



NC's Opioid Epidemic

Data Updates, Surveillance Resources

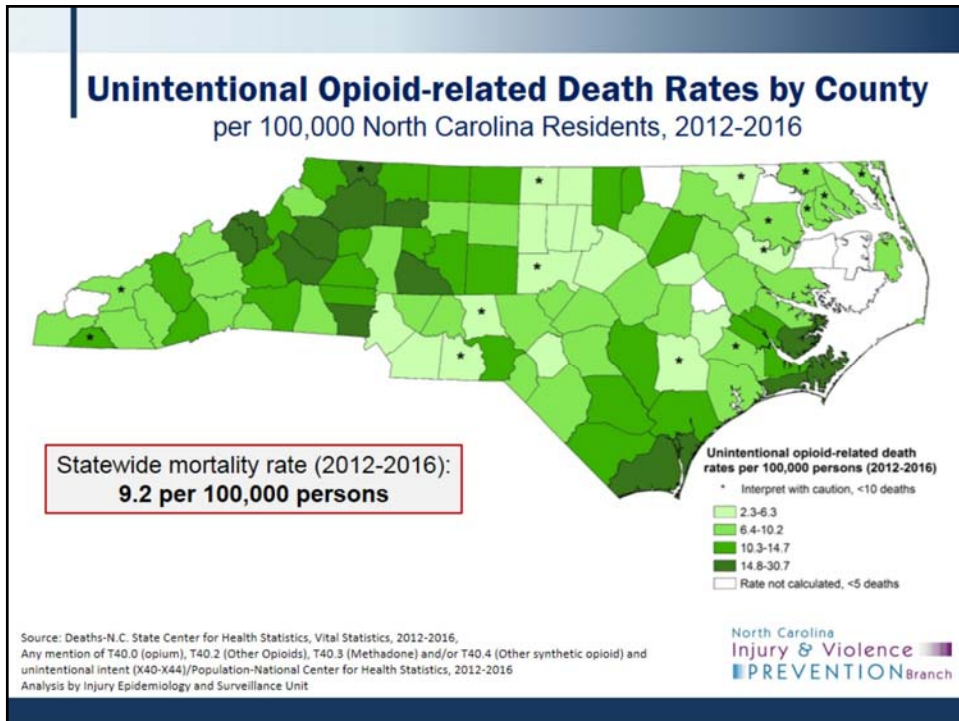
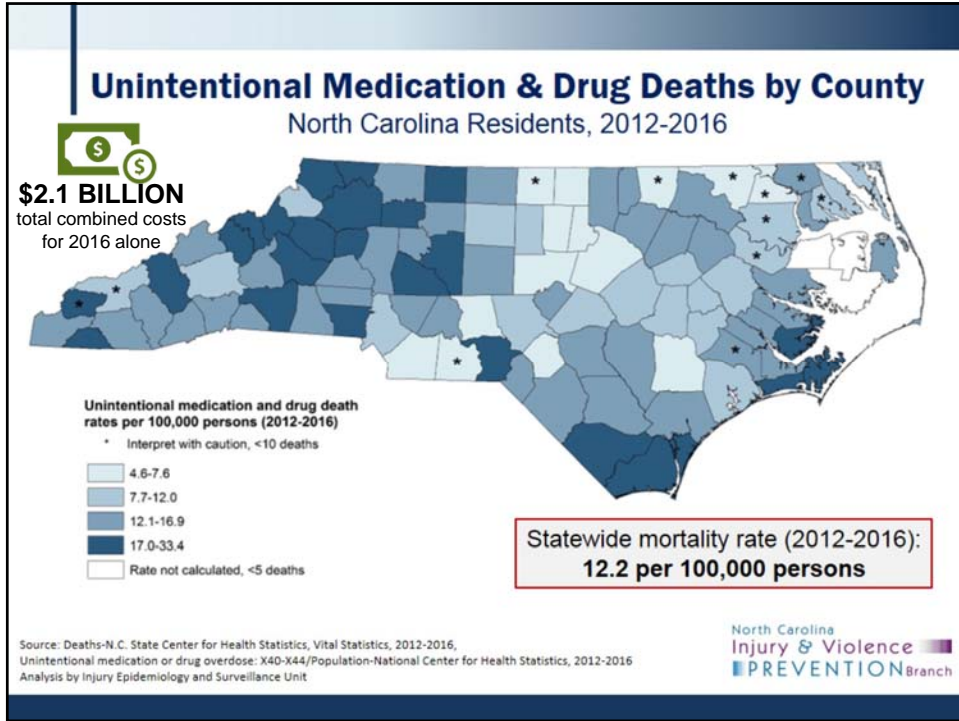
Nidhi Sachdeva, MPH
NC Division of Public Health

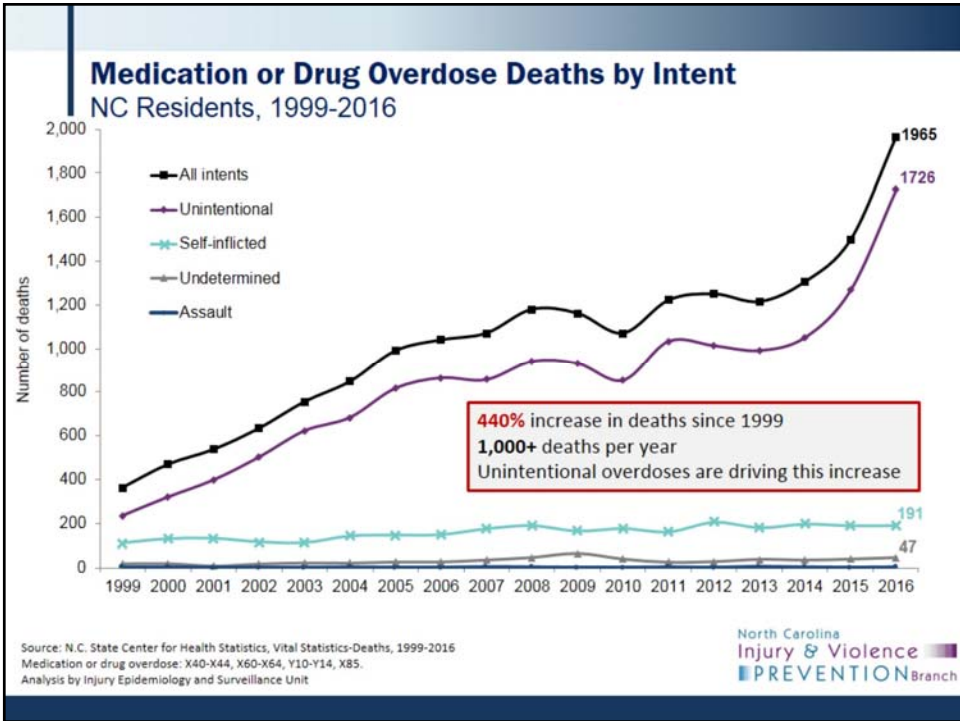
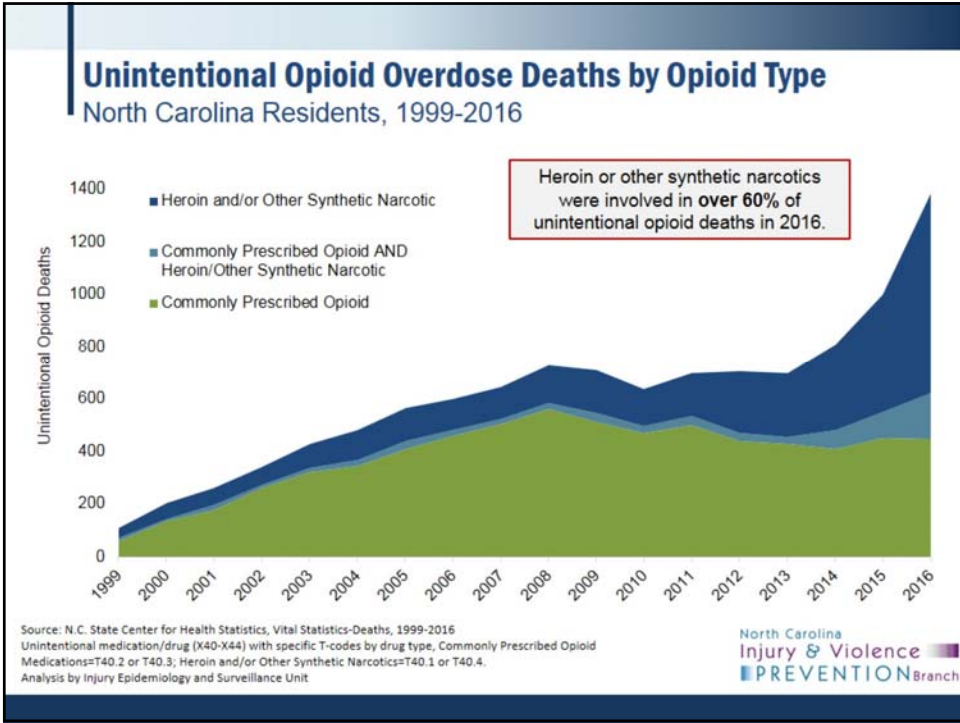
April 4, 2018 | North Carolina
Health Director's Legal Conference | Injury & Violence
PREVENTION Branch

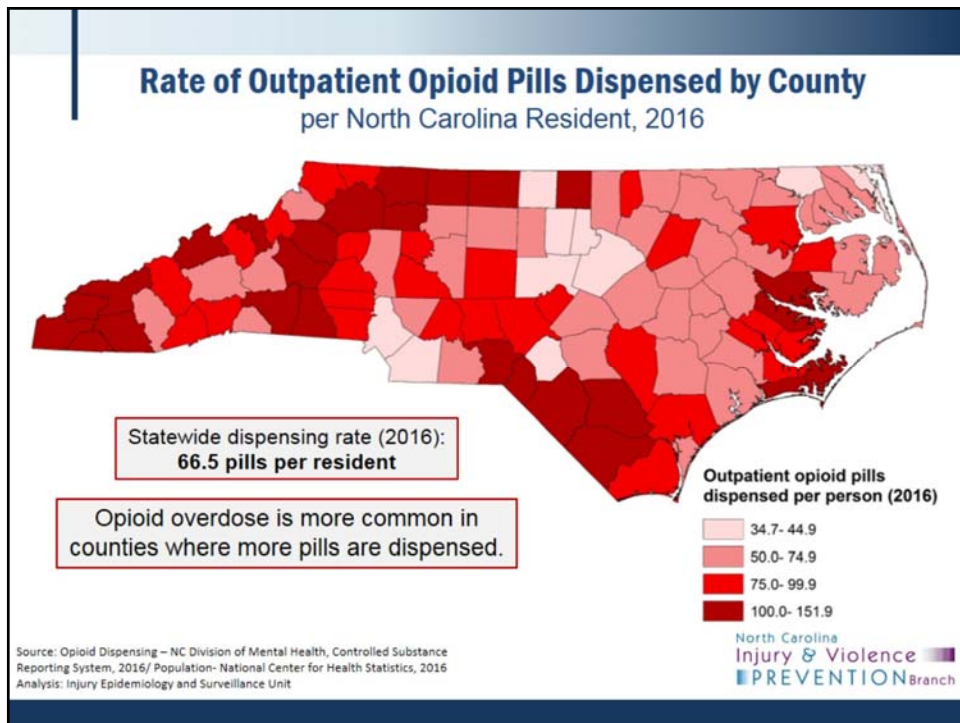
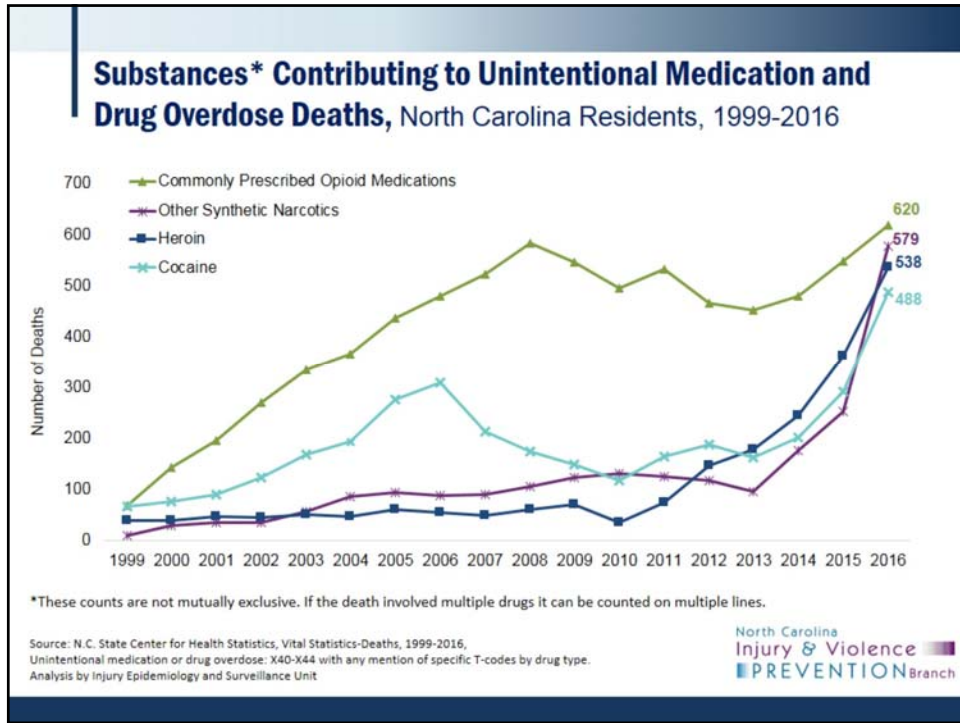
In 2016, nearly 4 North Carolinians died each day from unintentional opioid overdose.

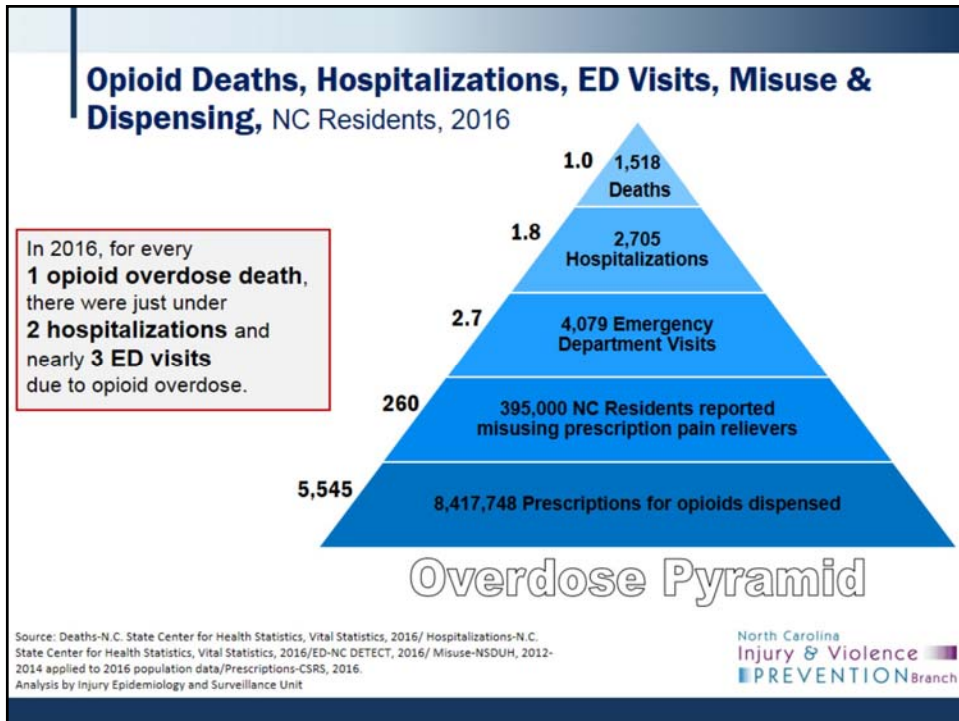
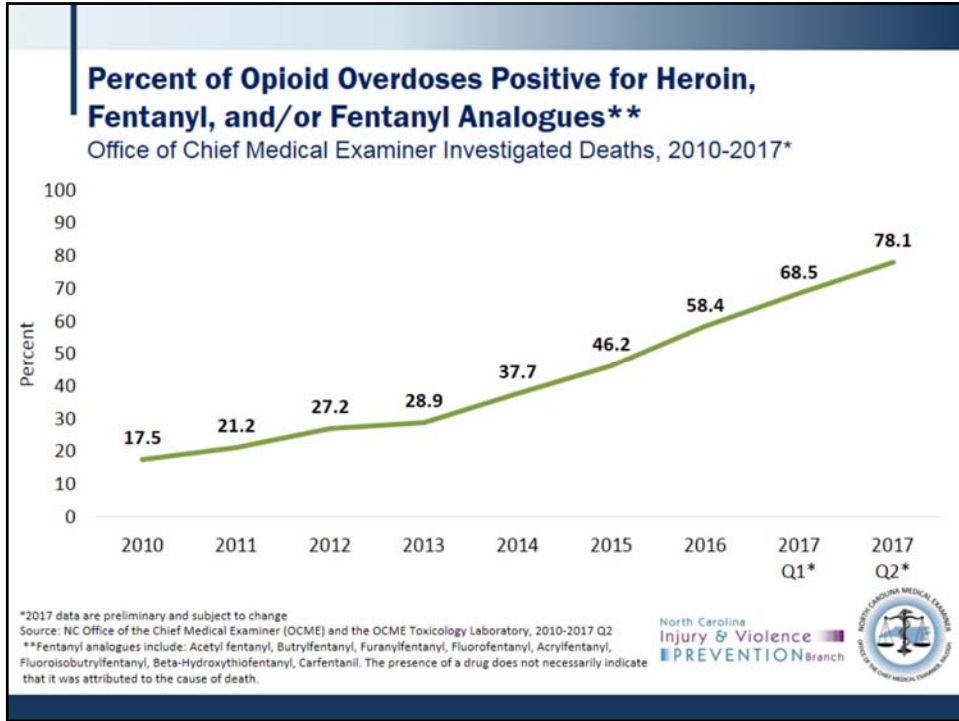
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2016, Unintentional medication or drug overdose: X40-X44 and any mention of T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) Analysis by Injury Epidemiology and Surveillance Unit

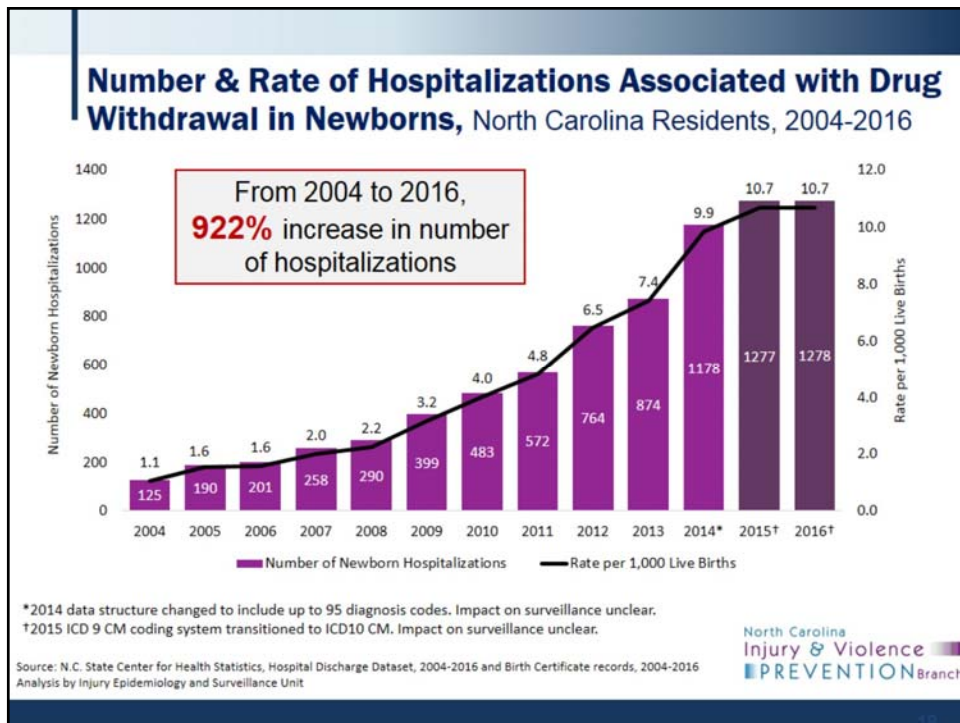
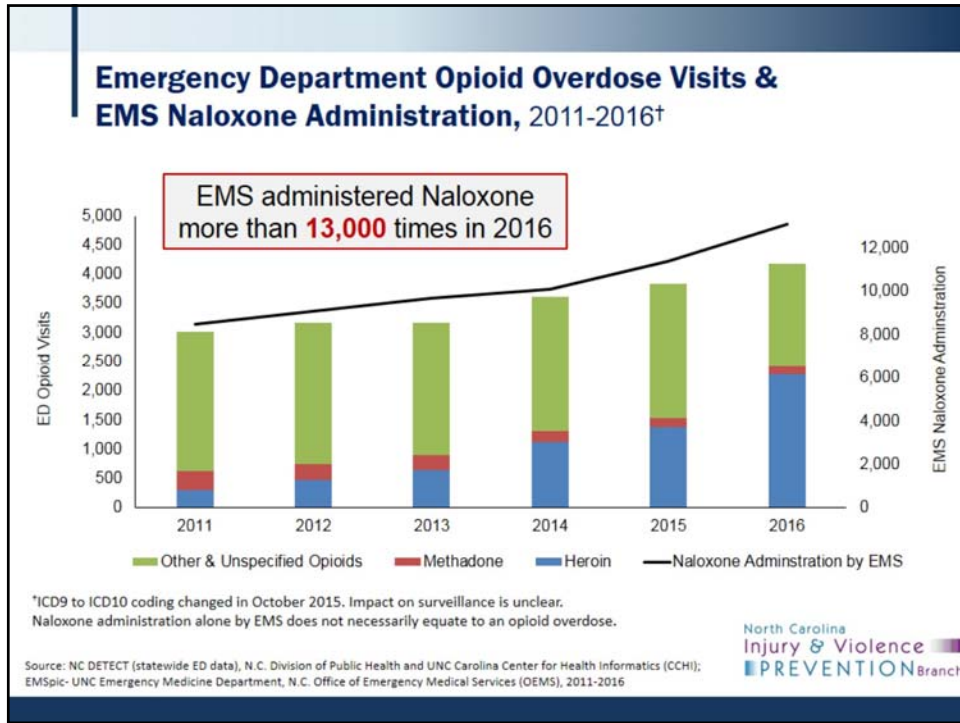
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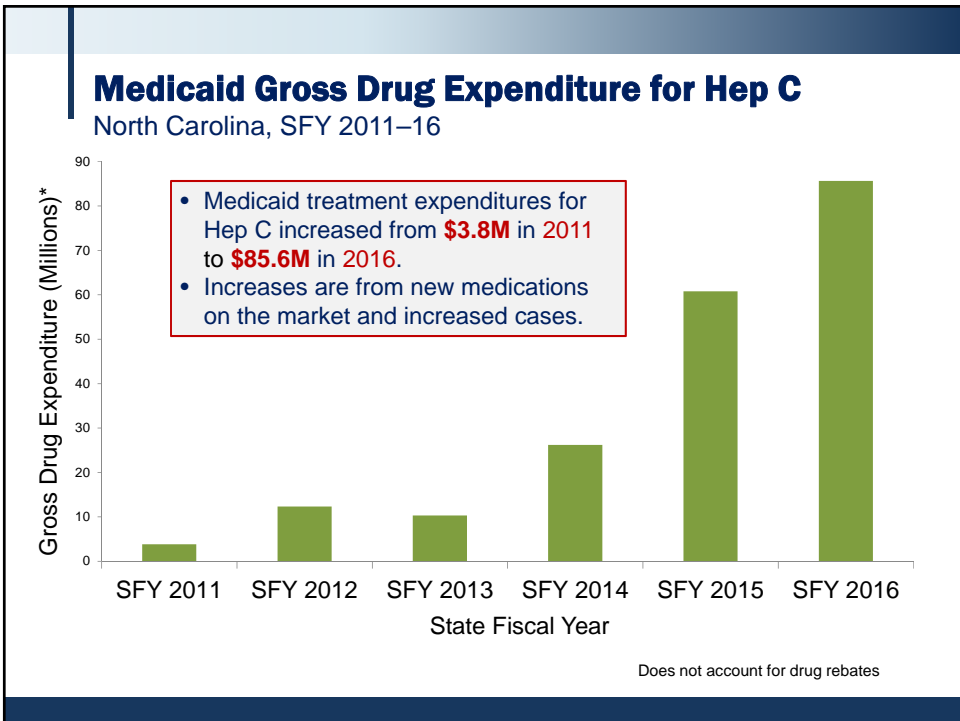
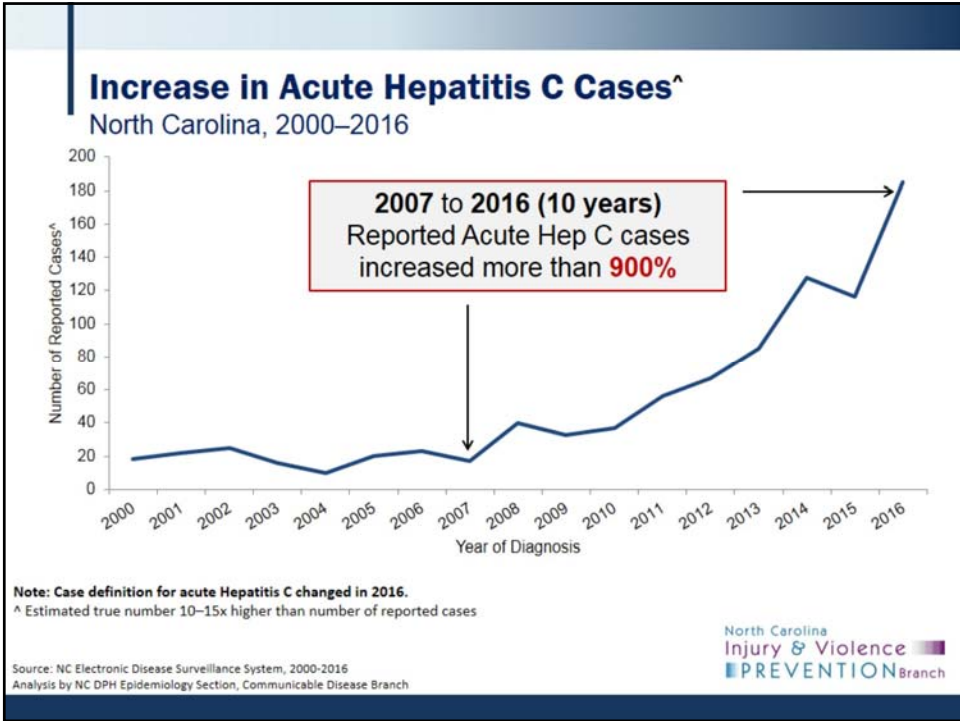


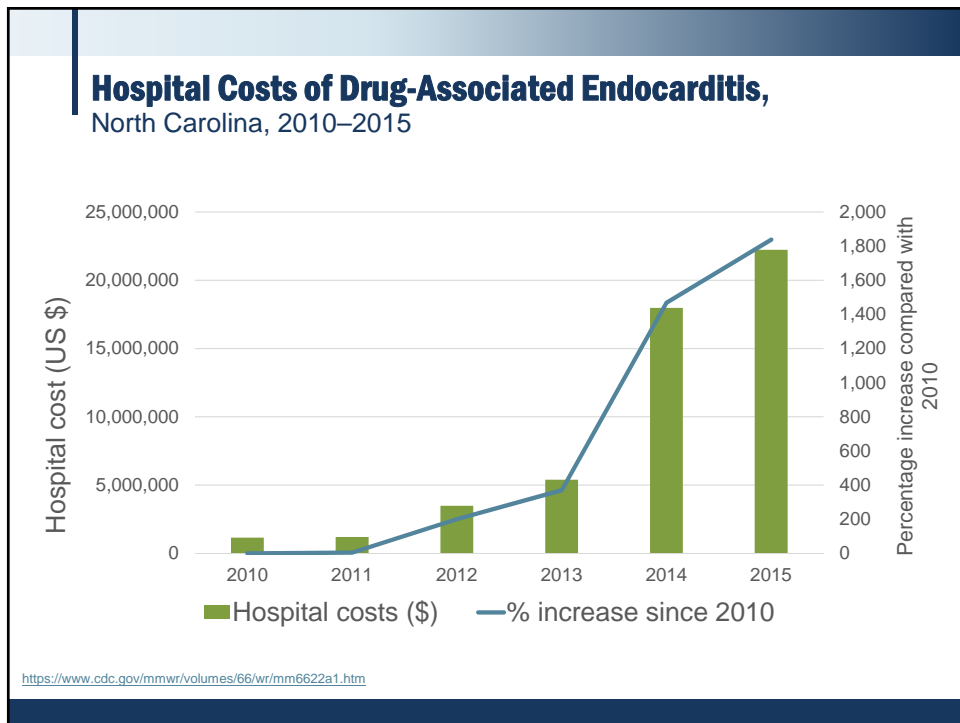
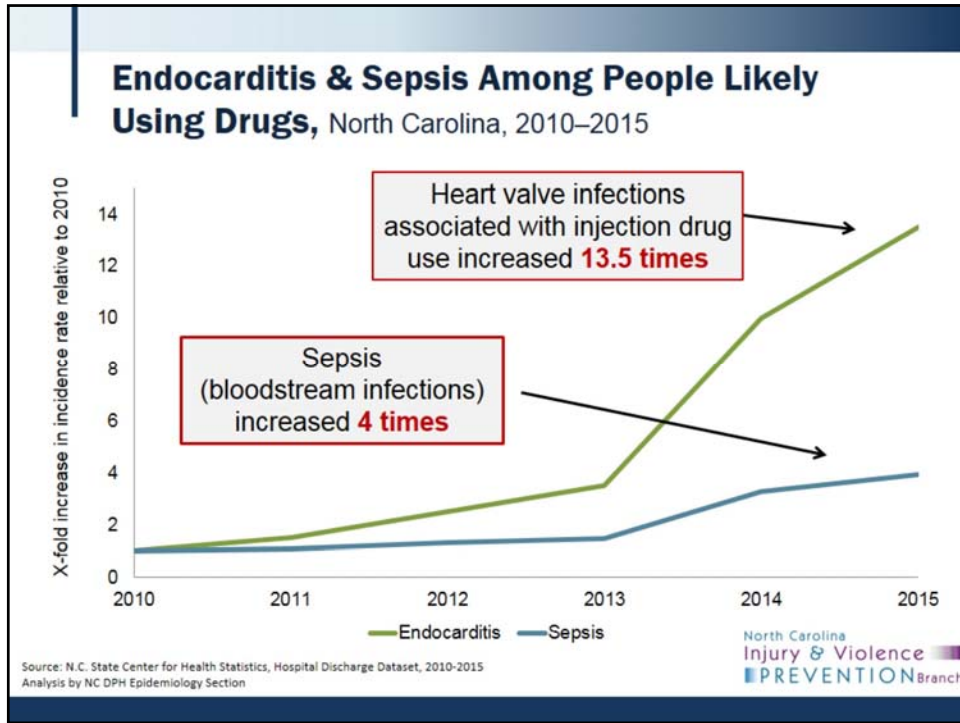


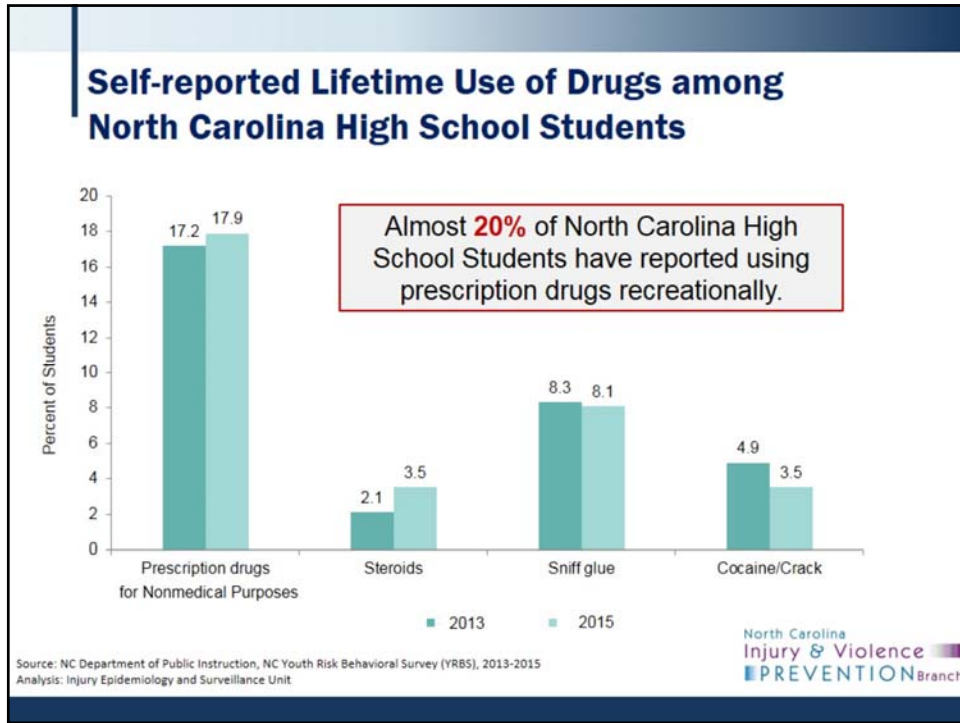












IVPB Poisoning Data


<http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

- Death Data
- Hospital Data
- ED Data

North Carolina Injury & Violence PREVENTION Branch

Core NC Overdose Slide Set

YouTube Search



**N.C. Overdose Data:
Trends and Surveillance**

Division of Public Health
Injury and Violence Prevention Branch

As of December 2017

IVPB Core NC Overdose Slide Recording

120 views

InjuryFreeNC
Published on Dec 28, 2017

This slide set was created to provide basic data trends and public health surveillance around the drug overdose epidemic in North Carolina. For more information contact Mary Beth Cox at marybeth.cox@dohhs.nc.gov

North Carolina
Injury & Violence
PREVENTION Branch

IVPB Poisoning Data Website

<http://www.injuryfreenc.ncdohhs.gov/DataSurveillance/Poisoning.htm>

NC DETECT Opioid Overdose ER Visit Reports

County-Level Poisoning Data Tables

See the topics below for data on various types of poisoning at the county level. Please see the footnotes at the bottom of each table for a description of each type of poisoning.

- Death Data: by Intent, Drug Type, and County

- All Intentions
 - All Poisoning Deaths by County, 1999-2016 (PDF, 221 KB)
 - All Medication and Drug Poisoning Deaths by County, 1999-2016 (PDF, 209 KB)
 - All Opiate Poisoning Deaths by County, 1999-2016 (PDF, 220 KB)
 - All Commonly Prescribed Opioid Medication Poisoning Deaths by County, 1999-2016 (PDF, 221 KB)
 - All Heroin Poisoning Deaths by County, 1999-2016 (PDF, 217 KB)
 - All Methadone Poisoning Deaths by County, 1999-2016 (PDF, 381 KB)
 - All Synthetic Opioid Poisoning Deaths by County, 1999-2016 (PDF, 304 KB)
 - All Cocaine Poisoning Deaths by County, 1999-2016 (PDF, 305 KB)
 - All Benzodiazepine Poisoning Deaths by County, 1999-2016 (PDF, 304 KB)

+ Unintentional


+ Self-Inflicted

+ Hospital Data: by Intent, Drug Type, and County

+ N.C. DETECT Emergency Department (ED) Data: by Intent, Drug Type, and County

+ Prescribing and Population Data: by County

+ Archived Data



North Carolina
Injury & Violence
PREVENTION Branch

County Overdose Slides

Medication and Drug Overdose in Wake County, 1999-2016

December 13, 2017

Community naloxone reversals reported to the NC Harm Reduction Coalition:
8/1/2013 - 9/30/2017 (8,181 total reversals reported)

Community Reversals in Wake County, as of 9/30/2017	292
Community Reversals in Local Health Director Region 7, as of 9/30/2017	714

Law Enforcement naloxone reversals reported to the NC Harm Reduction Coalition:
1/1/2015 - 9/30/2017 (277 total reversals reported)

Law Enforcement Reversals in Wake County, as of 9/30/2017	4
Law Enforcement Agencies in Wake County carrying naloxone, as of 9/30/2017	1
Law Enforcement Reversals in Local Health Director Region 7, as of 9/30/2017	12
Law Enforcement Agencies in Local Health Director Region 7 carrying naloxone, as of 9/30/2017	13

Source: North Carolina Harm Reduction Coalition, September 2017
Revised: Injury Epidemiology and Surveillance Unit

Number of Pharmacies under Standing Order by County

October 2017 (N=1,407)

Number of Pharmacies Under Standing Order

- 0
- 1-9

Opioid Overdose Reversals with Naloxone

Community Reversals in Wake County, as of 9/30/2017

Community Reversals in Wake County, as of 9/30/2017	292
Community Reversals in Local Health Director Region 7, as of 9/30/2017	714

Law Enforcement Reversals in Wake County, as of 9/30/2017

Law Enforcement Reversals in Wake County, as of 9/30/2017	4
Law Enforcement Agencies in Wake County carrying naloxone, as of 9/30/2017	1
Law Enforcement Reversals in Local Health Director Region 7, as of 9/30/2017	12
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Source: North Carolina Harm Reduction Coalition, September 2017
Revised: Injury Epidemiology and Surveillance Unit

County Demographics of Unintentional Medication & Drug Overdose Deaths, by race/ethnicity: 2012-2016

	RACE				
	White	Black	Asian	Indian	Hisp.
Wake County, Overall Population, 2012-2016	62%	21%	7%	0%	10%
Unintentional Overdose Deaths, Wake County Residents, 2012-2016	81%	14%	1%	0%	2%
Unintentional Overdose Deaths, North Carolina Residents, 2012-2016	85%	11%	0%	2%	2%

Source: Health & Life Sciences Center for Health Statistics, Vital Statistics, 2012-2016, Unintentional medication and drug overdose; SAS 404 Population National Center for Health Statistics, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

Quarterly Data Newsletters

Medication & Drug Overdose Quarterly Data Report: ED Data

- There was a 40% increase in opioid overdose ED visits in 2017 (5,745) compared to 2016 (4,103).
- The majority of individuals visiting the ED for opioid overdose in 2017 were white (85%), male (82%), and between the ages 25-34 (39%).
- The highest rates of 2017 opioid overdose ED visits occurred in Pamlico, Swain, McDowell, Haywood, Craven, Cabarrus, Vance, Buncombe, Rowan, Yadkin, and Stokes counties. Rates were suppressed for counties with <10 cases.
- 2017 ED data for opioid overdose come from The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT). These data are current as of 1/30/2018, but are provisional and subject to change.

Rate of Opioid Overdose ED Visits by County: North Carolina, 2017*

Statewide rate of opioid overdose ED visits (2017): 56.6 per 100,000 persons

Monthly Overdose ED Visits by Opioid Class: North Carolina, 2017*

Heroin accounted for 68% (3,924) of the 5,745 opioid overdose ED visits in 2017.

Other Opioids includes overdose visits due to oxycodone, hydrocodone, fentanyl, methadone, or other synthetic narcotics.

*Data as of 1/30/2018, but are provisional and subject to change.
Source: North Carolina DETECT, National Center for Health Statistics, 2016
Revised: Injury Epidemiology and Surveillance Unit

Demographics of Opioid Overdose ED Visits vs Overall Population: North Carolina, 2017*

ED Visits by Sex and Race

ED Visits by Age Group

Opioid Overdose ED Visits by Year: North Carolina, 2009-2017*

- Opioid overdose ED visits include cases of an opioid overdose by any intent (accidental, intentional, assault, and undetermined) for North Carolina residents.
- From 2009 to 2017, there was a 160% increase in opioid overdose ED visits, 5,745 in 2017 compared to 2,879 in 2009.

*Data as of 1/30/2018, but are provisional and subject to change.
Source: North Carolina DETECT, National Center for Health Statistics, 2016
Revised: Injury Epidemiology and Surveillance Unit

ADDITIONAL RESOURCES

For monthly surveillance reports and county-level overdose slides, visit our Statewide Surveillance Reports folder: <https://docs.google.com/drive/folders/1D00k4tWnD5L1>

For additional information about Injury Data and Surveillance, visit our Data and Surveillance website: <http://www.injuryfree.nc.gov/DataandSurveillance/>

For more information about our programs, please visit our Injury Free NC website: <http://www.injuryfree.nc.gov/>

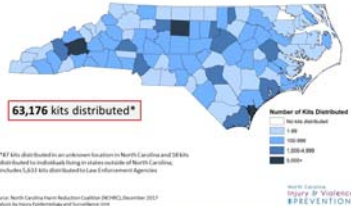
For information on naloxone and the statewide standing order, visit the Naloxone Saves website: <http://www.naloxonesaves.org>

The Naloxone Toolkit contains resources and recommendations for local health departments to assist with creating standing orders for naloxone dispensing and distribution. The toolkit can be found here: <http://www.injuryfree.nc.gov/preventionResources/docs/NaloxoneToolkitFINALUpdated06-12-2016Updated.pdf>

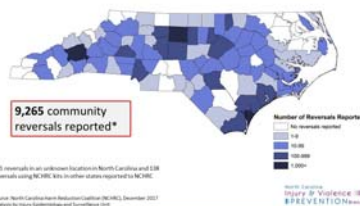
NORTH CAROLINA DIVISION OF PUBLIC HEALTH | www.injuryfree.nc.gov | January 2018

NC Harm Reduction Data Updates

Naloxone Kits Distributed by the North Carolina Harm Reduction Coalition, 8/1/2013- 11/30/2017



Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-11/30/2017



Counties with EMS Naloxone Take Home Programs for IDUs* as of November 30, 2017



Counties with Law Enforcement Carrying Naloxone as of November 30, 2017



North Carolina Injury & Violence PREVENTION Branch

NC Opioid Action Plan Data Dashboard

METRICS FOR NC'S OPIOID ACTION PLAN

Metrics	Baseline Data (2016, Q4)	2021 Trend/Goal
OVERALL		
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	335	20% reduction in expected 2021 number
Number of ED visits that received an opioid overdose diagnosis (all intents)	998	20% reduction in expected 2021 number
Reduce oversupply of prescription opioids		
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents	29.9 per 100,000	Decreasing trend
Total number of opioid pills dispensed	145,997,895	Decreasing trend
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.7%	Decreasing trend
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	25.3%	Decreasing trend
Reduce Diversion/Flow of Illicit Drugs		
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	-----
Number of acute Hepatitis C cases	43	Decreasing trend
Increase Access to Naloxone		
Number of EMS naloxone administrations	3,185	-----
Number of community naloxone reversals	817	Increasing trend
Treatment and Recovery		
Number of buprenorphine prescriptions dispensed	133,712	Increasing trend
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	15,187	Increasing trend
Number of certified peer support specialists (CPSS) across NC	2,352	Increasing trend

Source: North Carolina's Opioid Action Plan, January 2018
https://files.nc.gov/ncdhs/documents/Opioid%20Action%20Plan%20Metrics_UPDATED-Jan%202018.pdf

NC Opioid Dashboard

State / County View: NC

2018-02-15: "Welcome to the new NC Opioid Action Plan Data Dashboard! (Work in Progress) For tips on use see the Technical Notes Page at left." 2018-02-15: Is this dashboard helpful? Click here for feedback survey! (survey not active yet)

NC Opioid Action Plan Data Dashboard

In 2016, nearly 4 North Carolinians died each day from an unintentional opioid overdose. From 1999-2016, almost 11,000 North Carolinians lost their lives to unintentional opioid overdose. To combat the opioid crisis, the North Carolina Department of Health and Human Services worked with community partners to develop North Carolina's Opioid Action Plan (NC OAP). The NC OAP launched in June of 2017 and established thirteen data metrics to track and monitor the opioid epidemic. The opioid data dashboard on this site is meant to provide integration and visualization of state and county-level metrics for stakeholders across NC to track progress towards reaching the goals outlined in NC OAP. For more information on the NC OAP visit: <https://www.ncdhhs.gov/opioids>

NC Overdose Overview Stats:

1,384 NC resident unintentional opioid overdose deaths in 2016	4,177 NC resident opioid overdose ED visits in 2016	600,343,000 Opioid pills dispensed to NC residents in 2016	3,684 Reported community naloxone reversals in NC in 2016
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Check out the following "How-To" video below to learn about the different ways you can use the dashboard, navigate its features, and apply the information to best meet your needs. We offer the information on the NC Opioid Dashboard in staged approaches, starting with an overview Summary Table of the metrics from North Carolina's Opioid Action Plan, followed by specific metric information organized by its five strategy areas. For detailed information on each of the metric, including trends over time and a map of the data in each county, click the strategy area link to the left. Each metric also links to the Technical Notes for those who'd like to get into the nitty gritty details of the data.

How-To Video
(placeholder video; dashboard how-to video yet to be filmed)

Update on Unintentional Falls in North Carolina Injury Su...

The vast majority of injuries in North Carolina go unreported. Despite N.C.'s excellent reporting systems, the total burden of injury to the state is unknown.

INJURY ICEBERG

NC Opioid Dashboard

State / County View: Alamance

Metric Summary Table

The Metric Summary Table below provides an at-a-glance look at each of the thirteen metrics being tracked as part of the NC OAP. Metrics are divided into five strategy areas:

1. Reduce Death/ED Outcomes
2. Reduce oversupply of prescription opioids
3. Reduce diversion/flow of illicit drugs
4. Increase access to naloxone
5. Treatment and recovery

Each metric is updated on a quarterly basis. The most recent quarter, year to date (YTD), and current trends are displayed in the Metric Summary Table. The Metric Summary Table can be viewed for the whole state or for an individual county by changing the State/County Focus dropdown in the upper lefthand corner of the toolbar. Trend arrows represent the direction of the linear trend of the last four quarter measurements.

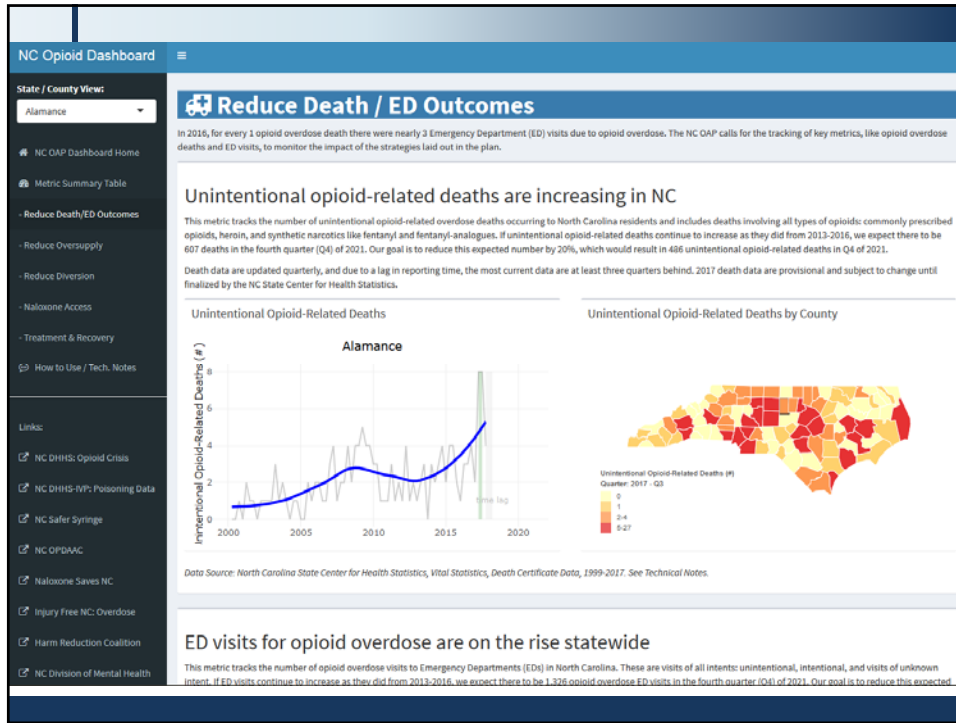
Most Recent Quarter Summary:

Provisional Q1 2017 death data shows a continued increase in the number of unintentional opioid-related deaths in NC. In 2017, there were 5,758 opioid overdose Emergency Department (ED) visits, a 38% increase compared to 2016 (4,177 visits). The number of naloxone administrations by Emergency Medical Services (EMS) also continues to increase, while the number of reported community naloxone reversals has decreased. Provisional Q3 2017 data from the NC Office of the Chief Medical Examiner show that nearly 80% of opioid deaths involved heroin, fentanyl, and/or fentanyl analogues. The number of acute hepatitis C cases also continues to increase statewide. The current data do continue to show some progress towards reducing the oversupply of prescription opioids and increasing access to treatment and recovery.

Metric Summary Table

Metric Summary Table: Alamance

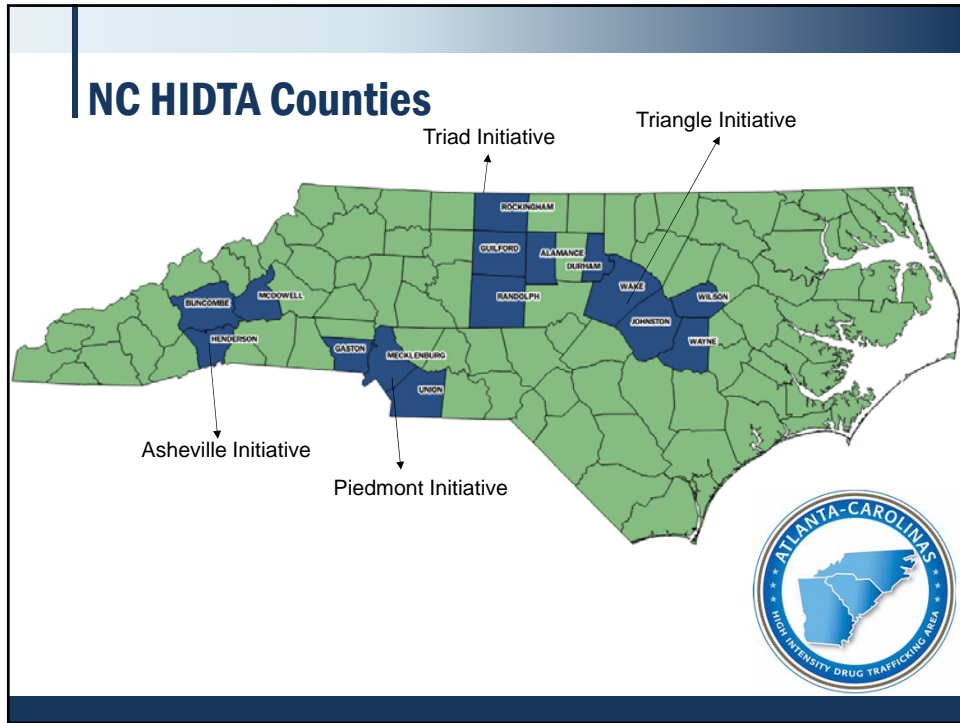
Metrics	Most Current Provisional Data			
	Time	Quarter	Year-To-Date	Trend
Reduce Death/ED Outcomes				
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	2017 - Q3	4	20	↓
Number of ED visits that received an opioid overdose diagnosis (all intents)	2017 - Q4	9	114	↓
Reduce Oversupply of Prescription Opioids				
Average rate of multiple provider episodes for prescription opioids, per 100,000 residents	2017 - Q3	0	6.5	↓
Number of opioid pills dispensed	2017 - Q3	2,348,000	6,792,000	↓
Percent of patients with an opioid prescription receiving more than an average daily dose of 90+ MME of opioid analgesics	2017 - Q3	6	6	↓
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	2017 - Q3	30	27.3	↓
Reduce Diversion/Flow of Illicit Drugs				
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	2017 - Q4	86.4	86.4	
Number of acute hepatitis C cases	2017 - Q1	0	0	↓
Increase Access to Naloxone				



High Intensity Drug Trafficking Areas (HIDTA)



- Federal grant program administered by the Office of National Drug Control and Policy (ONDCP)
 - To reduce drug trafficking and production in the US
 - Provide assistance to Federal, state, local, and tribal law enforcement agencies operating in critical drug-trafficking regions
- Enforcement initiatives comprising multi-agency investigative, interdiction, and prosecution activities
- Intelligence and information-sharing initiatives
- Support for programs that provide assistance beyond the core enforcement and intelligence and information-sharing initiatives



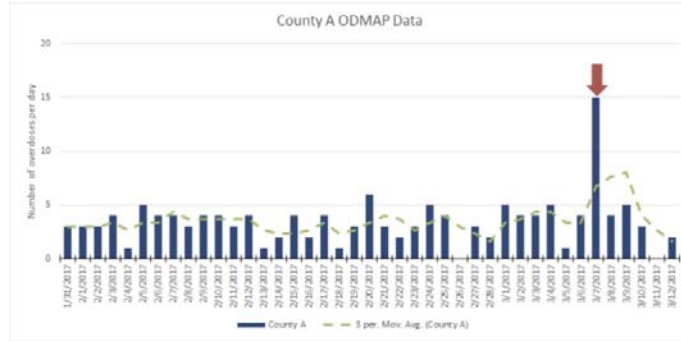


Overdose Detection Mapping Application Program (ODMAP)

- Real-time overdose surveillance system
 - First responders (EMS, Fire, LE) track known/suspected overdoses using a mobile web-app (free-of-charge)
 - Show overdose activity across multiple jurisdictions
 - Supports public health/public safety efforts to mobilize response to overdose spikes



ODMAP-Spike Overdose Notification



From: ODMAPAlert@wb.hidta.org [mailto:ODMAPAlert@wb.hidta.org]
 Sent: Monday, April 3, 2017 11:35 AM
 To: Cibor, Jack <jcibor@wb.hidta.org>; Beeson, Jeff <jbeeson@wb.hidta.org>
 Subject: ODMAP - OD Spike Detected

OD Spike Alert!!!! An OD Spike was detected in X County, MD. There have been 5 incidents in X County, MD in the last 24 hours. The Spike Alert Threshold for X County, MD is currently set to 5 ODs in a 24 hour period.

To learn more about these incidents and to monitor incoming data, ODMAP Level 2 Users can log into the ODMAP Dashboard application at <https://secure.hidta.org>. You can register for ODMAP Level 2 access at that same URL.

Questions?

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Injury and Violence Prevention Branch
NC Division of Public Health





NC's Opioid Epidemic

Safer Syringe: Implementation, Challenges

Nidhi Sachdeva, MPH
NC Division of Public Health

April 4, 2018 | North Carolina
Injury & Violence
PREVENTION Branch

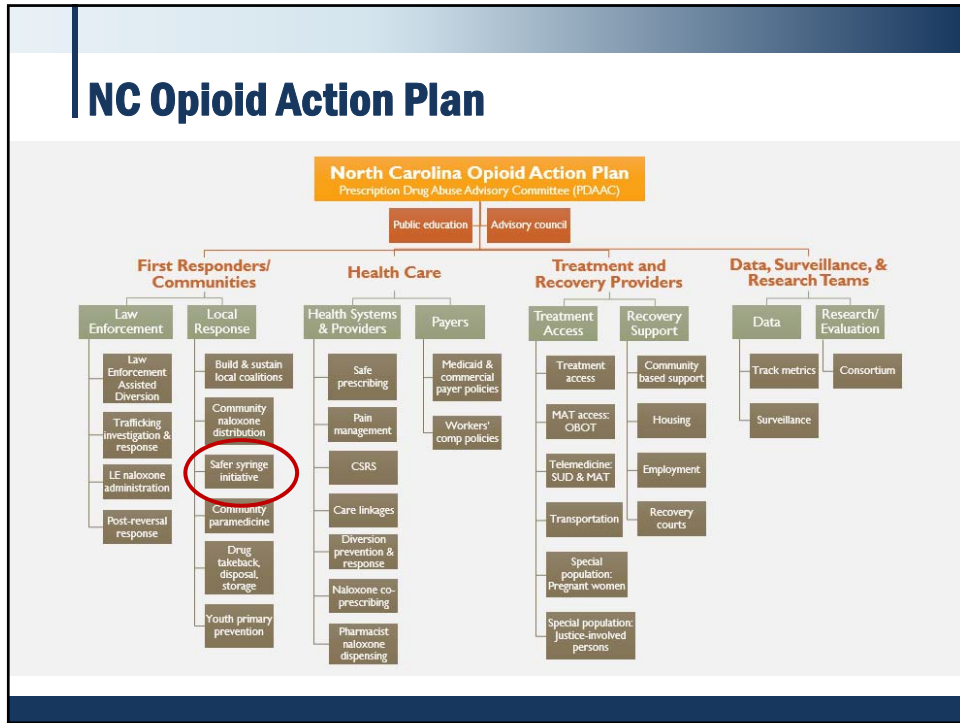
NC Opioid Action Plan: Focus areas

- Create a coordinated infrastructure
- Reduce oversupply of prescription opioids
- Reduce diversion of prescription drugs and flow of illicit drugs
- Increase community awareness and prevention
- Make naloxone widely available and link overdose survivors to care
- Expand treatment and recovery oriented systems of care
- Measure our impact and revise strategies based on results

ncdhhs.gov/opioid-epidemic

North Carolina
Injury & Violence
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NC Opioid Action Plan



Syringe Exchange

- Legalized in NC July 11, 2016
- 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 SEP



NC DHHS - Divisions - Public Health - North Carolina Safer Syringe Initiative

North Carolina Safer Syringe Initiative

Welcome to the North Carolina Safer Syringe Initiative. Here you will be able to find information about existing syringe exchange programs in the state, resources for healthcare providers and law enforcement agencies, testing and treatment programs, details about the limited immunity provided under the syringe exchange law, and information for health departments, community-based organizations, and other agencies interested in starting their own exchanges. Please find an updating list of active programs and contact information [here](#).

North Carolina Safer Syringe Initiative Assistance

As of July 11, 2016, North Carolina ([S.L. 2016-88](#)) 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 exchange program (SEP). The Division of Public Health and the Department of Health and Human Services do not operate syringe exchanges in North Carolina.

Included in the law is a provision that protects SEP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of controlled substances present, if obtained or returned to a SEP. SEP

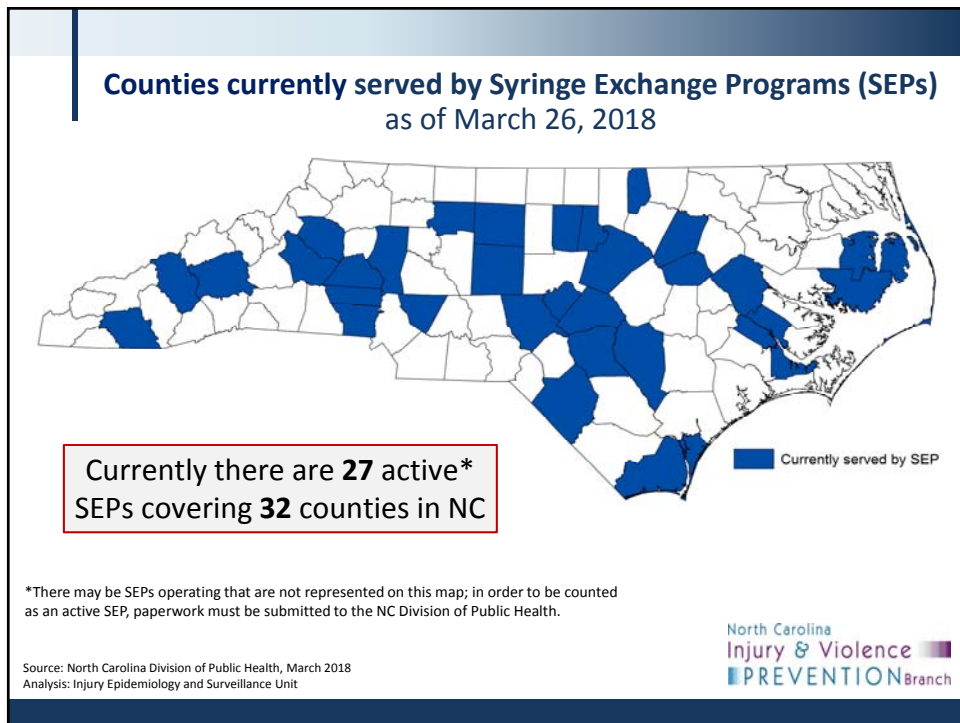
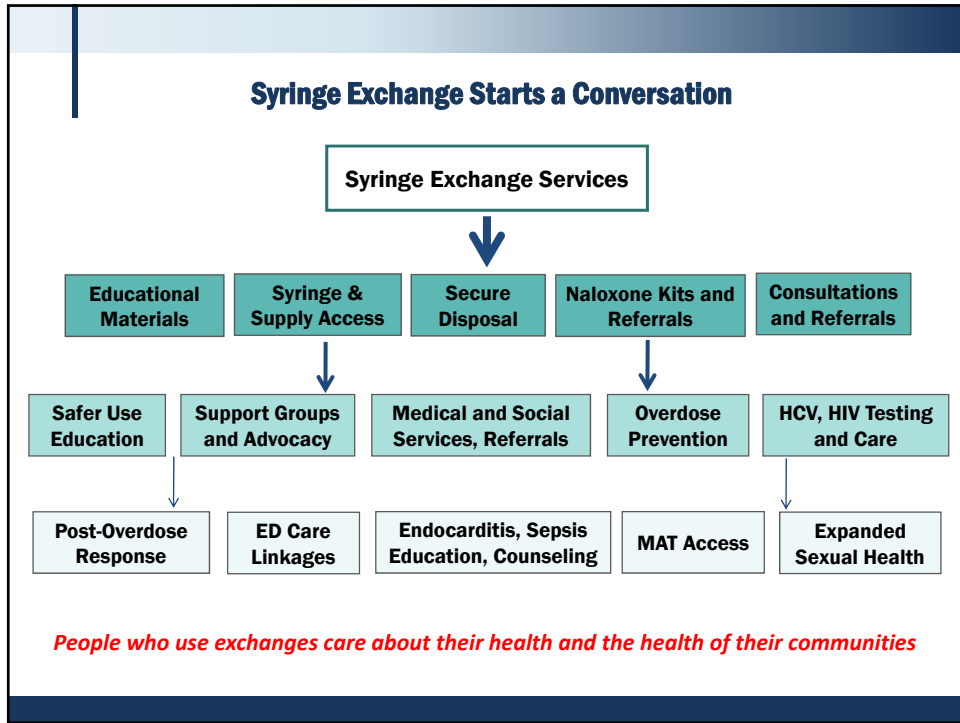
- Public Health
- Child Service Coordination
- North Carolina Safer Syringe Initiative
- Syringe Exchange Programs in North Carolina
- Syringe Exchange FAQs
- Quick Answers for Law Enforcement Personnel
- Participant Cards and Limited Immunity
- Resources for Providers
- Preventing Transmission of Infections
- HIV and Hepatitis C Prevention and Treatment Resources

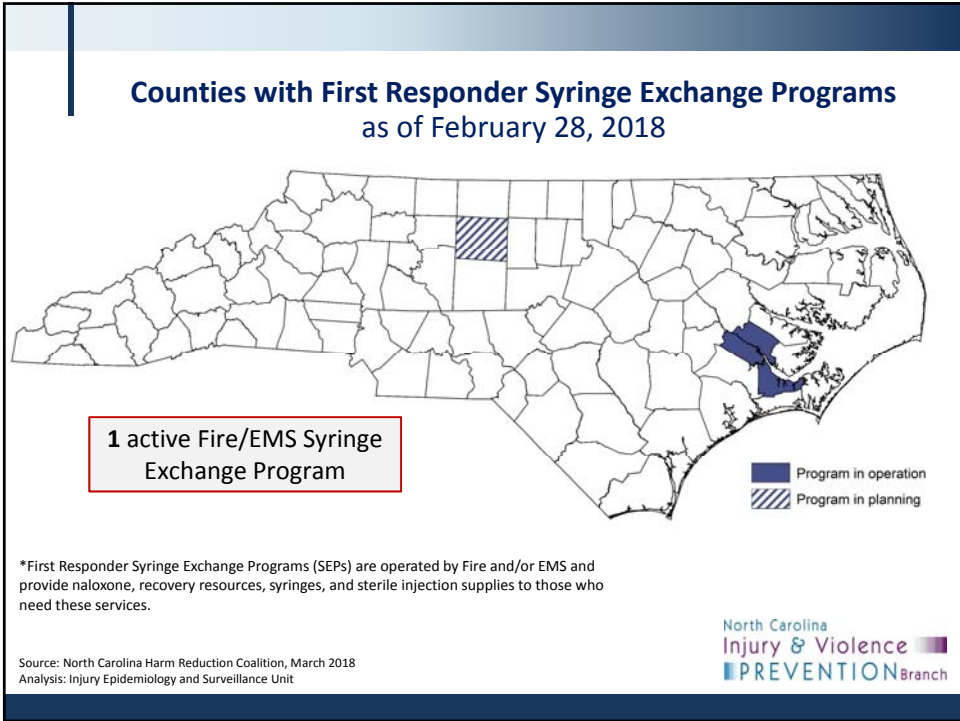
NC Syringe Exchange Programs

- Required services
 - Disposal
 - Supplies at no cost and in quantities sufficient to ensure no sharing or reuse of syringes
 - Annual written security plans to LEA
 - Educational materials
 - Prevention of disease transmission, overdose, addiction
 - Treatment options (including MAT), referrals
 - Naloxone distribution or source referrals
 - Consultations/referrals to mental health or SUD treatment
- No restriction on how many syringes distributed/person
- Encourage return of used syringes

North Carolina
Injury & Violence
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Participants Summary of 2016-2017 Data

- 3,983** program participants
- 14,997** total contacts with participants
- 1,154,420** syringes distributed
- 489,301** syringes collected for disposal

Naloxone

- 5,682** naloxone kits distributed
- 1,311** referrals made for naloxone kits
- 2,187+** overdose reversals reported to SEPs

Testing & Referral

- 3,766+** referrals to mental health, SUD treatment
- 2,599** HIV tests administered
- 738** hepatitis C tests administered

North Carolina
Safer Syringe
Initiative

2016-17 Annual Reporting Summary

State of North Carolina | Department of Health and Human Services
Division of Public Health | Injury and Violence Prevention Branch, Communicable Disease Branch

[2016-17 Summary Report](#)

North Carolina Syringe Exchange Annual Reporting Form
 Complete and submit to SyringeExchangeNC@dhhs.nc.gov by July 31st annually.
 Please save your completed form and submit as an email attachment to SyringeExchangeNC@dhhs.nc.gov.
 Visit www.cdphhs.gov/Programs/OPA/nc-health/north-carolina-safer-syringe-initiative for more information.
 Thank you!

Annual Reporting

1. Legal name of the organization or agency operating the Syringe Exchange Program: _____

1a. Name of the Syringe Exchange Program, if different: _____

2. Contact Information

Primary Contact		Secondary Contact	
Name _____	Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____	Email _____

3. Type of Syringe Exchange Program (check all that apply):
 Fixed site: Exchange run from a permanent, fixed location
 Mobile: Exchange run from a mobile vehicle
 Peer based: Exchange run through peer networks distributing in the community
 Integrated: Exchange built into an existing agency/program, such as a drug court

4. County(ies) served by the Syringe Exchange Program (check all that apply):
 Note: North Carolina syringe exchange law only legalizes programs within North Carolina.

<input type="checkbox"/> Alamance	<input type="checkbox"/> Alexander	<input type="checkbox"/> Alleghany
<input type="checkbox"/> Ashe	<input type="checkbox"/> Avery	<input type="checkbox"/> Beaufort
<input type="checkbox"/> Bladen	<input type="checkbox"/> Brunswick	<input type="checkbox"/> Buncombe
<input type="checkbox"/> Cabarrus	<input type="checkbox"/> Caldwell	<input type="checkbox"/> Camden
<input type="checkbox"/> Caswell	<input type="checkbox"/> Catawba	<input type="checkbox"/> Chatham
<input type="checkbox"/> Chowan	<input type="checkbox"/> Clay	<input type="checkbox"/> Cleveland
<input type="checkbox"/> Craven	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Currituck
<input type="checkbox"/> Davidson	<input type="checkbox"/> Davie	<input type="checkbox"/> Duplin
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Forsyth	<input type="checkbox"/> Franklin
<input type="checkbox"/> Gates	<input type="checkbox"/> Graham	<input type="checkbox"/> Granville
<input type="checkbox"/> Guilford	<input type="checkbox"/> Halifax	<input type="checkbox"/> Harnett
<input type="checkbox"/> Henderson	<input type="checkbox"/> Hertford	<input type="checkbox"/> Hoke
<input type="checkbox"/> Iredell	<input type="checkbox"/> Jackson	<input type="checkbox"/> Johnston
<input type="checkbox"/> Lee	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Lincoln

9. Number of unique individuals served by the Syringe Exchange Program in the past year: _____

10. Number of total contacts the Syringe Exchange Program had in the past year: _____

11. Number of syringes dispensed by the program in the past year: _____

12. Number of syringes returned to the program in the past year: _____

13. Number of injection supplies dispensed by the program in the past year: _____

14. Number of injection supplies returned to the program in the past year: _____

15. Number of naloxone kits distributed by the program in the past year (leave blank if not applicable): _____

16. Number of referrals made to obtain naloxone from another source in the past year: _____

16a. Where were people referred? _____

17. How many overdose reversals have been reported to the program? _____

18. Number of people the program referred to substance use disorder treatment: _____

18a. Where did you refer them? (Please list multiple referral sites as necessary.) _____

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Engaging and Educating Stakeholders

- Necessary so law enforcement and judicial systems leaders and staff know SEPs
 - are Legal!
 - provide limited immunity...

Engaging and Educating Stakeholders

- Information Sheet for law enforcement/justice folks
 - Please share!
- DPH + Conference of District Attorneys leadership
 - Discuss SEP law and DA education
 - April newsletter article, “*Syringe Exchange Programs Seek Positive Change in NC*”
 - Elected District Attorneys Conference presentation (April)
- Encourage dialogue/collaborative problem-solving to find above-board solutions to unique challenges
- Looking for opportunities to speak directly to law enforcement and judiciary

Security Plans

- SEPs are required to share program security plans with law enforcement agencies that have jurisdiction over sites of operation
 - Content of plans is not specified in the law
 - Typically include
 - Program description/some background on SEPs
 - Details on how supplies will be stored/secured and who will have access (staff? volunteers?) and when (off-hours security)
 - Contact information and operating hours

Limited Immunity

- Under the law, no exchange employee, volunteer, or participant may be charged with possession of needles, syringes, or injection supplies, including paraphernalia containing residual amounts of controlled substances, if obtained from or being returned to a syringe exchange
 - Ensuring protection for used syringes encourages the safe disposal of syringes at SEPs
- To claim limited immunity, staff/participants must produce written verification of SEP affiliation
 - Many SEPs provide participant cards (or other documentation) as a form of preventative written verification
 - Law does not specify when this verification must be produced

Limited Immunity

- If a law enforcement officer in good faith arrests someone who is later determined to be immune under the law, they will not be subject to civil liability for the arrest or filing of charges
 - A buffer for law enforcement as awareness of the law and protection are ongoing
- Invalid charges related to SEP paraphernalia should not affect an individual's probation status

Limited Immunity

- According to SEPs, thus far when SEP participants are arrested/charged, a letter/statement from the SEP is usually enough to get charges invalidated/removed
 - Most participant cards include program contact information if LEOs need to confirm anything
- Priority is on preventing invalid charges in the first place
 - Even when charges are later invalidated, the process of being arrested/charged/held/etc. can be traumatizing, disrupt job, family life, treatment, etc.

Security Plans

CHA Safety Policies and Procedures



**SECURITY PLAN FOR
SYRINGE EXCHANGE PROGRAM**

The Catawba Health Alliance Security Plan for Syringe Exchange Program has been reviewed and approved.

Name: _____ Signature: _____
 Date: _____ Signature: _____
 Date: _____ Signature: _____
 Date: _____ Signature: _____
 Date: _____ Signature: _____
 Date: _____ Signature: _____

CHA Security Plan for Syringe Exchange Program



July 26, 2016

To: Chief Chris Blue, Chapel Hill Police Department
 Chief Vance Hester, Carleton Police Department
 Chief Duane Hampton, Hillsborough Police Department
 Chief Charles Blankenship, Orange County Sheriff's Office

Dear Law Enforcement Partners,

As you may already know, syringe exchange programs became legal in North Carolina on July 11, 2016 when Governor McCrory signed House Bill 873 into law (S.S. 90-113.27). The Orange County Health Department is operating a safe syringe exchange in accordance with this law.

Our Safe Syringe Initiative provides the following:

- Disposal of used needles and hypodermic syringes at both our Chapel Hill and Hillsborough locations
- Needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused
- Confidential materials on all of the following: Overdose prevention, the prevention of HIV, HBV, and HCV, and other hepatitis transmission, drug abuse prevention, treatment for mental illness, substance treatment referrals, treatment for substance abuse, including referrals for medication-assisted treatment
- Access to naloxone kits or referrals to programs that provide access to naloxone
- 24-hour reporting services, personal consultations with our integrated behavioral health care team, and other services, including referrals for mental health or substance treatment, as appropriate, provided referrals to other local programs
- Requires that we provide a copy of our written plans for security to the police and sheriff's office annually. Please see attached for our policy on dealing with potentially ill clients
- We have legal protections for employees, volunteers, and participants of the safe syringe exchange. Under 90-113.27 no employee, volunteer, or participant in the syringe exchange program will be prosecuted or penalized with possession of syringes or other injection supplies, or with residual accounts

12401-24800 • 300 West Hype Street • Hillsborough, NC 27626 • info@orangecounty.gov




2416 Hillsborough Street,
Raleigh, NC 27607

425 257th St SW
Hickory, NC 28602

To: Hickory Police Department, Longview Police Department, Catawba County Sheriff's Office
 Re: Catawba County Syringe Exchange Program

To Whom It May Concern:

In accordance with G.S. 90-113.27, which authorized governmental and nongovernmental organizations to establish needle exchange programs effective July 11th 2016, the North Carolina Harm Reduction Coalitions wishes to inform the Catawba County Sheriff's Office and the Hickory and Longview Police Department of their intentions to run a syringe exchange program, in partnership with Olive Branch Ministry, a local faith-based harm reduction ministry based in Hickory.

As of now, syringe exchange will be operated through street outreach and two fixed locations within the city limit of Hickory. The addresses of the fixed locations are:
 Hickory Metro Treatment Center, 1152 Lenoir Rhymer Blvd SE, Hickory, NC 28602
 Club Cabaret, 101 N Center St, Hickory, NC 28601.

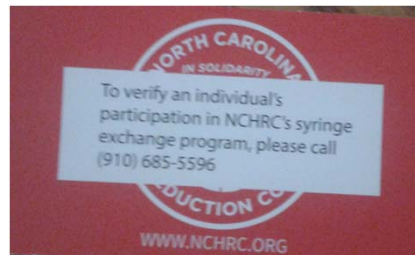
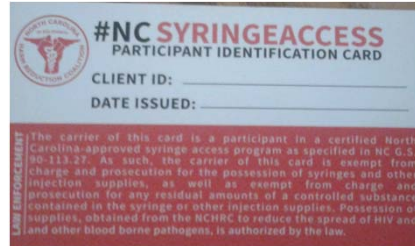
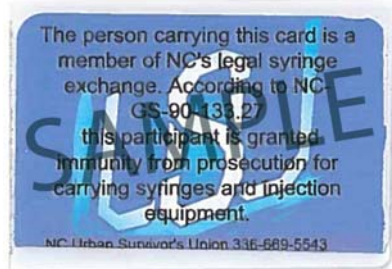
Enclosed is a copy of our security plan, as mandated to be provided to local law enforcement under G.S. 90-113.27.

Should you have any questions, I can be reached at 828-291-7023 or michelle_mutho@gmail.com

Sincerely,

 Michelle Mutho, Executive Director, Olive Branch Ministry
 NCHRC Board Member and Volunteer

Participant IDs



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Policy Implementation: Next Challenges

- Remove SEP state funding ban
- Syringe access at pharmacies
 - Even though the NC Board of Pharmacy encourages the sale of syringes without a prescription, people do not currently have immunity for syringes purchased in pharmacies
- Comprehensive harm reduction addressing all manners of drug use
 - Current SEP law provides limited immunity for syringes and injection supplies
 - Counterintuitive: Protections for injection paraphernalia but not for other routes of administration (e.g. lower infection and overdose risk with smoking)
 - Need protections for non-injection paraphernalia



Questions?

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Injury and Violence Prevention Branch
NC Division of Public Health



THANK YOU!