

## Healthy Communities Strategy #3: Safer Syringe Initiative

A Safer Syringe Initiative is a comprehensive community-based prevention and intervention program that provides additional services beyond syringe exchange. The services supported by the Healthy Communities Safer Syringe Initiative include:

- access to and disposal of syringes and injection equipment
- referrals to mental health or substance use disorder (SUD) treatment
- development of education materials concerning:
  - prevention of disease transmission, overdose and addiction
  - treatment options, including medication-assisted therapy (MAT)
- support and promotion of an existing syringe service program (SSP)
- presenting on and providing educational materials about the importance of SSPs for infectious disease and overdose prevention to decision makers
- [Naloxone](#) (Narcan or Evzio) training, or referrals to these services

### Expected Outcomes:

- Establishment of one or more new safer syringe initiatives in the county; and/or
- Expansion of existing safer syringe initiative.

Note: Syringes may only be purchased with the portion of the Healthy Communities funding that comes from the state not federal.

### Health Equity Planning Principals:

Syringe Services Programs (SSPs, also known as syringe exchange programs, syringe access programs, etc.), have served as primary healthcare providers for people who inject drugs for decades. By creating non-judgmental, low-barrier access to preventive health services and connections to health care and social services, SSPs and other harm reduction-based programs are uniquely equipped to address the health and wellness needs of people who use drugs, people engaged in sex work, and others who face barriers to receiving care. Common barriers to receiving care include stigma, discrimination, provider bias, and services that are difficult to access (e.g., not reachable by public transportation). Providing an alternative setting, typically staffed by people with lived experience (e.g. current and former drug users, people with a history of incarceration, people engaged in sex work, people experiencing homelessness, family members who have lost a loved one to an overdose etc.) makes SSPs effective entry-points for connecting PWUD with other medical and social services.

At their most basic, SSPs provide sterile syringes and safer use supplies to people injecting or otherwise using drugs, and collect used syringes and supplies for safe disposal. Effective programs operate according to the philosophy and practices of harm reduction—an understanding that people who use drugs, *even if they are not seeking treatment*, should be treated with dignity and respect as well as be given the care, resources, and information necessary to reduce health risks associated with drug use, and improve their general health and well-being. This is commonly described as “meeting people where they’re at” both physically and in how services are offered and



delivered. SSPs help prevent endocarditis and the spread of bloodborne infections and reduce the damage of skin and soft-tissue infections and abscesses by teaching about safe injection practices and providing wound care and prevent overdoses by educating community members on identifying an overdose and how to respond using naloxone, as well as directly provide or refer to naloxone.

The most effective SSPs provide a safe, nonjudgmental, and inviting space where they work *with*, not *for*, PWUD, people who engage in sex work, and other marginalized people. It is strongly suggested that people with lived experience be involved at all levels of decision-making and outreach. It is imperative to learn from people's current and past experiences of drug use and care navigation to best serve communities. Further, involving people with lived experience in organizational development and decision-making challenges individual and institutional stigma, and allows people with lived experience to use that experience to support and inform others.

### **Recommended Partners:**

• people with lived experience • harm reduction organizations • existing SSPs • local health departments • community-based organizations • faith communities • health systems • substance use disorder treatment providers (including medically assisted treatment) • AIDS service organizations • first responders • jail/detention centers • other individuals and organizations with experience working with underserved and vulnerable populations

### **Intervention Examples:**

- A. A local health department partnered with a local homeless shelter to provide syringe services at the health department, at the shelter, and when doing street/rural outreach. The health department was able to place syringe drop-boxes at the shelter and installed low-profile drop-boxes in public places to increase access to safe disposal. They promoted services and drop-box locations through the shelter and other local partners. The health department also held trainings for members of the public and first responders on how to safely respond to improperly discarded syringes found in the community.
- B. A local SSP was operating for a year but was struggling to support the growing needs of participants. The local health department (LHD) was able to install a syringe drop-box at the SSP and allowed the SSP to dispose of up to 25 pounds of collected biohazard (returned syringes and injection supplies) through its existing waste disposal contract. The health department also regularly printed educational materials and handouts for the SSP to cut down on their printing costs. Offsetting these costs allowed the SSP to purchase more supplies for participants, improved coordination between the SSP and LHD, and helped participants feel more welcome when visiting the health department.
- C. North Carolina legalized SSPs in 2016, and education about these services and their effectiveness is ongoing. The local health department worked with local SSPs and harm reduction practitioners to provide educational events for first responders, local healthcare providers, and community members around harm reduction, syringe exchange, responding to opioid overdoses with naloxone, and safe syringe disposal.



They provided information on the Syringe Exchange law to local law enforcement agencies, the county jail, and the district attorney's office. These resources were also shared with local medical and social service providers so they could connect patients and clients to SSP services. The health department installed posters and billboards around the county that used destigmatizing messages and person-first language and that encouraged dialogue about SSPs and the critical services they provide in the community

### **Related Programs:**

The North Carolina Safer Syringe Initiative (NCSSI) was created in 2016 with the legalization of syringe exchange in North Carolina. Programs are required to register with the state and meet key components such as being able to distribute and securely dispose of syringes, directly distribute, or refer to a provider or pharmacy for naloxone, provide overdose prevention and other relevant education such as infectious disease prevention, and link participants to substance use treatment and mental health services as needed. Programs report annually on key metrics such as the number of syringes and naloxone kits distributed, participants served, and referrals made. To find out more about NCSSI and find the most up-to-date list of current SSPs in NC, visit the NCSSI page (see NC Resource section below).

The NCSSI is managed by the Injury and Violence Prevention Branch (IVPB) which is a leader in the state's response to the overdose crisis.

IVPB supports SSPs by:

1. Providing technical assistance to individuals and agencies establishing and operating SSPs promoting best practices and person-centered services.
2. Encouraging collaboration and education, through events like the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) and the [Injury-Free NC SSP Academy](#) (now the Harm Reduction Academy). You can find the recordings for the SSP Virtual Series here: <https://injuryfreenc.org/injury-free-nc-focus-areas/establishing-syringe-services-programs-in-north-carolina-a-virtual-series/>.
3. Presenting SSPs and drug user health services as vital aspects of a broad, multidisciplinary response to the overdose crisis, in resources like the [Opioid Action Plan](#) and the [Menu of Local Actions to Prevent Opioid Overdose in NC](#).

### **North Carolina Resources:**

- A. North Carolina Safer Syringe Initiative  
[www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative](http://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative).  
Please contact [SyringeExchangeNC@dhhs.nc.gov](mailto:SyringeExchangeNC@dhhs.nc.gov) with any questions.
- B. NCSSI Resources: Collection of toolkits, guidance documents, program resources, and harm reduction educational materials available in the NCSSI Resources Google Drive folder [www.tinyurl.com/NCSSIResources](http://www.tinyurl.com/NCSSIResources)
- C. North Carolina Harm Reduction Coalition  
<http://www.nchrc.org/>



## **National Resources:**

A. Harm Reduction Coalition

<https://harmreduction.org/>

B. The National Harm Reduction Technical Assistance Center (NASTAD)

<https://www.nastad.org/domestic/hepatitis/drug-user-health>

C. Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/ssp/index.html>

## **Data Sources**

A. Opioid Action Plan Data Dashboard

<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

B. NC Communicable Disease Statistics Disease Data Dashboard

<https://public.tableau.com/en-us/search/all/NCD3NorthCarolinaDiseaseData>

