment, recovery services, prevention, and harm reduction
- SOR 4 funding started September 30
- Partnership with the Division of Public Health for training and technical assistance as well as naloxonesaves-nc.org
- SOR 4 Goals for Harm Reduction
 - Reduce overdose deaths
 - Centering equity and lived experience in all programmatic activities is key
 - Support prevention programs in policy creation for storage, distribution, and leave-behind programs

SOR Naloxone Distribution and Saturation Plan

Purpose: Reduce opioid overdose deaths by increasing overdose education and naloxone distribution among communities with high overdose rates and to those at highest risk of experiencing an overdose

Saturation Model: 340 kits distributed per 100,000 people to avert death in 80% of all witnessed overdose deaths = 74,000 doses

Distribution Targets:

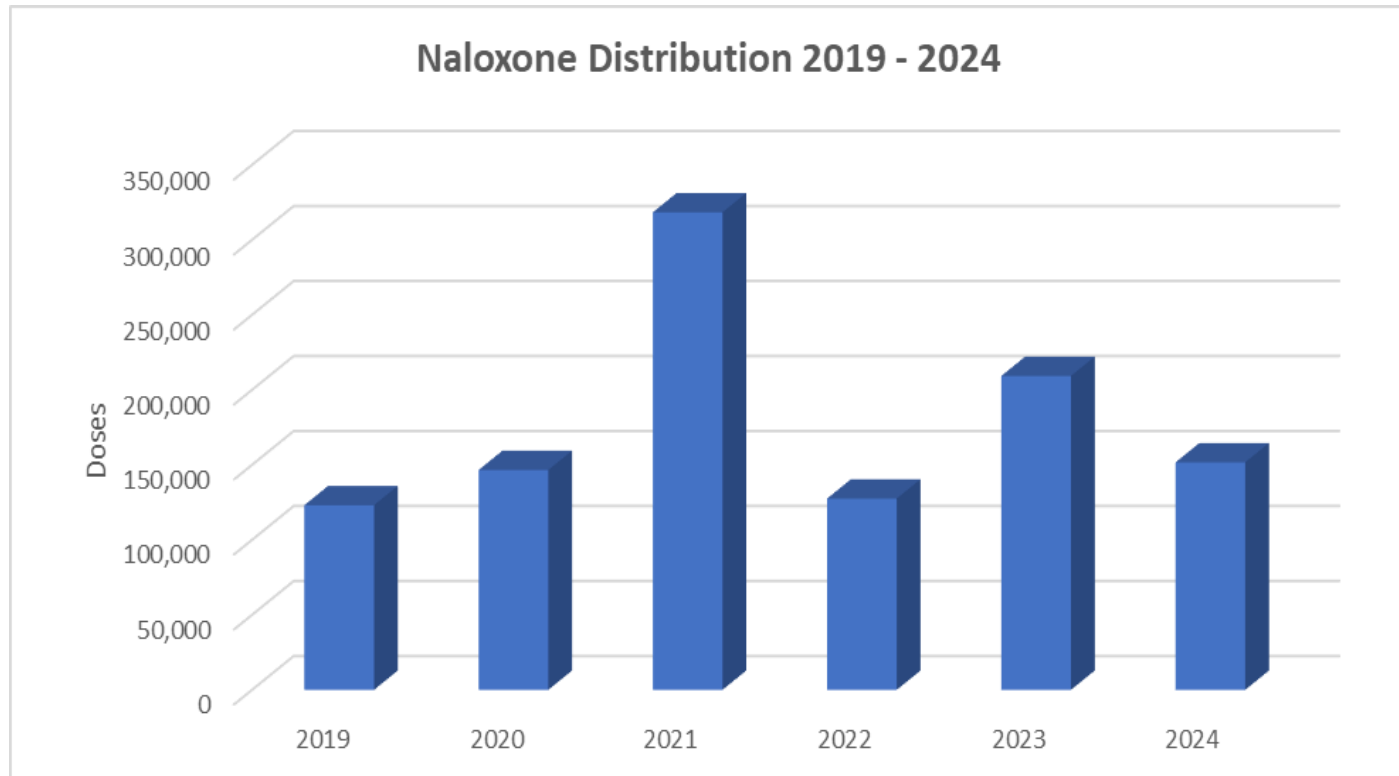
- people who use drugs
- and their close contacts
- individuals leaving incarceration are 40 to 50 times more likely to experience an overdose in the two weeks after leaving

SOR Naloxone Distribution and Saturation Plan

Distribution Partners:

- Syringe services programs
- Local health departments
- Treatment service providers
- Emergency medical services with naloxone leave behind programs
- Detention centers for reentry
- Justice involved reentry programs
- Organizations serving people experiencing homelessness
- Organizations directly serving people that are part of historically marginalized populations particularly American Indian and Black adults

Naloxone Distribution

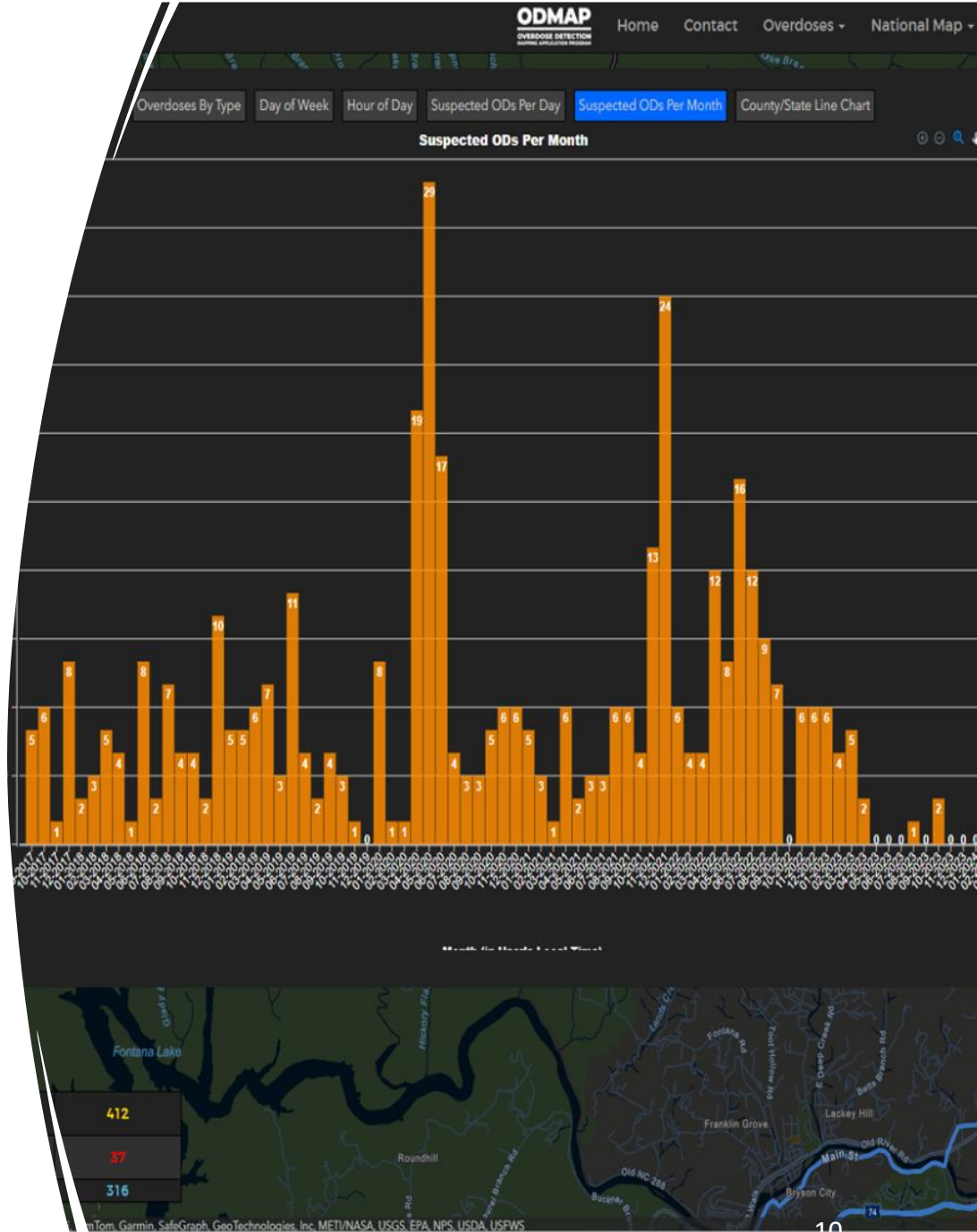


Total: 1,076,324 doses (IM and Nasal), \$24 million

Funding Sources: State Opioid Response and Substance Use Block Grant

Making Progress

- EBCI overdoses decrease since 24/7 access to naloxone added
- Working with the Lumbee Tribe to see what parts of this program will work for them
- DPH training focus with tribes and distribution



SOR Helene Response

- 112,000 doses sent state-wide from the end of September through November
- 60,000 of those were for Helene-impacted areas
 - Local health departments
 - Syringe Service Programs
 - Tribes
 - Shelters
 - OTPs
 - FQHCs
 - First responder leave behind programs
 - Justice-involved programs
 - Community-based organizations
- Harm Reduction focus that was an expansion from past disasters
- Wonderful team effort

2025

**\$6 million
> 700,000 doses**

- Overdoses are going down time to make even more of an investment
- Partnerships with LME/MCOS and NCHRC
- Adding reports on distribution and overdose reversals
- Request more often
- IM and nasal options
- Xylazine test strips

Naloxonesaves-nc.org

Dose of Happiness

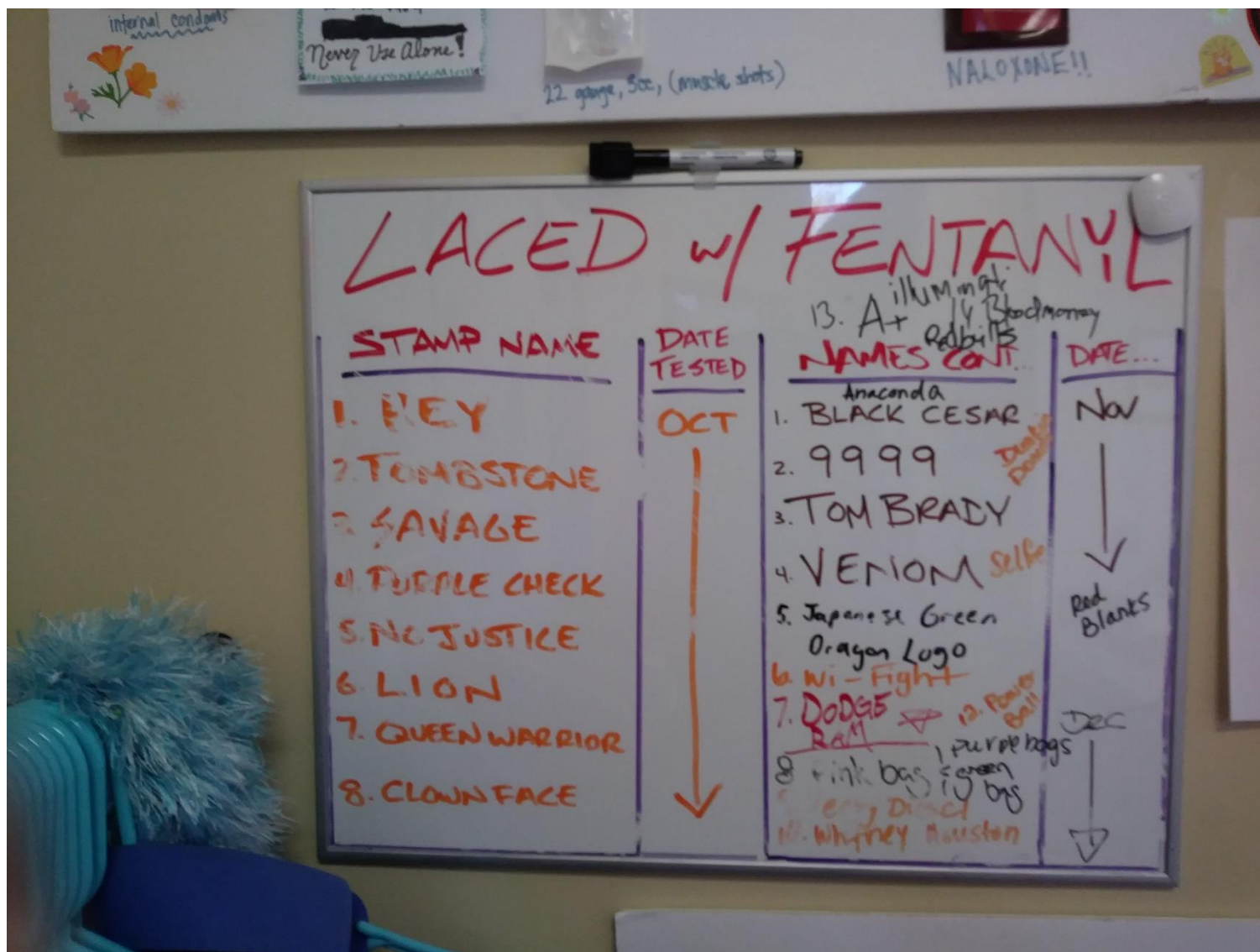
Operation Gateway Helene Distribution

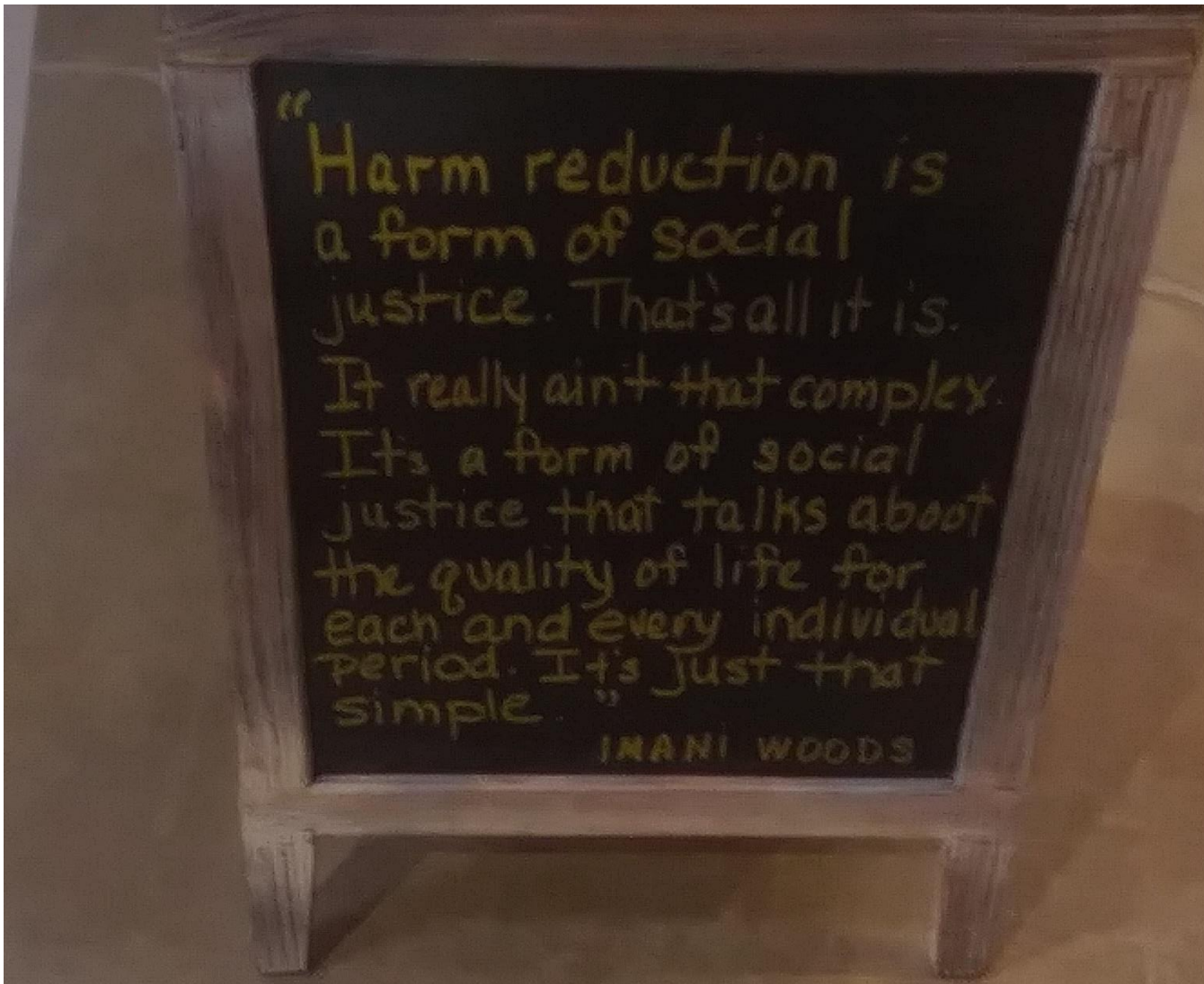


History and Evolution of NC Safer Syringe Initiative and Harm Reduction In NC

- Margaret Bordeaux,
Duke University











Current Trends In North Carolina: Fact vs. Fiction

- Mary Beth Cox, Division of Public Health
- Sally Reeske, Division of Public Health

IVPB Data Support

Book time with an IVPB epidemiologist to discuss available data products, to talk through custom data requests, or for general data questions.

Email us at SubstanceUseData@dhhs.nc.gov.

IVPB Data Support

✓ SELECT A SERVICE

Overdose Data Support

Book time with Mary Beth to discuss overd... Read more

30 minutes

Alcohol Use & Related Harms Data Support

Book time with Mary Beth to discuss alcoho... Read more

30 minutes

General Injury Data Support

Book time with Shana to discuss general inj... Read more

30 minutes

Suicide and Firearm Data Support

Book time with Shana to discuss suicide an... Read more

30 minutes

[IVPB Data Request Policy](#)

[IVPB Data Support Bookings](#)



Email SubstanceUseData@dhhs.nc.gov to receive monthly updates

576

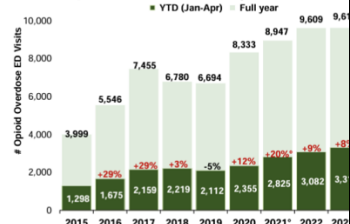
NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: APRIL 2024

576 Opioid overdose ED visits April 2024*
Compared to 829 April 2023

Data Source: NC DETECT, ED, Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

Opioid Overdose ED Visits by Year: 2015-2022



Opioid Overdose ED Visits by Month: 2023-2024*

1,000

1,081

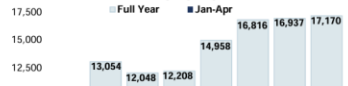
NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OVERDOSE INVOLVING MEDICATIONS OR DRUGS WITH DEPENDENCY POTENTIAL: APRIL 2024

1,081 Overdose ED Visits for Med/Drugs^ with Dependency Potential in April 2024
compared to 1,478 in April 2023

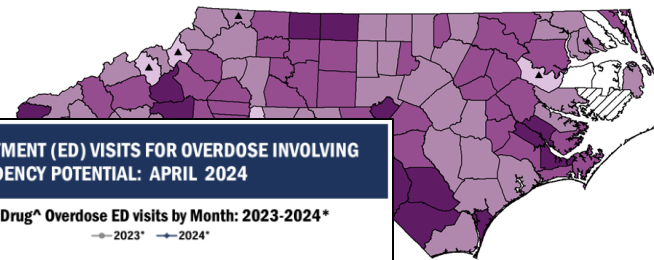
Data Source: NC DETECT, ED, Syndrome: Overdose: Unintentional/Undetermined Medication or Drug Overdose (-141-66) (ICD-9/10-CM)

*Report is based on initial encounter, unintentional and undetermined intent cases only, for ICD10CM overdose codes of drugs and medications with dependency potential within T40, T42, T43, T50.7, and T50.9.
Note: Report is restricted to N.C. residents between the ages 15 to 65 years.

Med/Drug^ Overdose ED visits by Year: 2016-2024*



Last 12 Months EMS Suspected Opioid Overdose Encounters by County: Jul'22-Jun'23*^



Highest Rates of EMS Suspected Opioid Overdose Encounters among Counties in Last 12 Months: Jul'22-Jun'23*^

County	Count	Rate^
Scotland	118	338.9
Robeson	415	317.7
Craven	278	272.2
Rockingham	238	261.5
Graham	22	260.6
Lee	146	236.3
McDowell	104	227.3
New Hanover	524	223.5
Rutherford	147	219.3
Stokes	98	215.0
Statewide	12,785	121.9

Some counties are not shown or underrepresented in others. *EMS data are provisional and should not be considered the 'Opioid Overdose' EMS Indicator developed by NC DETECT.

EMS Encounters Compared to Overall NC Population



208

Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: Feb 2024*

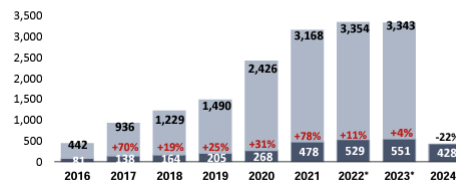
208

Fentanyl-Positive Deaths^, February 2024*

Compared to 274 in February 2023

*Deaths included in this report tested positive for fentanyl at the time of the death when toxicology testing was performed. Toxicology results are based on analytical testing of specimens performed by NC OCME Toxicology. The detection of fentanyl only indicates deaths with positive fentanyl toxicology results. The presence of fentanyl at time of death does not necessarily indicate fentanyl as the cause of death.

Fentanyl-Positive Deaths: 2016-2024



272

Suspected Overdose Deaths*, North Carolina Office of the Chief Medical Examiner (OCME) Data: April 2024

272

Suspected Overdose Deaths*, April 2024

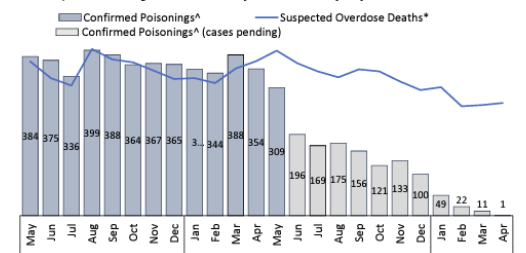
Compared to 373 April 2023

*This category reflects an estimate of statewide medical examiner system overdose deaths. Note that some suspected overdoses may ultimately be certified as non-poisoning deaths, but the majority become confirmed as poisoning deaths.

Suspected Overdose Deaths*: 2018-2024

Last 24 Months of Confirmed^ & Suspected Overdose Deaths*

Time required to investigate cases accounts for lower counts of confirmed cases in recent months





IVP Branch: Overdose Data

Deaths, hospitalizations, and emergency department (ED) visits nationally and in North Carolina.

Historically, prescription opioids have been a major driver of the numbers. The majority of overdose deaths now involve illicit opioids, and the use of stimulants is also on the rise.

This webpage includes statewide summary data, a link to the state updates, and county-level data. Visit the [DHHS Overdose Epidemiology](#) page for more information. For information on how to make a custom data request, visit [our procedures](#).

NC Summary Data

- [Know What's in Your Drugs: Counterfeit Pills Fact Sheet](#) (PDF, 1.1 MB)
- [Core Overdose Data Slides 2021](#) (PPTX, 7.9 MB) - **5/22/2024**
- [State Unintentional Drug Overdose Reporting System \(SUDORS\) Fact Sheet](#) (PDF, 1.1 MB)
- [The Medication and Drug Overdose Fact Sheet](#) (PDF, 361 KB)
- [The Opioid-involved Overdoses Fact Sheet](#) provides information on the rise in opioid-involved overdoses.

NC Opioid and Substance Use Ad

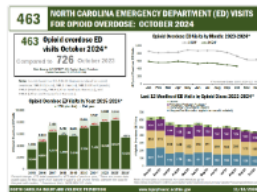
County Overdose Slide Sets

Click below to download your county's overdose slide set.

Select County [Get County Report](#)

Overdose Surveillance Reports - Updated Monthly

Opioid Overdose ED Visits



[NC Emergency Department Visits \(ED\) for Opioid Overdose: October 2024](#)

- [County Opioid Overdose Emergency Department Visit Reports](#) (For counties with 12 month average ≥ 5)

Overdose ED Visits Involving Medication or Drug with Potential for Dependency



Opioid and Substance Use Action Plan Data Dashboard



Intro to the NC Opioid and Substance Use Action Plan

North Carolina's Opioid Action Plan was released in June 2017 with community partners to address the opioid crisis. The plan was updated to the OAP 2.0 in June 2019 and again in May 2021 to become the **Opioid and Substance Use Action Plan (OSUAP) 3.0**.

North Carolina's OSUAP 3.0 updates the 2019 plan to include a broadened focus on **polysubstance use as well as centering equity and lived experiences** to ensure that the strategies to address the overdose epidemic are led by those closest to the issue. The plan focuses on four priority areas to address the epidemic:



Center Equity and Lived Experiences by addressing the needs of those who have been disproportionately harmed historically and implementing programs that reorient those systems to comprehensive, culturally competent, and user health services for HMPs

Prevent future addiction and address trauma for children and families

Reduce Harm by moving beyond just opioids

Connect to Care by increasing treatment access and expanding access to housing and employment together



Metric	Place
1) Track progress (M1): Deaths	State - NC

Drug overdose deaths

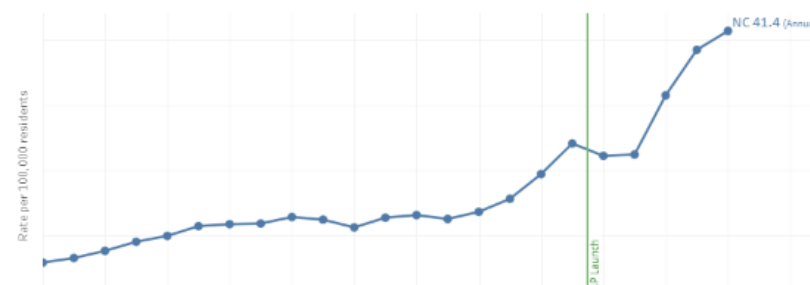
Overdose deaths occurring among North Carolina residents have been on the rise. This metric includes deaths involving all types of medications and drugs: opioids (commonly prescribed opioids, heroin, and synthetic narcotics like fentanyl and fentanyl-analogues), stimulants (cocaine, methamphetamine, benzodiazepines, and others). This metric includes fatal overdoses of all intents; over 90% of these deaths are unintentional. As a key OSUAP metric, a goal was set to reduce the expected number of overdose deaths by 20% by the end of 2024.

Deaths in NC

The rate of overdose deaths among residents of NC in 2022 (Annual)

was **41.4**.

(Rate per 100,000 residents. Number of deaths: 4,339)



Coming soon...

Interactive Overdose Data

Overdose data included on this page are updated annually, except for annual ED visit and death rates, which are updated monthly. Maps include the most recent year of data. Data points (both rates and counts) are colored by the relative rates seen for that metric across NC and/or counties ever recorded, accounting for population differences between places. See technical notes for more.

North Carolina Overdose Epidemic Data

Jump to: [Interactive Overdose Data](#) / [Monthly Reports](#) / [Other Resources](#)

Overdose Deaths

The estimated Overdose Death rate in NC is 38 out of 100,000 residents in 2023, representing (projected) 4,085 people who died of an overdose.
Partial year: n28 424 at 10/12 months

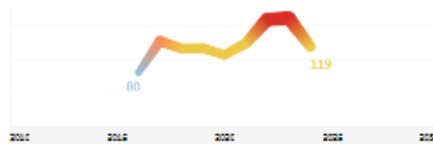


From 2000-2022, more than 36,000 North Carolinians lost their lives to a drug overdose. Nearly 12 North Carolinians died each day from a drug overdose in 2022. Recent year death data is not yet final, but an estimated 4,000 North Carolinians (11 per day) are projected to have died from an overdose in 2023.

This site includes monthly overdose surveillance updates, statewide summary data, and interactive visuals of state, regional, and county-level metrics for partners across North Carolina to understand the

Overdose Emergency Department Visits

The estimated Overdose ED Visit rate in NC is 119 per 100,000 residents in 2024, representing (projected) 12,863 ED visits for an overdose.
Partial year: n28 447 at 10/12 months



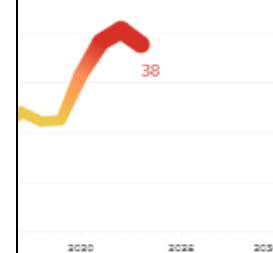
Metric:

Death: Overdose Death

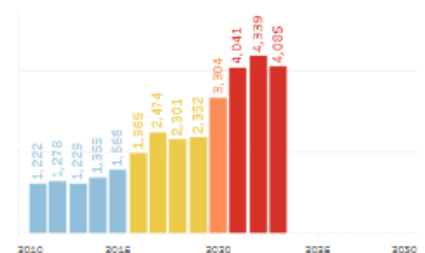
Overdose Death rate in NC is 38 out of 100,000 residents in 2023, representing 5 people who died of an overdose.
at 10/12 months

is rate is among the HIGHEST rates seen in NC.
ate is a -7% change over the prior Year.

NC Overdose Death RATE



NC Overdose Death COUNT



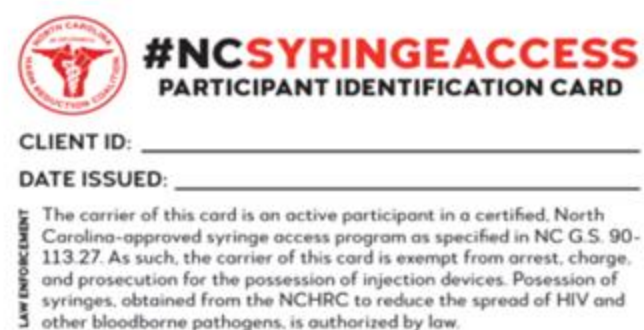
North Carolina Safer Syringe Initiative

- Syringe services were legalized in July 2016. ([GS 90-113.27](#))
- Allows for any governmental or non-governmental agencies and organizations that promote scientifically proven strategies for mitigating risks of substance use to establish a Syringe Services Program.
- Programs register with the Division of Public Health
 - [Safer Syringe Initiative Registration Survey](#)
 - Must submit safety and security plan to law enforcement agencies with jurisdiction where services are being offered and update annually
- IVPB meets with the program for technical assistance during the registration process and prior to services beginning.
- <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>

NCGS: 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity.
https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

Requirements: Services and Supplies

- Syringes and other injection supplies
 - free of cost
 - in quantities that are adequate to prevent the sharing and reuse
- Syringe disposal
 - sharps containers
 - returns
 - education on appropriate disposal
- Education
- Overdose prevention
- Communicable disease prevention
- Substance misuse prevention
- Treatment for mental illness and substance use disorders
- Referrals and consultations to substance use treatment and mental health as needed
- Naloxone access (distribution or referral)
- Participant cards for limited immunity



Requirements: Reporting

- Annual reporting to Division of Public Health is required
 - The number of individuals served by the program.
 - The number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the program.
 - The number of opioid antagonist kits distributed by the program.
 - The number and type of treatment referrals provided to individuals served by the program.
 - number of individuals referred to other programs that provide access to an opioid antagonist that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.
- Additional reporting information is optional
 - Additional services provided
 - Additional referrals
 - Demographics
 - Program needs

Syringe Service Programs

- Health Services for people who use drugs, their friends, family and others
- Operate using a harm reduction framework
- Harm Reduction is not a new concept, but has been more widely accepted in the recent years
- Cost-effective
- Safe
- **Preventative**
 - Communicable/Infectious Disease
 - Overdose
 - Crime
 - More
- **Access to care**
 - SUD treatment
 - Testing
 - Vaccination
 - Behavioral Health
 - Nutrition
 - Housing
 - Disposal

<https://www.cdc.gov/syringe-services-programs/php/index.html#:~:text=Syringe%20services%20programs%20are%20community,drug%20use%20on%20the%20community>

DECREASING SYRINGE LITTER

the *more* syringes SSPs distribute per the number of people who inject drugs in a geographic region

the *more likely* people in that region are to dispose of used syringes safely. [2]

SSPs have been associated with as much as an 86% decrease in syringe litter in the communities they operate. [3]

SSPs can also host community clean-up events & utilize community sharps bins to decrease syringe litter.

Every action:	Saves money:
\$5 dose of naloxone...	could save \$20,500 in potential medical costs to treat an overdose. [9]
\$1 invested in SSPs...	could save \$6.38-\$7.58 in HIV treatment. [10]
\$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. [11]
\$1 invested in substance use disorder treatment...	could save \$4-\$7 in criminal justice related costs. [12]

<https://www.cdc.gov/syringe-services-programs/php/index.html#:~:text=Syringe%20services%20programs%20are%20community,drug%20use%20on%20the%20community.>

SSP Impact

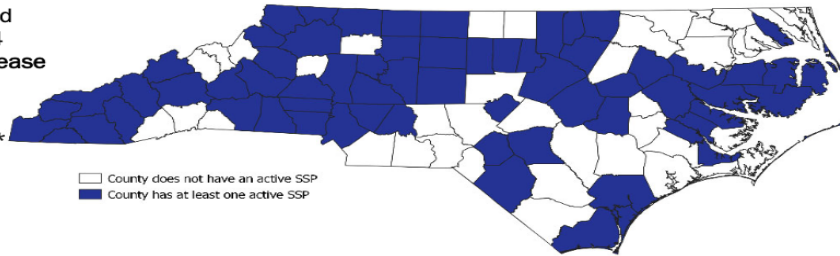
The North Carolina Safer Syringe Initiative aims to ensure that anyone in NC can access SSP services.



31,809 unique individuals were served across all programs in the 2023-2024 reporting year. This represents a **decrease of 6%** since the last reporting year.



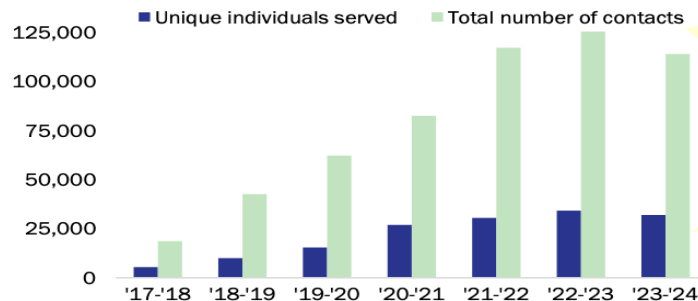
Programs had **113,688** total contacts* with participants in the 2023-2024 reporting year. This represents a **decrease of 10%** from the previous year.



*A contact can be any interaction with a participant that provides connection to harm reduction or overdose prevention or referral services. A single participant can have multiple interactions/contacts.

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

Individuals Served and Total Contacts* by SSPs



Despite the increased coverage over time, there are many North Carolinians who still need access to syringe services programs, as evidenced by the participants from 25 additional counties and 5 states traveling to access SSP services.

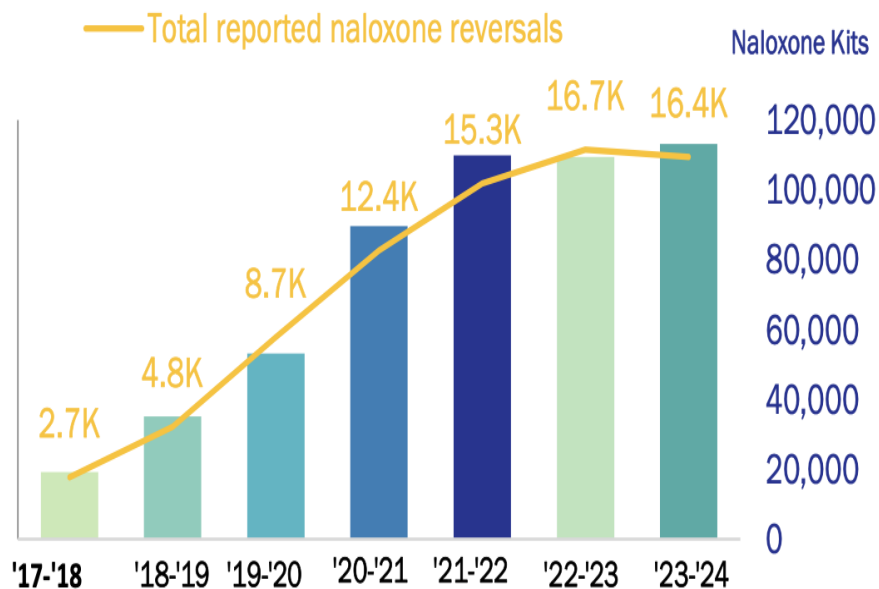
Despite seeing disproportionate rates of overdose and overdose death in North Carolina, historically marginalized populations are less likely to receive services or report demographic information to SSPs.

Source: Annual reporting data submitted by established Syringe Service Programs in North Carolina, 2023-2024 Safer Syringe Initiative Annual Report

Lives Saved

SSPs distributed 113,189 naloxone kits in the 2023-2024 reporting year.

This is an increase of over 3% from the previous year.



16,411

**overdose reversals were reported to SSPs
in 2023-2024.**

This is a decrease of 2% 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.

Source: Annual reporting data submitted by established Syringe Service Programs in North Carolina, 2023-2024 Safer Syringe Initiative Annual Report

Wrap Around Services

Among those offering testing on-site this year:

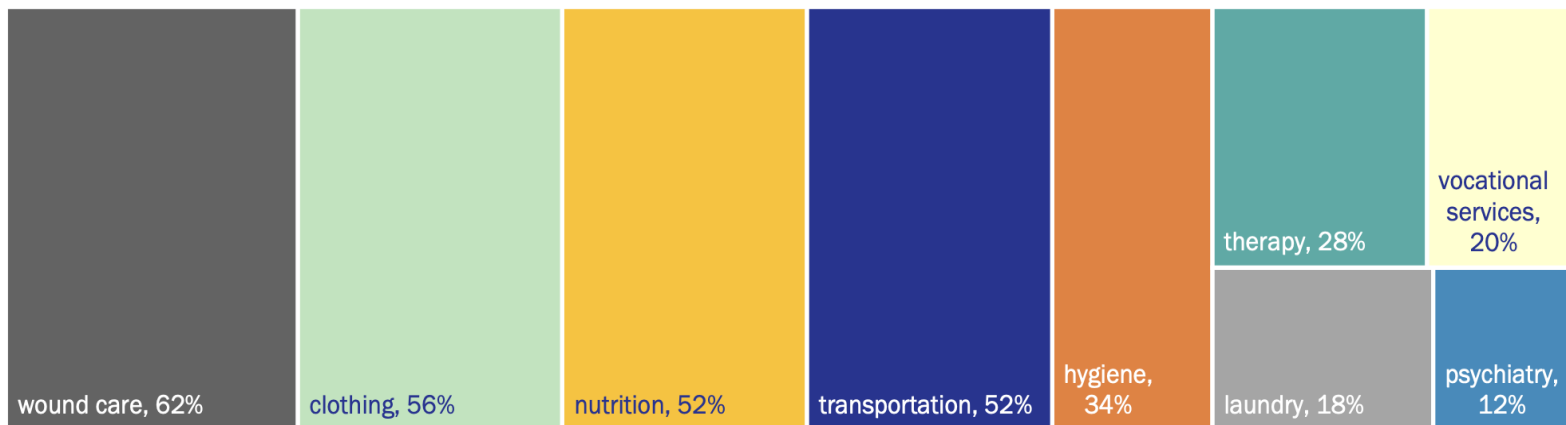
23 SSPs administered **2,742** HIV tests
21 SSPs administered **2,623** HCV tests

In 2023-2024, SSPs also made

4,733 referrals

to HIV and HCV testing and treatment providers for participants.

Over 50% of all SSPs directly support participants with clothing, nutrition, transportation, and wound care needs.



Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2024.

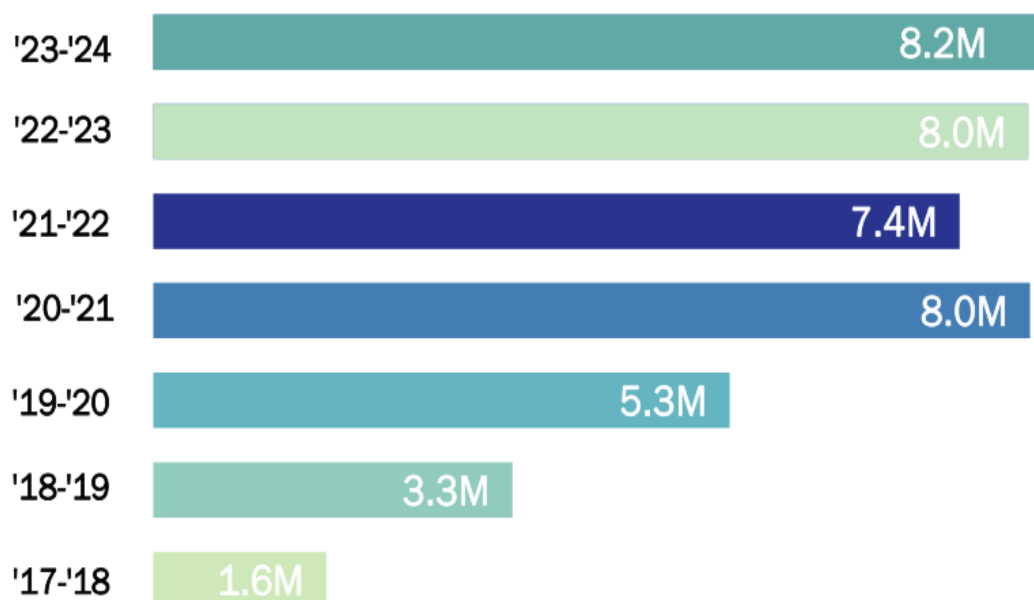
Source: Annual reporting data submitted by established Syringe Service Programs in North Carolina, 2023-2024 Safer Syringe Initiative Annual Report

A key purpose of SSPs is to provide participants with sterile syringes and other supplies that are used to mitigate risks associated with substance use while also facilitating the safe disposal of these supplies

In addition to distributing sterile syringes and naloxone kits, this annual reporting year the majority of SSPs also provided participants with a wide variety of additional harm reduction and overdose prevention supplies including fentanyl test strips, xylazine test strips, safer sex supplies, wound care supplies, other hygiene supplies, and sharps disposal containers to safely dispose of used supplies.

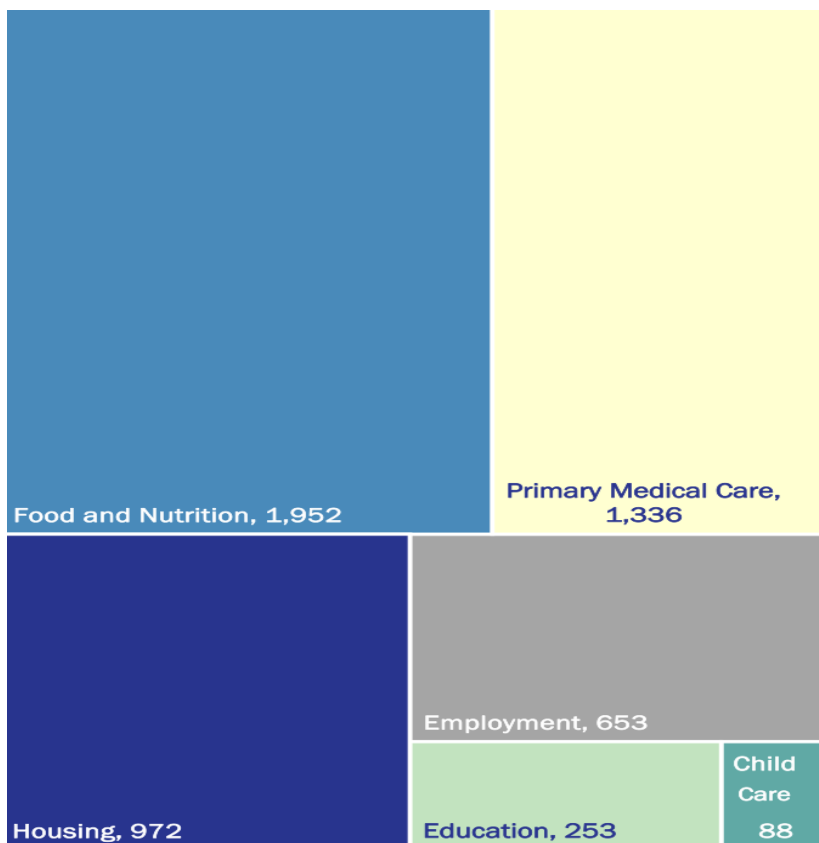
SSPs distributed **over 8.2 million** syringes in the 2023-2024 reporting year.

This is an **increase of over 2%** from the previous year.



Source: Annual reporting data submitted by established Syringe Service Programs in North Carolina, 2023-2024 Safer Syringe Initiative Annual Report

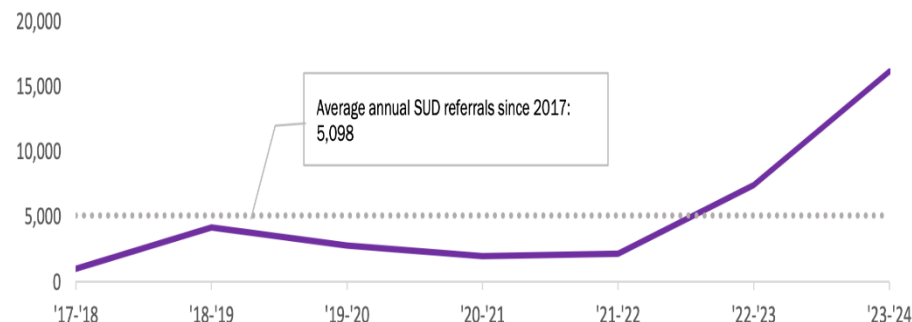
Linkage To Care



SSPs connect with participants who are often disconnected from health services.

Strong advocacy efforts for increased access to evidence-based treatment services helped SSPs make over **16,176 referrals to substance use disorder (SUD) or mental health treatment** in the 2023-2024 reporting year.

This is an **increase of over 653%** from the previous year.



In 2023-2024, SSPs made **over 8,700 referrals** to services that support the personalized needs of participants including food and nutrition providers, primary medical care, housing, employment, education, childcare and **MUCH MORE!**

SSP Advisory Group

- Group of partners from across the state
- Created as part of the state Opioid Action Plan
- Meets virtually on a bi-monthly basis
- Centers lived experience in our work and ensures community input in NCDHHS priorities and work
- Focuses on the current needs of people who use drugs
- Shared experiences and support

SSP Learning Collaborative

- Training and networking opportunity for all SSPs in NC
- Twice per year
- Hosted by local SSPs
- Led by subject matter experts and community partners
- Focus on relevant topics
 - Wound care
 - Drug user health equity
 - Naloxone distribution
 - Building strong partnerships in the community

Innovation Across The State

- EMS-based services
- Community-based drug checking
- Partnerships with pharmacies
- Low-barrier treatment
- Wound care
- Low-barrier employment
- Health hubs
- Trainings and technical assistance

What Do We Do?

- North Carolina Association of County Commissioners: Opioid Settlement Technical Assistance Team (OSTAT)
- Harm Reduction as Transformative Practice Academy
- Direct funding to organizations (LHDs, CBOs, others)
- Direct technical assistance for new and established SSPs, or other partners who are doing overdose prevention work.
- Clinical Memos and Support
 - [Xylazine Update](#)
 - [Xylazine Clinical Memo \(Original\)](#)
 - [Syringe Services Program Provider Letter](#)
- FAQs, One-pagers, toolkits, and other resources:
 - [Counterfeit Pills Resource](#)
 - [Post Overdose Response Teams Toolkit](#)
 - [Naloxone Distribution Toolkit](#)
 - [Jail Health Toolkit](#)
 - [Drug User Health Resource Guide](#)
 - [Harm Reduction Primer](#)
 - [Naloxone In Schools](#)
 - [NC Safer Syringe Initiative Annual Report](#)
 - [Naloxonesaves-nc.org/](#)

Questions?

- SyringeExchangeNC@dhhs.nc.gov
- Tyler.yates@dhhs.nc.gov
- Sally.reeske@dhhs.nc.gov

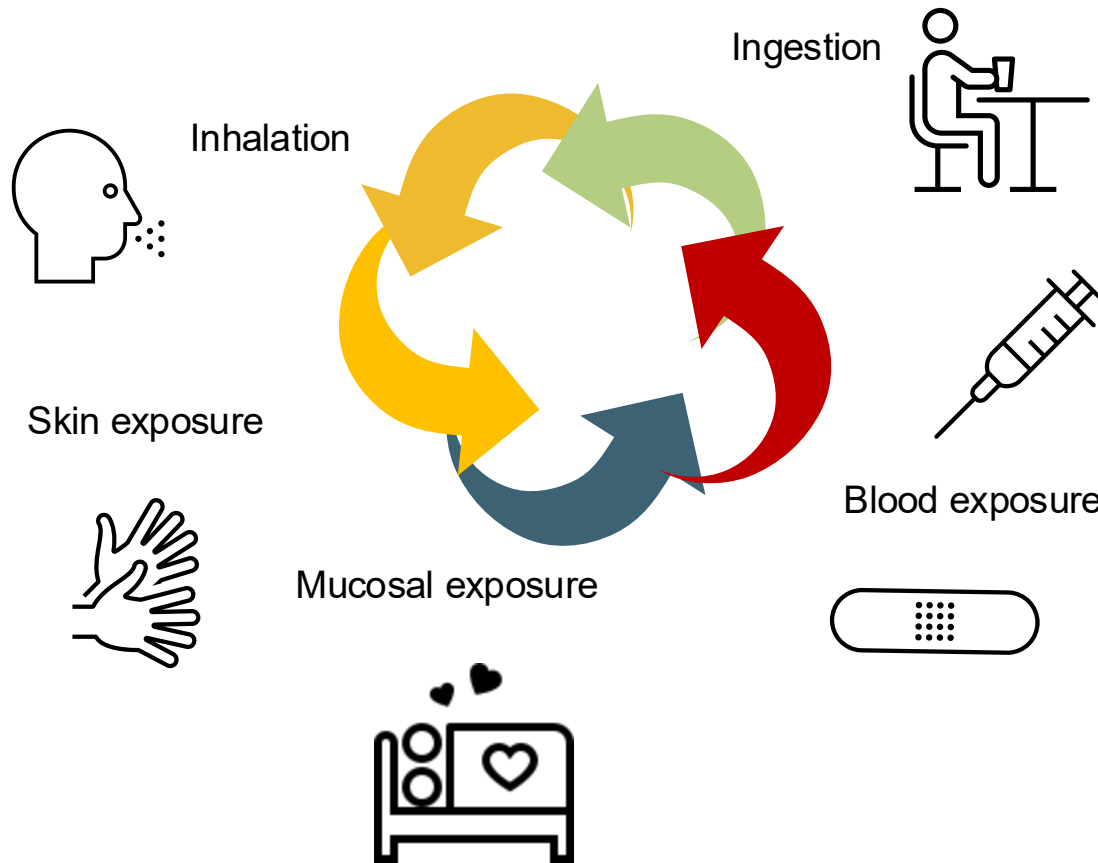
More Than Overdose Prevention: Trends in Infectious Disease

- Erika Samoff, Division of Public Health
- Pete Moore, Division of Public Health

Outline

- Infectious diseases 101
- Focus on vaccines
- Focus on sexually transmitted disease
- Focus on pregnancy

Infectious Diseases Control 101



Goals

Support access to
resources and
health equity

Ensure educated
ready and capable
population

Reduce disease

SSPs as Health Partners

- People who inject drugs experience lower engagement with traditional healthcare systems and often report negative experiences.
- SSPs can be important trusted messengers for disease control
 - For people living with addiction and unhoused people
 - For both routine health care/vaccination and for fighting vaccine-preventable disease outbreaks
- Challenges to engaging SSPs in vaccine access and confidence efforts include:
 - SSP Staff capacity and training, including how to access to clinical providers/vaccine administrators
 - Stigma and bias towards people who inject drugs
 - Free and low-cost healthcare supply
 - Access to clinical space
 - Health literacy and intervention/vaccine hesitance among service populations
 - Ability to enter data into clinical/vaccine information systems
 - Philosophical differences around harm-reduction
- Opportunities include:
 - Strengthening partnerships among SSPs and LHDs
 - Funding and capacity-building efforts for SSPs to expand programs
 - Cross-training staff
 - Co-location of clinical and testing services with SSPs



<https://injuryfreenc.org/>

Some key prevention tools that could be offered by SSPs and people working in harm reduction



- Communication and information
- Testing
 - Linkage to testing
 - Rapid or self-administered tests
- Linkage to care
 - Helping with appointments
 - Hosting care provider
- Treatment including vaccination

Some key infectious diseases to be aware of

- Hepatitis C
- Hepatitis A
- Hepatitis B
- Wound infections and endocarditis
- Syphilis and HIV

Infective Endocarditis

Infective endocarditis is a life-threatening inflammation of the heart's chambers and valves that can be difficult and expensive to treat.

Like hepatitis and HIV, **infective endocarditis** can be caused by using needles that are not sterile.

Infective endocarditis associated with injection drug use can be **prevented** by:

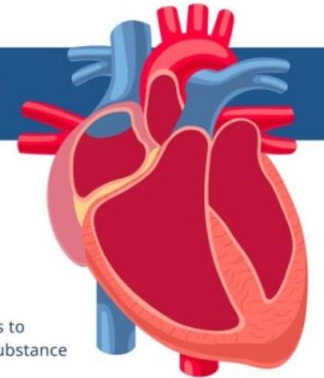


Providing **harm reduction services**, including access to sterile injection equipment and promoting safer injection practices



Increasing access to **treatment** for substance use disorders

Source: CDC, NHLBI



Example: HIV

SSPs as support for treatment: HIV controlled by treatment among people who inject drugs

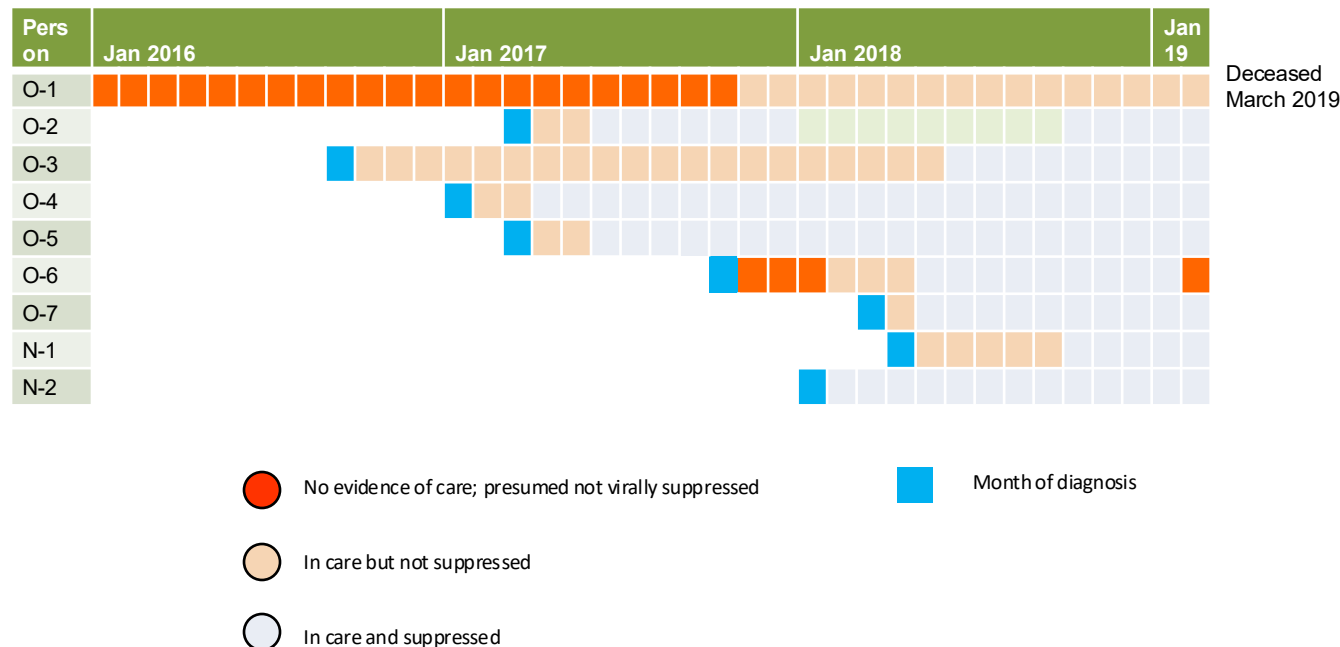
Testing and care services offered to a group of drug use partners following an increase in HIV

After offering testing and care services to 65 people:

13 people tested positive for hepatitis C

2 people tested positive for HIV

Viral suppression by month
HIV outbreak investigation cases, Western NC, Jan 2018-Feb 2019



Example: Hepatitis A

SSPs as Vaccination Partners



- 2018-2020: Nationwide Hep A outbreak with highest rates of infection among
 - People who inject drugs
 - People experiencing homelessness
 - Men reporting sex with men
- August 2018:
 - NC Immunization Program authorized use of state-supplied adult Hep A vaccine by LHDs to include individuals in any of the three high-risk categories.
 - Off-site outreach was highly encouraged to reach these vulnerable populations.
- SSP vaccination services require partnership with the LHD if using state-supplied vaccine.

Including

- Adherence to CDC vaccine storage and handling guidelines
- Vaccination Standing Order in accordance with ACIP recommendation
- Providing federally-required vaccine information statements (VIS) to persons interested in being immunized
- Documentation in the North Carolina Immunization Registry (NCIR) within 24 hours of administration

Close collaboration with LHD can help support these requirements

- Buncombe County Health and Human Services partnered with their opioid response/needle exchange program to establish weekly vaccination clinics at a local community center and monthly clinics at the LHD Syringe Exchange

Example: Prenatal care

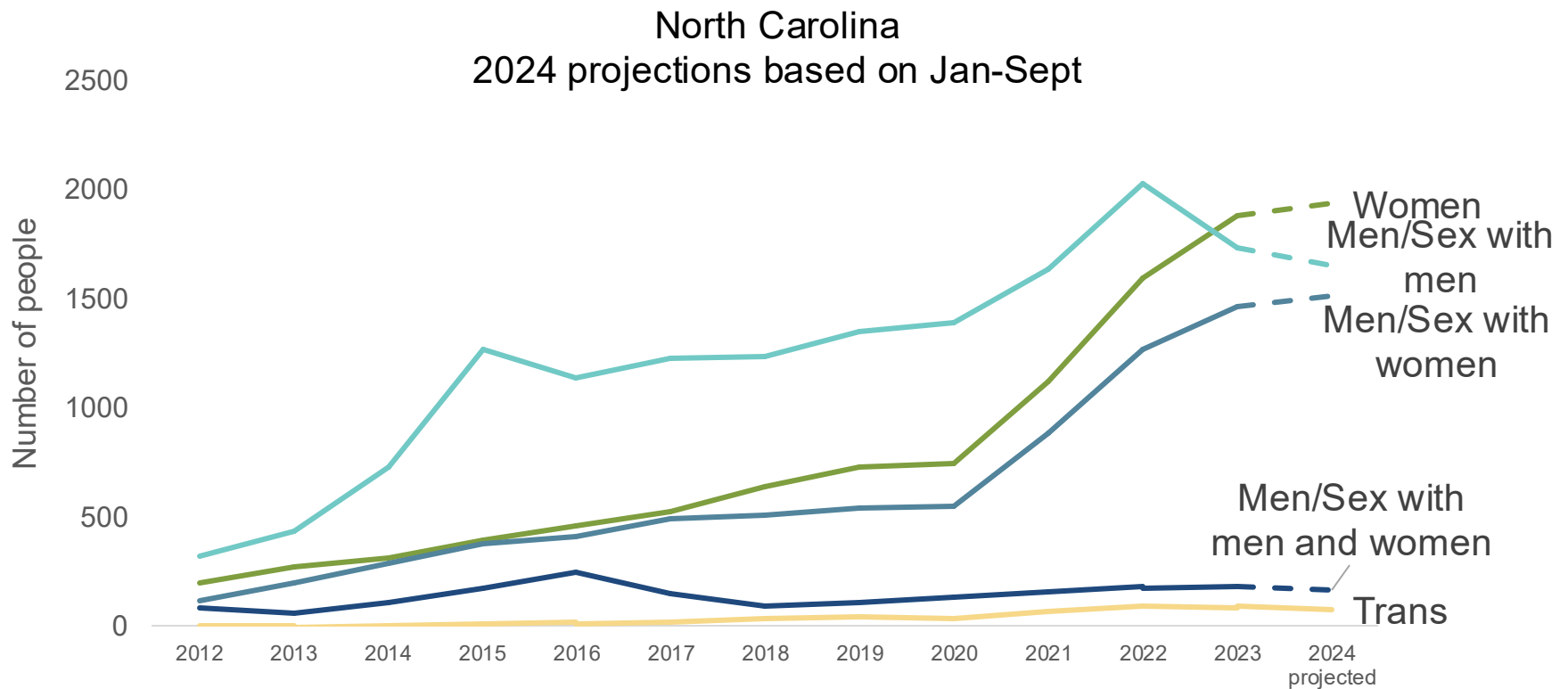
Care for Pregnant People

- Transmission of many diseases from parent to child can be prevented
 - Hepatitis B
 - HIV
 - Syphilis
- Prenatal care is an important pathway to access many resources

... however, there are barriers

- SSPs and anyone engaged with harm reduction can help support access to prenatal care with providers and recipients

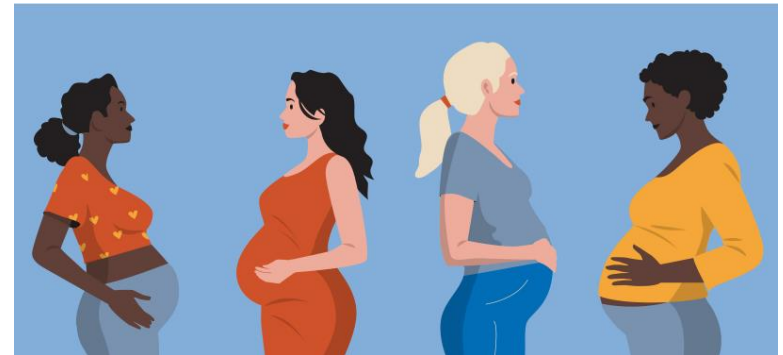
Syphilis Dynamics 2012-2024



What is Congenital Syphilis?

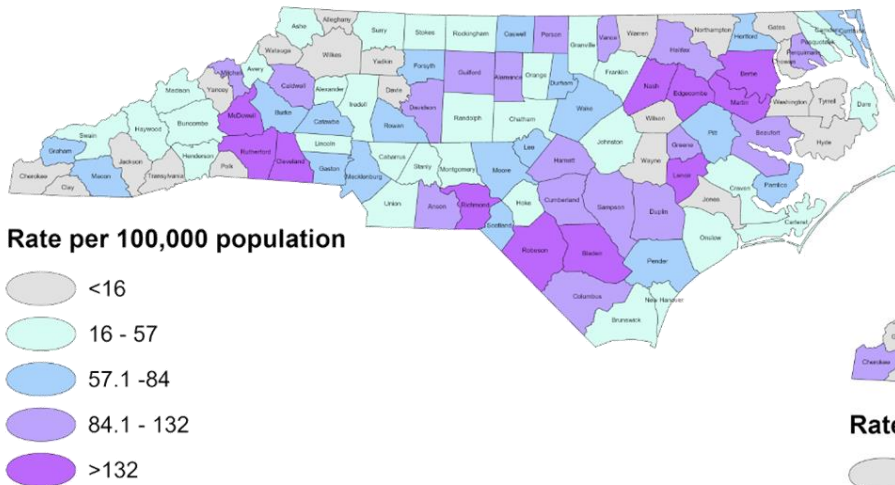
- Syphilis transmitted from pregnant parent to baby during pregnancy or delivery
- It can lead to:
 - Miscarriage
 - Issues with placenta and umbilical cord
 - Stillbirth
 - Low birth weight
 - Severe and life-long birth defects
 - Premature birth
 - Neonatal death
- In 2023, there were 72 cases and 10 deaths from congenital syphilis in NC

**It's also preventable!
That's what we're here
to do.**

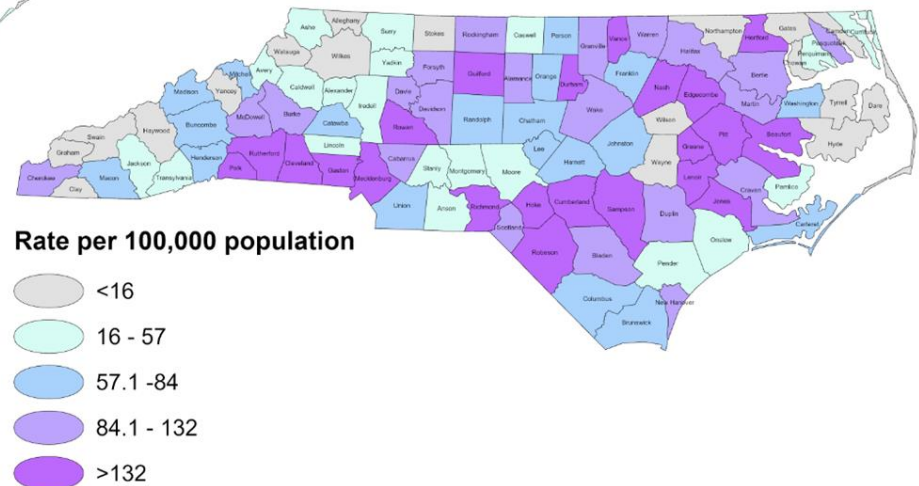


Syphilis in women concentrated in more rural areas

Syphilis Rates for Women Age 15-44
North Carolina, 2023

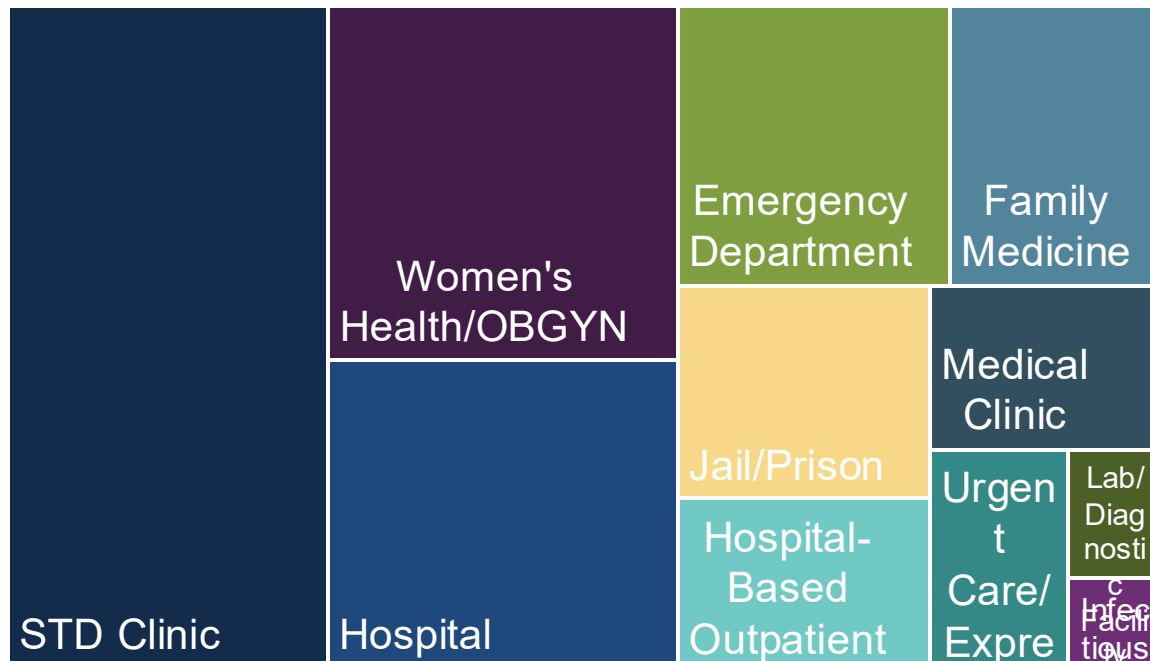


Syphilis Rates for Men Age 15-44
North Carolina, 2023



Syphilis is diagnosed by safety-net providers

Most Common Provider Types Diagnosing Syphilis for Women, North Carolina, 2023



- 6/10 cs moms interviewed reported using Medicaid to pay healthcare costs during pregnancy/birth
- Some feel that accessing care is difficult
 - "They probably won't help me because of the drugs"

Congenital syphilis is preventable

By testing and treating, we prevented 71% of congenital syphilis cases in 2023

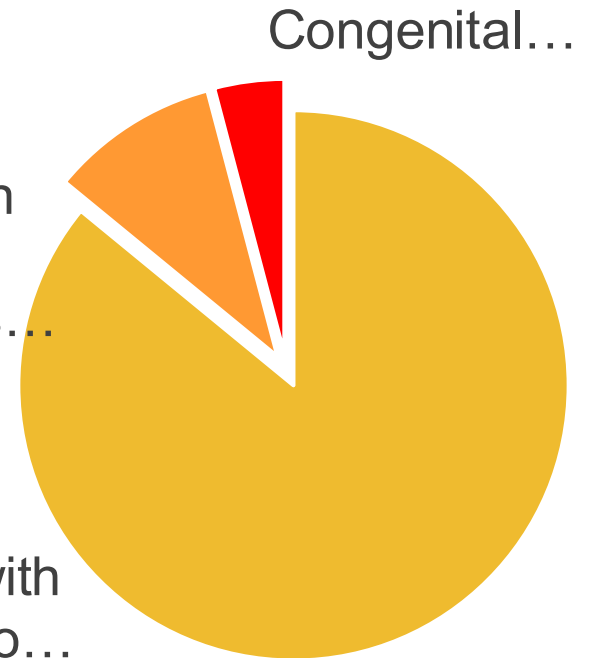


1st Prenatal Care Visit 28-30 weeks gestation Delivery

Pregnant women with syphilis but congenital syphilis...

Women with syphilis, no...

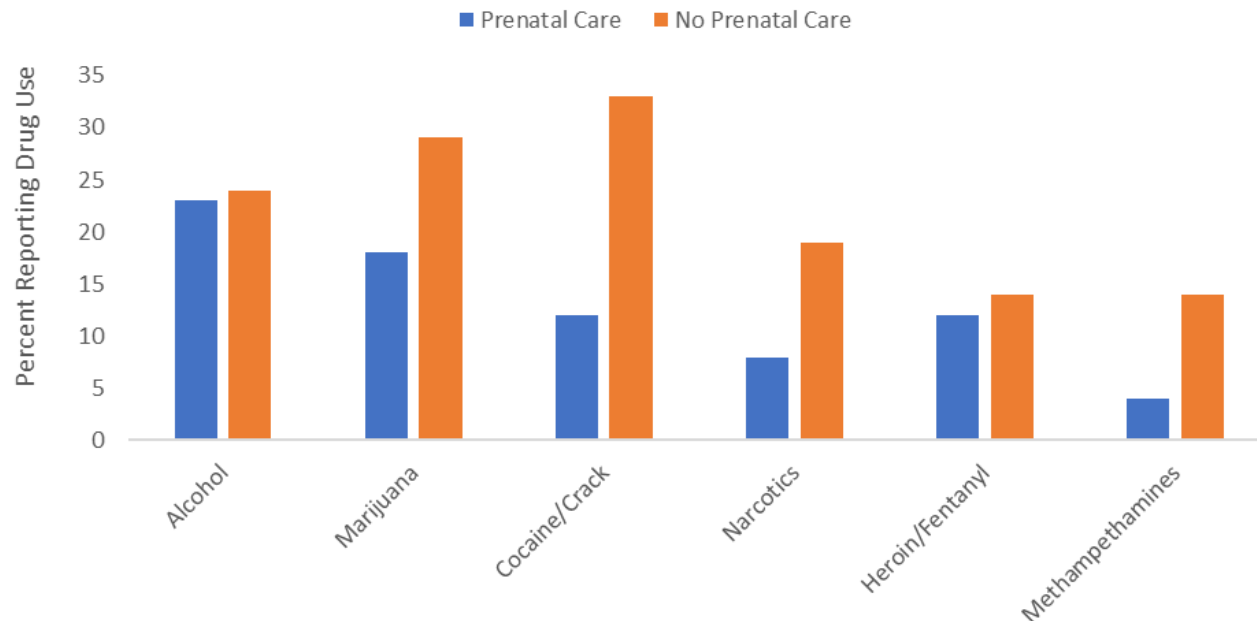
Women with Syphilis, North Carolina 2023



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 2024).

SSPs and people doing harm reduction are resources for pregnant people with syphilis

Drug Use Among Mothers of Babies with Congenital Syphilis by Prenatal Care Status, NC 2023



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of September 2024).

*2024 data are still preliminary and subject to change

Conversations with people affected by congenital syphilis

Congenital syphilis mothers report not knowing about syphilis

What would be helpful?

- "More pamphlets (handouts) and maybe signs or posters about syphilis in pregnancy"
- "Providers need to have more sympathy and empathy also be more mindful on how to educate patients about syphilis"

Congenital
syphilis
Information and
resources



"Women need more awareness and more information about the testing. Women need to know what syphilis is, and how it can affect your pregnancy and baby. Even if you think you are safe, you can have it."

... communication

.... also support for testing and care

Congenital Syphilis Materials

Social Media Toolkits

Brochures, Flyers, Rack Cards

Posters



Preview Image



Download Link and Resource Description

[General Syphilis - Social Media Toolkit](#)

(downloads as .zip folder)

This ZIP archive contains several files. To open them, use a computer. Download the ZIP file. Then, right-click the file, select "Extract All" (Windows PC) or "Open With" > "Archive Utility" (Mac), and follow the prompts.

More languages: [Spanish](#)

Contact: erika.samoff@dhhs.nc.gov

**NC Department of Health and
Human Services
HIV/STI/HCV Prevention
Program Overview**

***Focus on Syringe Service
Programs***

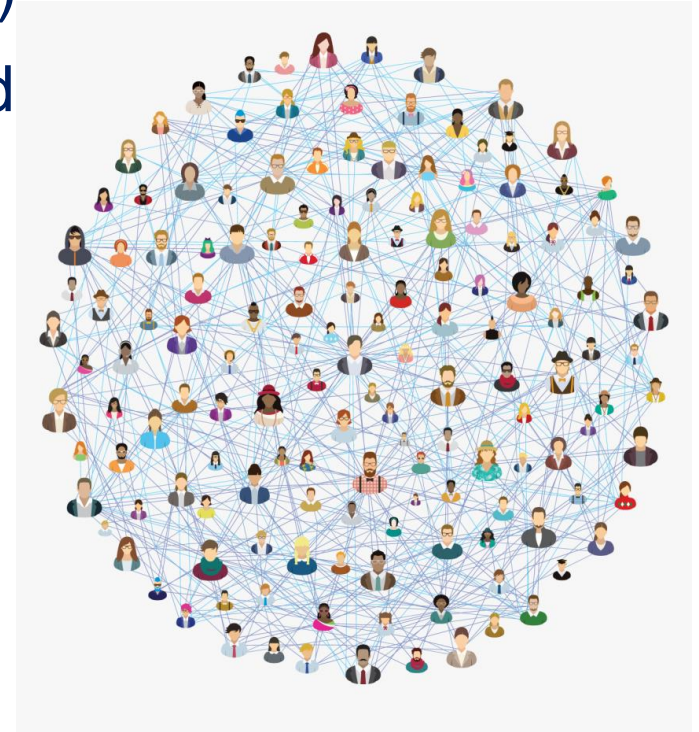
HIV/STI/HCV CTR Program Overview

- North Carolina uses multiple methods for HIV, STI, and HCV testing/linkage to care in nontraditional settings
- Programs offer access to prevention services to priority populations unable or uncomfortable with using traditional healthcare settings
- Programs use a three-tiered approach:
 - Agencies funded for HIV/STI/HCV counseling, testing, and linkage to care
 - Agencies supported with free HIV, HCV, and syphilis rapid test kits
 - Free at home HIV testing program marketed through MSM chat sites

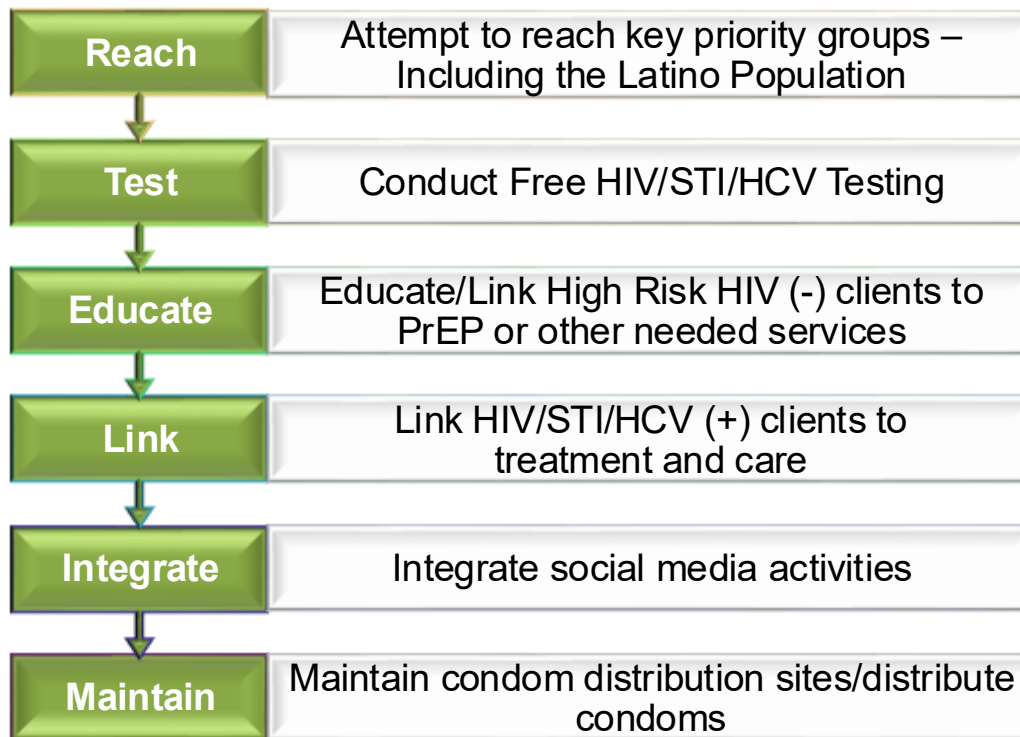
Integrated Targeted Testing Sites (ITTS) Project

Prevention Program Key Priority Groups

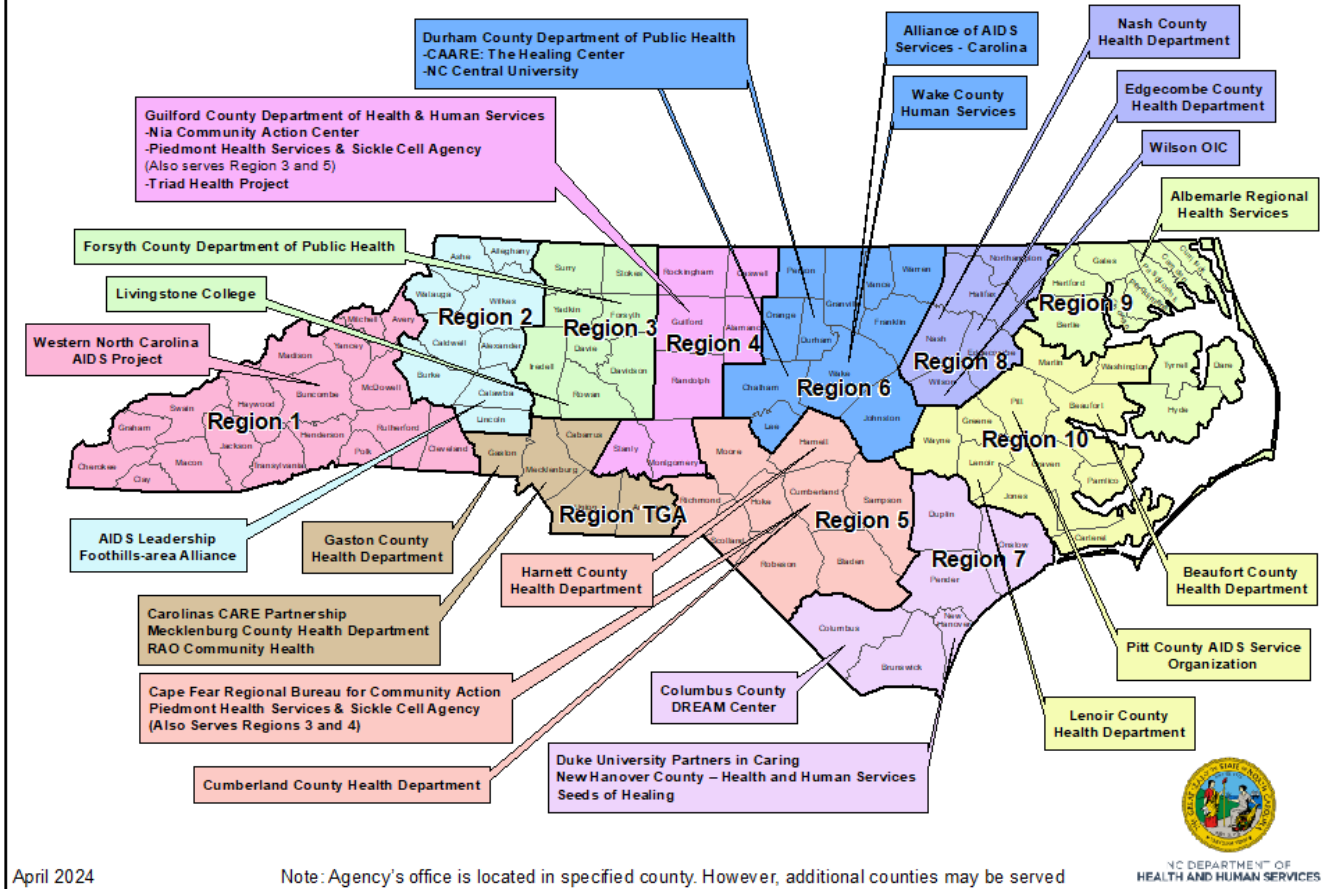
- Men Who Have Sex With Men (MSM)
- African American and Latino Men and Women
- Minority Youth (ages 13-24 years)
- Persons Who Inject Drugs (PWID)
- Transgender Persons



ITTS Project Requirements

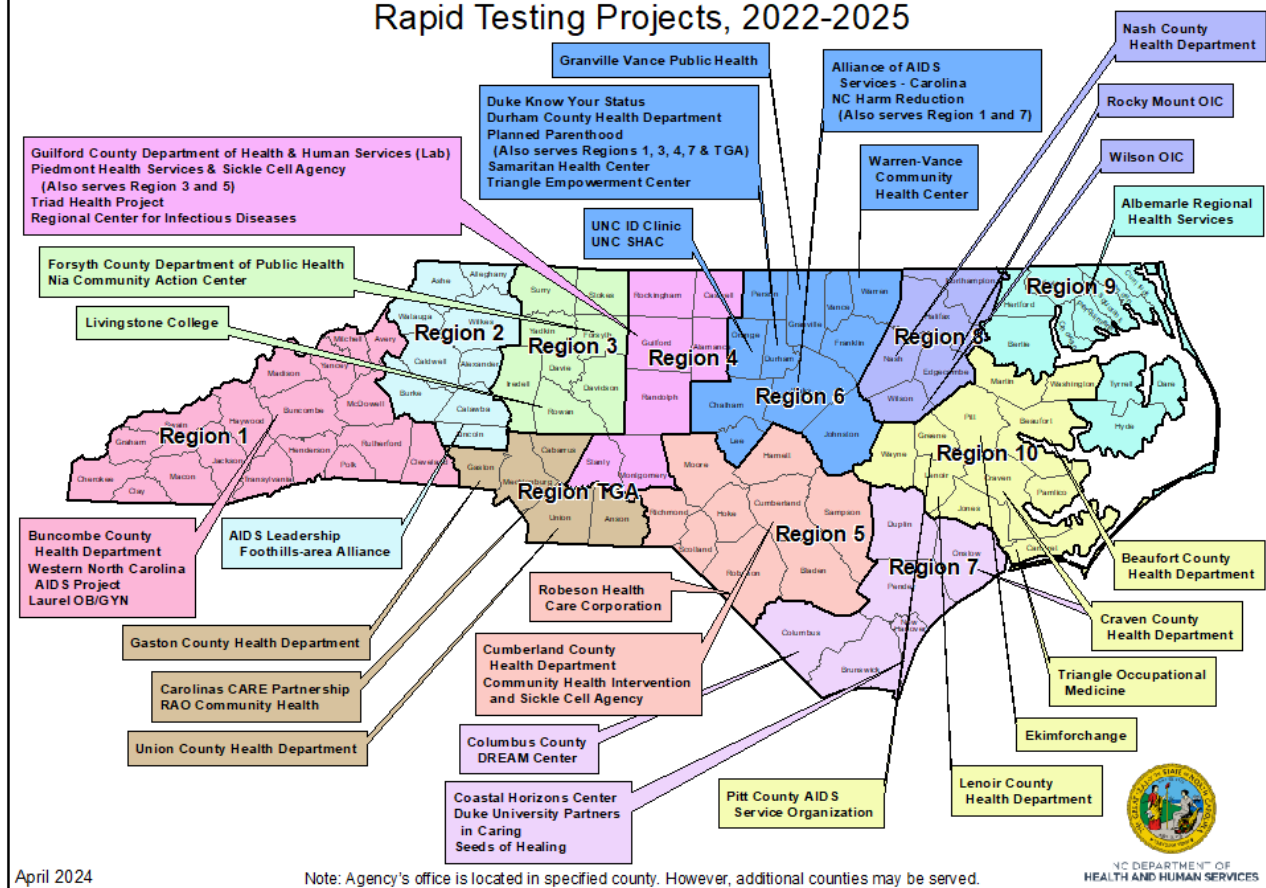


North Carolina Communicable Disease Branch Funded Integrated Targeted Testing Services Projects, 2022-2025



Rapid Testing

North Carolina Communicable Disease Branch Rapid Testing Projects, 2022-2025



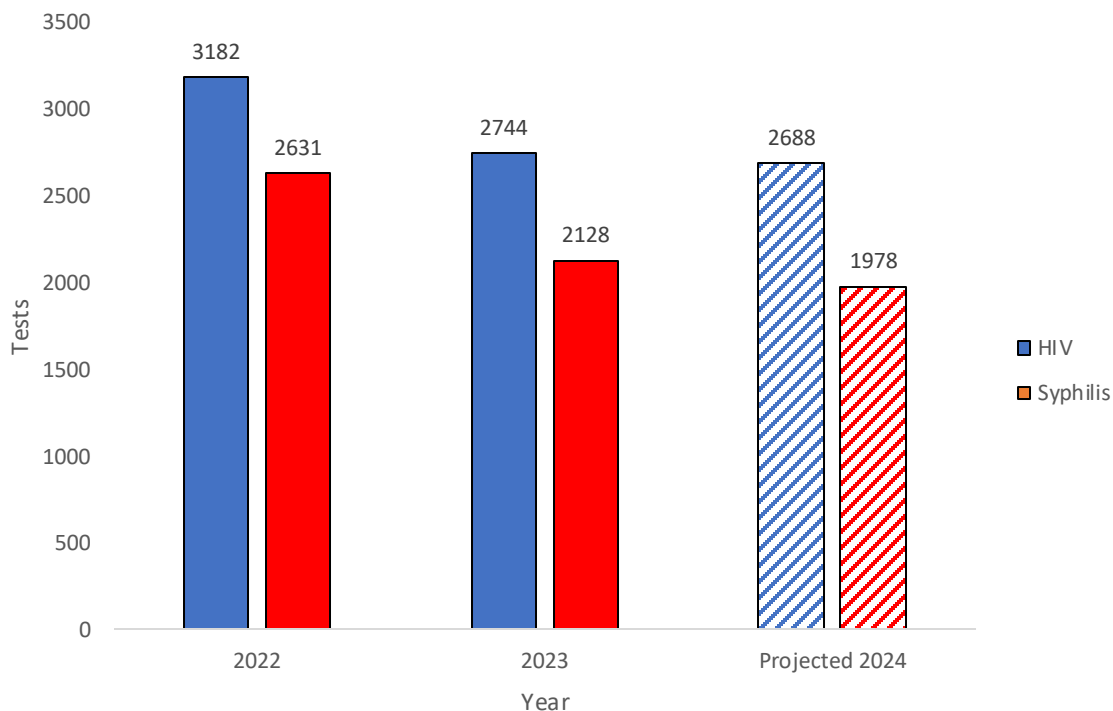
TakeMeHome Testing Program

Background

- Program in which free at home HIV testing is offered to people on MSM chat sites
 - Test kits are shipped to the persons home where they take an oral swab and conduct a rapid HIV test at their home
 - Information included on:
 - Safer sex information
 - How to get a confirmatory test
 - Where to get HIV care
 - Where to receive other Social services

HIV and Syphilis Testing among those with IDU History*

HIV and Syphilis Testing Among IVUDU in North Carolina, 2022-2024



- From 2023 to Projected 2024, there will be a 2% decrease in HIV testing and 7% decrease in syphilis testing
- From 2022 to 2023 there was a 14% decrease in HIV testing and 19% decrease in syphilis testing
- From 2022 to Projected 2024, there will be a 16% decrease in HIV testing and 25% decrease in syphilis testing

* IDU was defined as a person who answered "Yes" for "Injected Drugs or Substances Last 5 Years" in Evaluation Web.

HELP PREVENT SEXUALLY TRANSMITTED INFECTIONS TODAY.



Attention Healthcare Providers in North Carolina: Help NCDHHS tackle the rise in STIs by offering your clients **FREE point-of-care testing** for HIV, HCV and syphilis.

WHY Act Now?

- **Urgent Need:** NCDHHS is ramping up efforts to increase HIV, HCV and syphilis testing among sexually active individuals. Visit the [NCDHHS website](#) for up-to-date HIV, HCV and syphilis trends and additional provider resources.
- **Early Detection Saves Lives:** Timely testing and treatment can significantly reduce transmission rates for HIV, HCV, and syphilis.
- **Community Impact:** Lower infection rates and stop the spread of STIs in the communities you serve.



WHY Join the Rapid Testing Program?

- **Comprehensive Testing Tools:** Screen for HIV, HCV and syphilis – all at no cost to you or your patients!
- **Fast Results:** Get results within 20 minutes!
- **Real-Time Decision Making:** Make informed clinical decisions on the spot.



HOW to Get Started

- **Learn More:** Visit our [Rapid Testing Program Page](#) for full details and benefits.
- **Apply Now:** Complete your application [here](#) to receive your free test kits.
- **Contact Us:** For questions or more information, email NC.Rapid.Testing@dhhs.nc.gov.



Additional Requirements:

- **CLIA Certification:** Ensure your facility is CLIA certified. [Apply here.](#)
- **HIV Testing Licensure:** Obtain necessary licensure. [Apply here.](#)
- **Data Reporting:** Report relevant testing and outcome data; requirements will be provided.



Together, we can stop the spread of STIs in North Carolina.



Communicable Disease Branch • www.dph.ncdhhs.gov • NCDHHS is an equal opportunity employer and provider. • 11/2024

Resources

- Rapid Testing Program: [Rapid Testing Program Page](#)
- ITTS Program Manager:
Marti.eisenberg@dhhs.nc.gov
- Rapid Testing Program Manager:
Carlotta.mcneill@dhhs.nc.gov
- General Information:
NC.Rapid.Testing@dhhs.nc.gov

PrEP 101

- What is PrEP?
 - Pre-exposure prophylaxis (PrEP) is a medicine taken to prevent HIV infection. There are three choices of medications for PrEP: two pill options (Truvada, Descovy), and one long-acting injection (Apretude).
- Who should use PrEP?
 - PrEP is for anyone who is at elevated risk of contracting HIV. If you are HIV-negative but have any of the following you should consider PrEP:
 - Multiple sex partners whose status is unknown
 - A partner who is living with HIV
 - Sex without condoms
 - Share needles or equipment to inject drugs

PrEP 101

- How do I pay for PrEP?
 - PrEP is covered by most insurance companies. If you do not have health insurance, there are assistance programs that can help you pay for PrEP at little or not cost to you. You can access the Gilead PrEP assistance program [here](#), or the ViiV PrEP assistance program here: <https://apretude.com/access-and-support/>
- How can I start PrEP?
 - Talk with your doctor or healthcare provider to determine if PrEP is right for you. If you and your healthcare provider agree that PrEP might reduce your risk of getting HIV, they will test you for HIV and other STIs. Testing is the first step in accessing PrEP.

Additional Information and Resources

- PrEP reduces the risk of HIV from sex by 99%
- PrEP reduces the risk of HIV from injection drugs by 74%
- PrEP Locator is an amazing resource where you can find a PrEP provider near you. [Click here](#)
- On-Demand PrEP or “non-daily PrEP” is another effective protection. Learn more [here](#).

Panel: Programs Across the State

- Lauren Kestner, Queen City Harm Reduction (QCHR)
- Michelle Mathis, Olive Branch Ministries (OBM)
- Ainsley Bryce, Holler Harm Reduction
- Charlton Roberson, North Carolina Harm Reduction Coalition (NCHRC)
- Kristin Klinglesmith, Cabarrus Health Alliance

Wrap up and THANK YOU!

- **Sally Reeske**, Division of Public Health
- The meeting recording, agenda, and PowerPoint slides will be added to our NCDHHS Overdose/OPDAAC page within 7 days.
 - <https://www.ncdhhs.gov/about/departments/initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee>

Next OPDAAC Meetings:

- March 18-20, 2025: NC Summit on Reducing Overdose at the Raleigh Convention Center
- June 2025, date tbd