

Healthy Communities Strategy #3: Syringe Exchange Programs

Partner with at least one organization to implement and/or support a safer syringe initiative in the county.

Expected Outcomes:

- Establishment of one or more new syringe exchange programs in the county; and/or
- Increased number of new partner organizations providing referrals to existing syringe exchange programs.

Health Equity Planning Principals:

Syringe exchange programs (SEPs) have served as primary healthcare providers for people injecting drugs for decades. By creating no-judgment, low-threshold access to preventive health and connections to medical care and social services, SEPs and other harm reduction-based programs are uniquely equipped to address the health and wellness needs of people who use drugs (PWUD), people engaged in sex work, and others who face barriers to receiving care. Common barriers to receiving medical care or social services include stigma, judgment, skepticism from providers, and fear of arrest or legal consequences. Providing an alternative setting, typically staffed by people with their own lived experience (e.g. current *and* former drug users, people with incarceration history, people engaged in sex work, people who are homeless, etc.) makes syringe exchanges effective entry-points for connecting PWUD with other medical and social services.

At their most basic, SEPs provide sterile syringes and 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 using drugs, *even if they are not seeking treatment*, should 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. Syringe access services (one of several names for these efforts) help prevent endocarditis and the spread of bloodborne infections; reduce the damage of skin and soft-tissue infections and abscesses; and prevent overdoses by sharing safer injection practices and educating community members on identifying and responding to overdose with naloxone.

The most effective SEPs provide a safe, nonjudgmental, and inviting space where they work *with*, not *for*, PWUD, people who do 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 SEPs • local health departments • community-based organizations • faith communities • health systems • substance use disorder treatment providers (including methadone clinics) • 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 exchange 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 SEP was operating for a year but was struggling to meet service needs as more people heard about the program and expressed interest in participating. The local health department (LHD) was able to install a syringe drop-box at the SEP and allowed the SEP 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 SEP to cut down on their printing. Offsetting these costs allowed the SEP to purchase more supplies for participants, improved coordination between the SEP and LHD, and helped participants feel more welcome when visiting the health department.
- C. North Carolina legalized SEPs in 2016, and education about these services and their effectiveness is ongoing. The local health department worked with local SEPs 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 SEP 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 SEP services. The health department installed posters and billboards around the county that used destigmatizing messages and person-first language and that encouraged dialogue and SEP service access.

Related Programs:

The Injury and Violence Prevention Branch (IVPB) is a leader in the state's response to the overdose crisis. IVPB supports the implementation and operation of syringe exchange programs and partnerships between SEPs and other medical and social service providers to increase access and facilitate connections. IVPB will support syringe exchange programs and services by:

1. Providing technical assistance to individuals and agencies establishing and operating SEPs through the NC Safer Syringe Initiative, 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 SEP Academy;
3. Presenting SEPs 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](#).

Recommended Tools/Resources:

- A. North Carolina Safer Syringe Initiative
www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative
- B. Collection of toolkits, guidance documents, program resources, and harm reduction educational materials available in the NCSSI Resources Google Drive folder
www.tinyurl.com/NCSSIResources
- C. Harm Reduction Coalition
<https://harmreduction.org/>
- D. North Carolina Harm Reduction Coalition
<http://www.nchrc.org/>

North Carolina Resources:

- A. New SEP program sign-up form
<https://www.ncdhhs.gov/documents/syringe-exchange-program-sign-form>
New SEPs must submit a sign-up form and receive confirmation from DPH prior to opening services. Please contact SyringeExchangeNC@dhhs.nc.gov with any questions.
- B. SEP Annual reporting form
<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/sep-annual-reporting-form>
Organizations developing and operating new SEPs are encouraged to look through the Annual Reporting Form (to be completed by July 31 every year) prior to starting services so they know what information is to be collected. Programs are welcome to track additional information for program monitoring and evaluation, but it is important that programs remain confidential and low-threshold and that participants do not feel obliged to give personal information.

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>