

Syringe Exchange Program

Lillie Armstrong

Kristin Klinglesmith

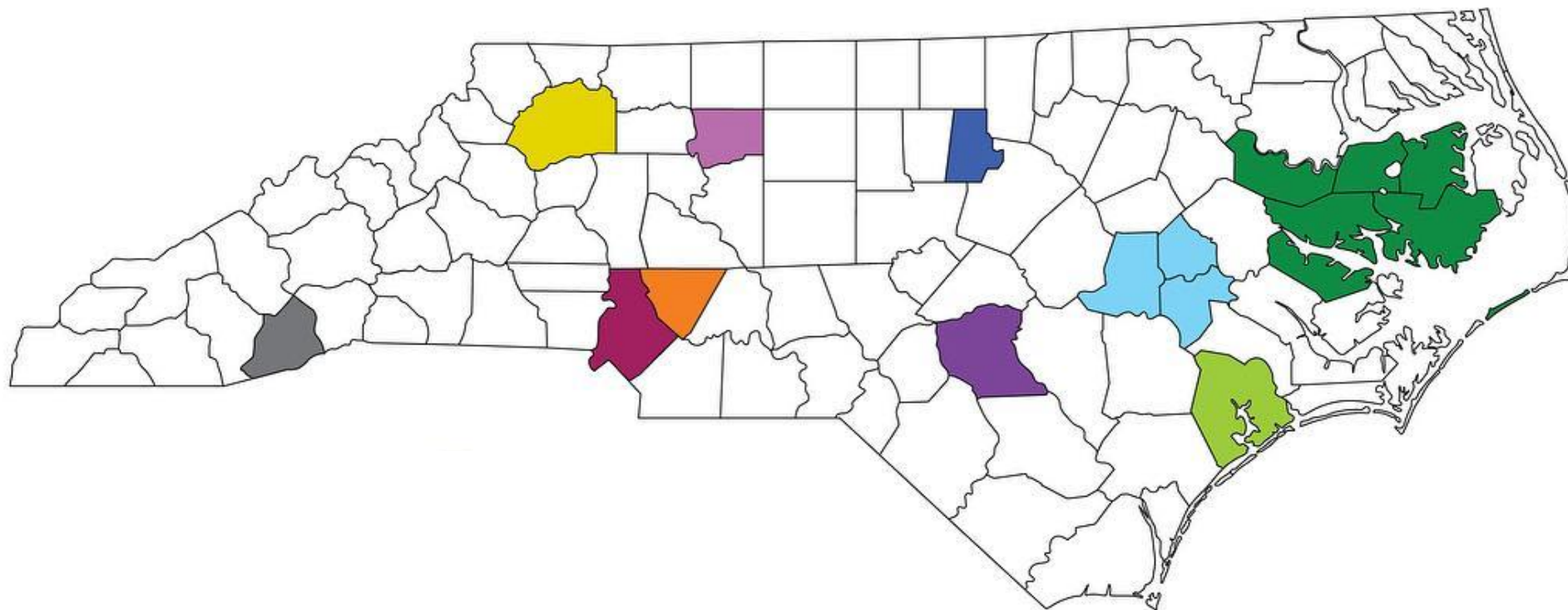
Dianne Carden-Glenn

Moderator: Adam Lovelady

WEBINAR
SERIES

THE
OPIOID
RESPONSE
PROJECT

Opioid Response Project



SCHOOL OF GOVERNMENT
ncIMPACT Initiative



BlueCross BlueShield
of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

Webinar Series: Communities Responding to the Opioid Crisis

- Expanding Treatment Options Available on demand
- Outreach and Education Available on demand
- Syringe Exchange Programs Today

<https://www.sog.unc.edu/courses/communities-responding-opioid-crisis-webinar-series>

In 2017, over 6 North Carolinians died each day from unintentional medication or drug overdose.

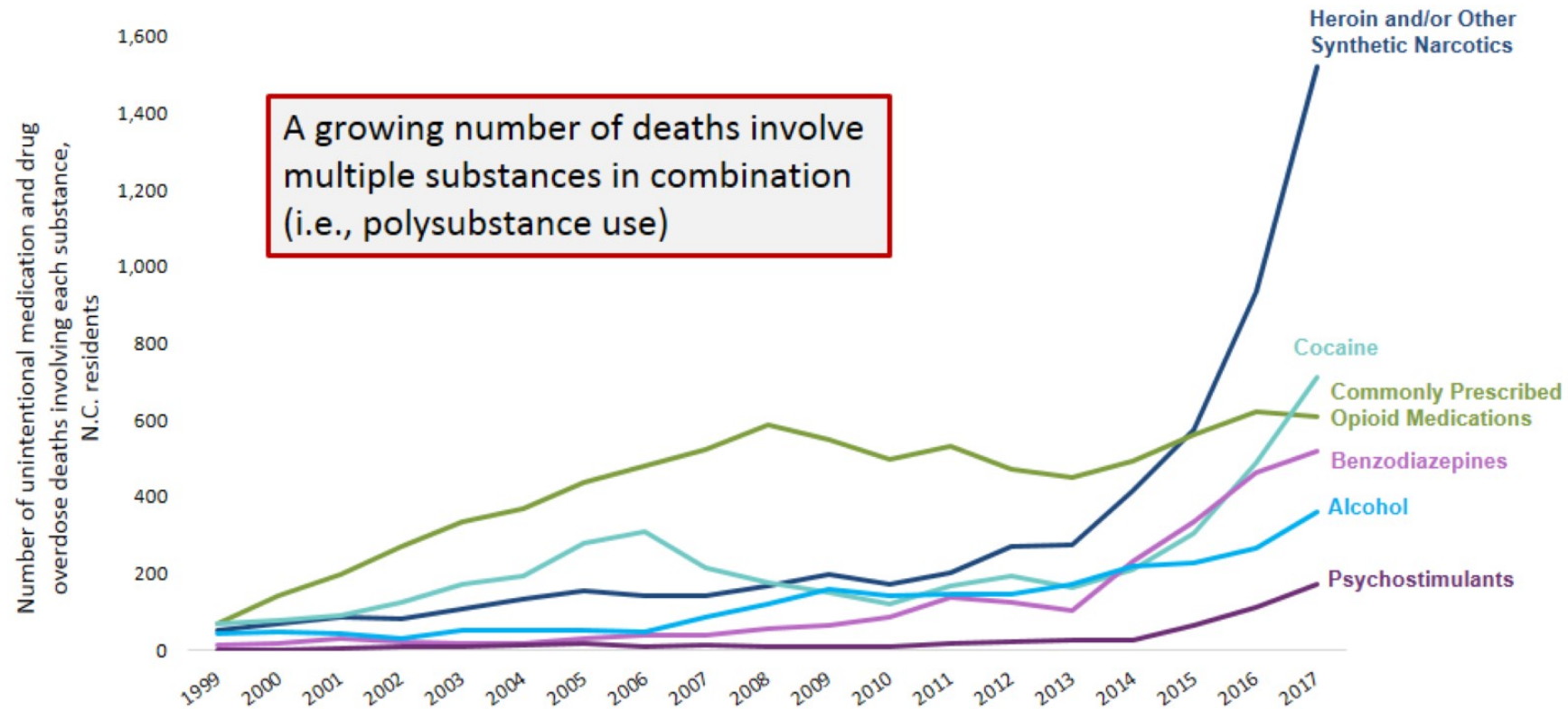
Technical Notes: Unintentional medication and drug overdose: X40-X44; Limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2017

Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Unintentional overdose death involving illicit opioids* have drastically increased since 2013



*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

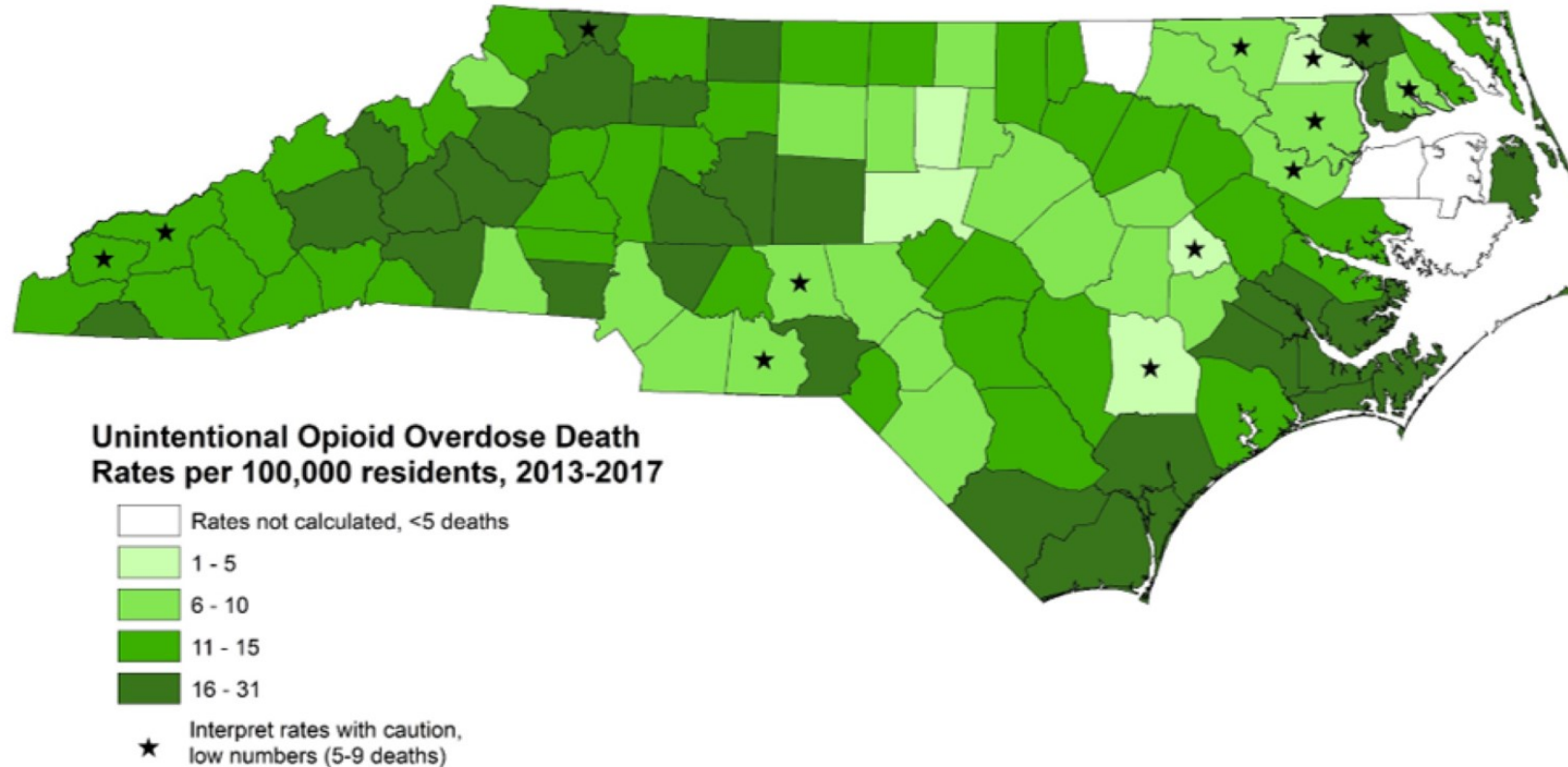
Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances it can be counted on multiple lines; Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type; limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017

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North Carolina
Injury & Violence
PREVENTION Branch

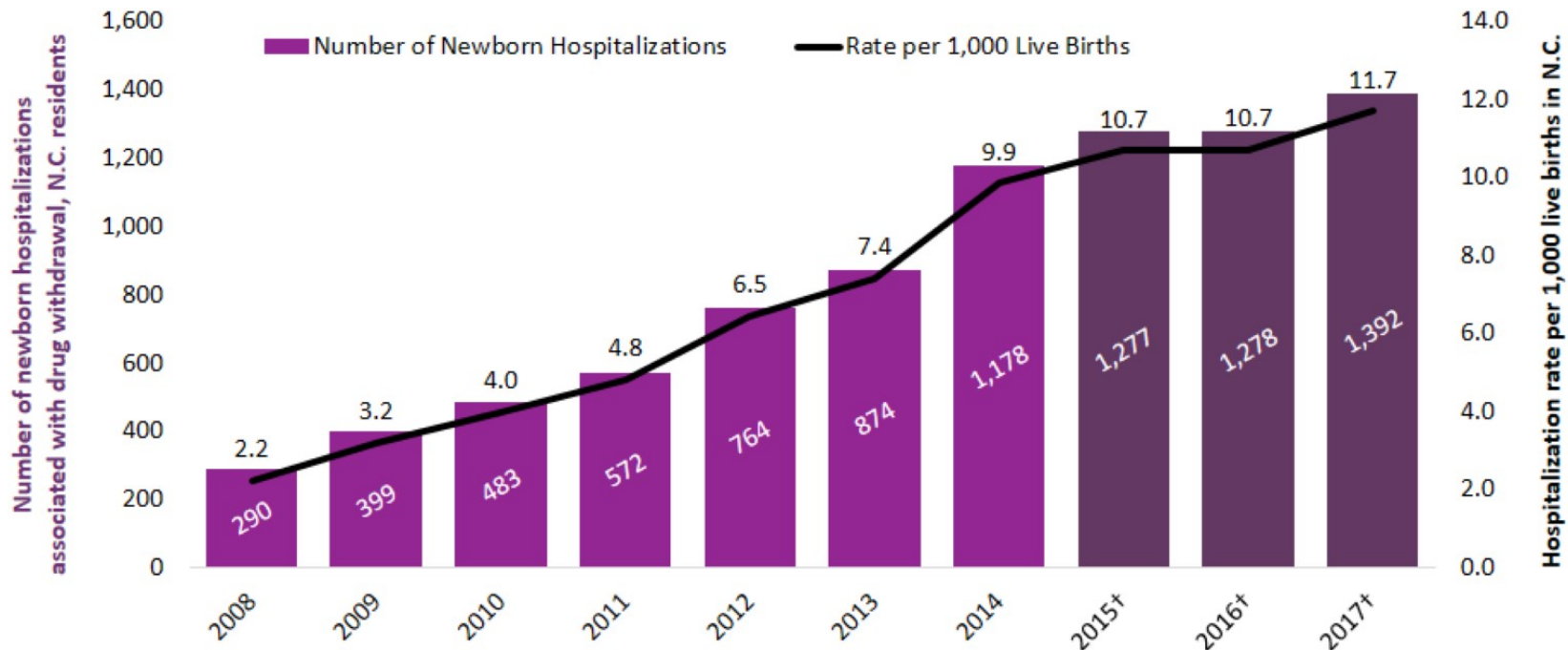
Statewide, the unintentional opioid overdose death rate is 12.1 per 100,000 residents from 2013-2017



Technical Notes: Rates are per 100,000 N.C. residents, Unintentional medication and drug poisoning: X40-X44 and any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics)
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2013-2017; Population-NCHS, 2013-2017
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Number of hospitalizations associated with drug withdrawal in newborns increased 380% over last 10 years



†In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data pre-2015 are not comparable to data collected after this change occurred.

Technical Notes: Beginning in 2014, hospital data structure changed to include up to 95 diagnosis codes

Source: Hospital-Hospital- North Carolina Healthcare Association, 2004-2017;

Birth Certificate records- N.C. State Center for Health Statistics, Vital Statistics, 2004-2017

Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Speakers

Lillie Armstrong

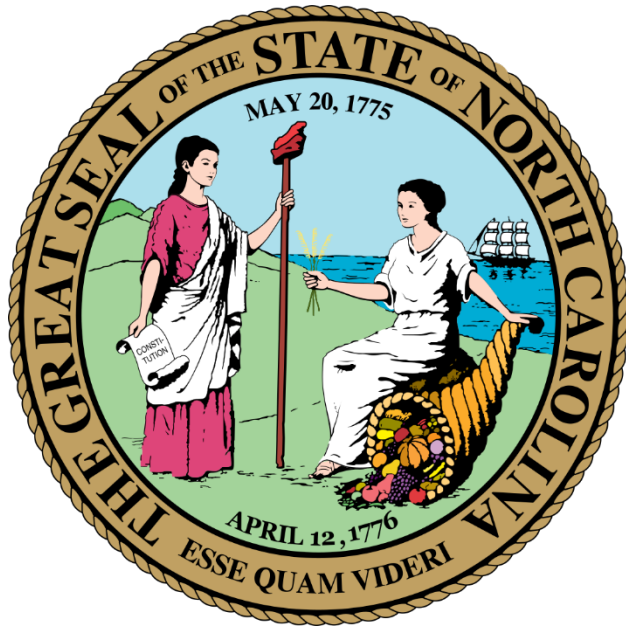
Community Overdose Consultant
North Carolina Division of Public Health

Kristin Klinglesmith

Substance Use Public Health Educator
Cabarrus Health Alliance

Dianne Carden-Glenn

Director,
ekiM for Change Needle Exchange Program
Greenville, NC



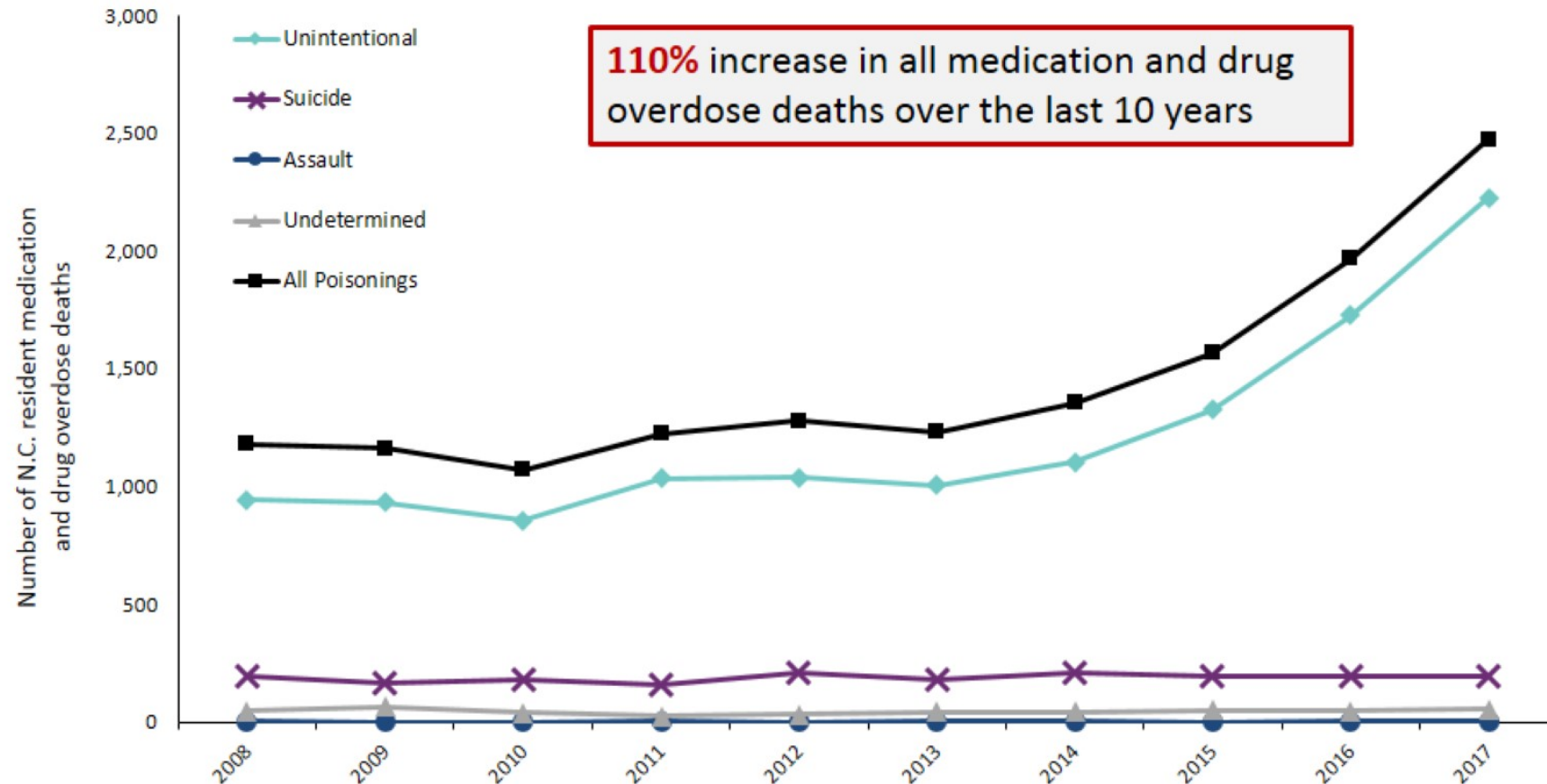
DPH Syringe Exchange Program (SEP) and Harm Reduction Overview

Lillie Armstrong
Community Overdose
Consultant

August 15, 2019

Why Syringe Exchange?

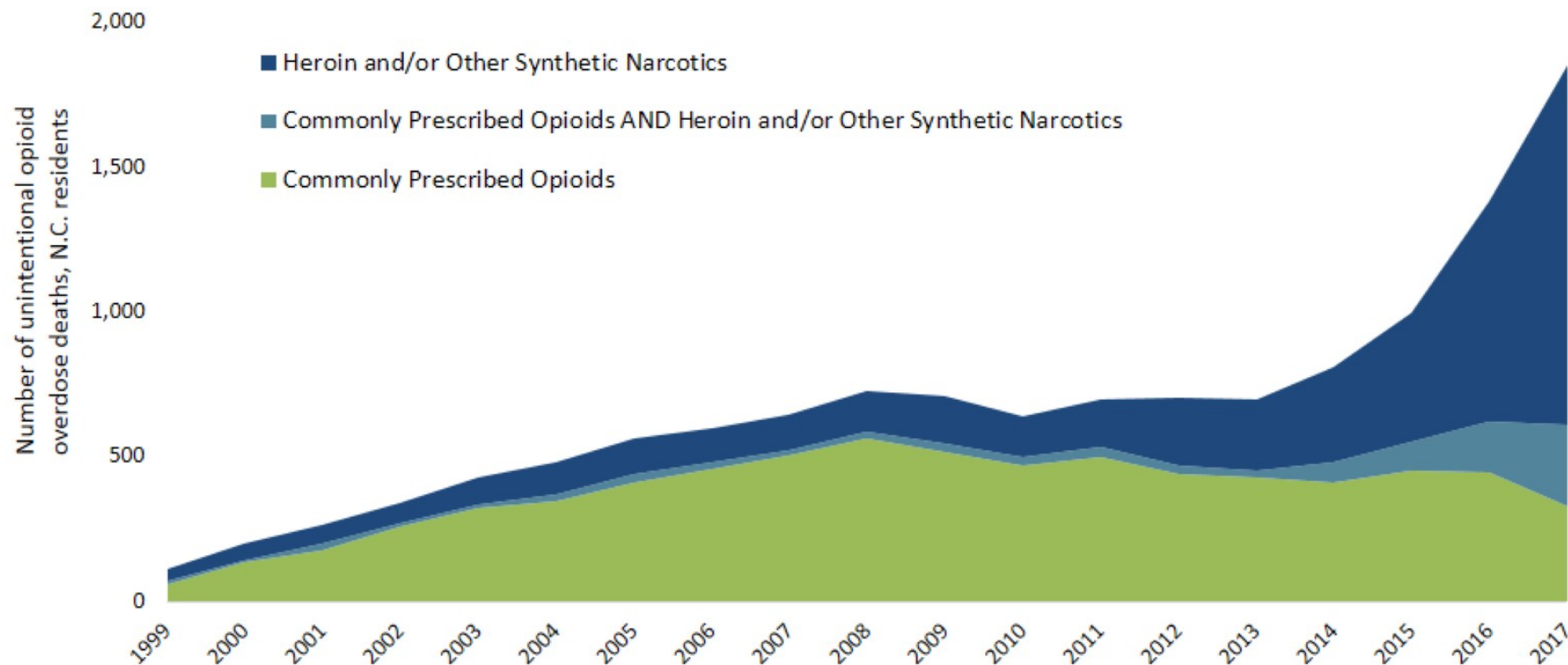
In 2017, 90% of all medication and drug overdoses were unintentional



Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017
Analysis by: Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Illicit opioids* were involved in approximately 80% of unintentional opioid overdose deaths in 2017

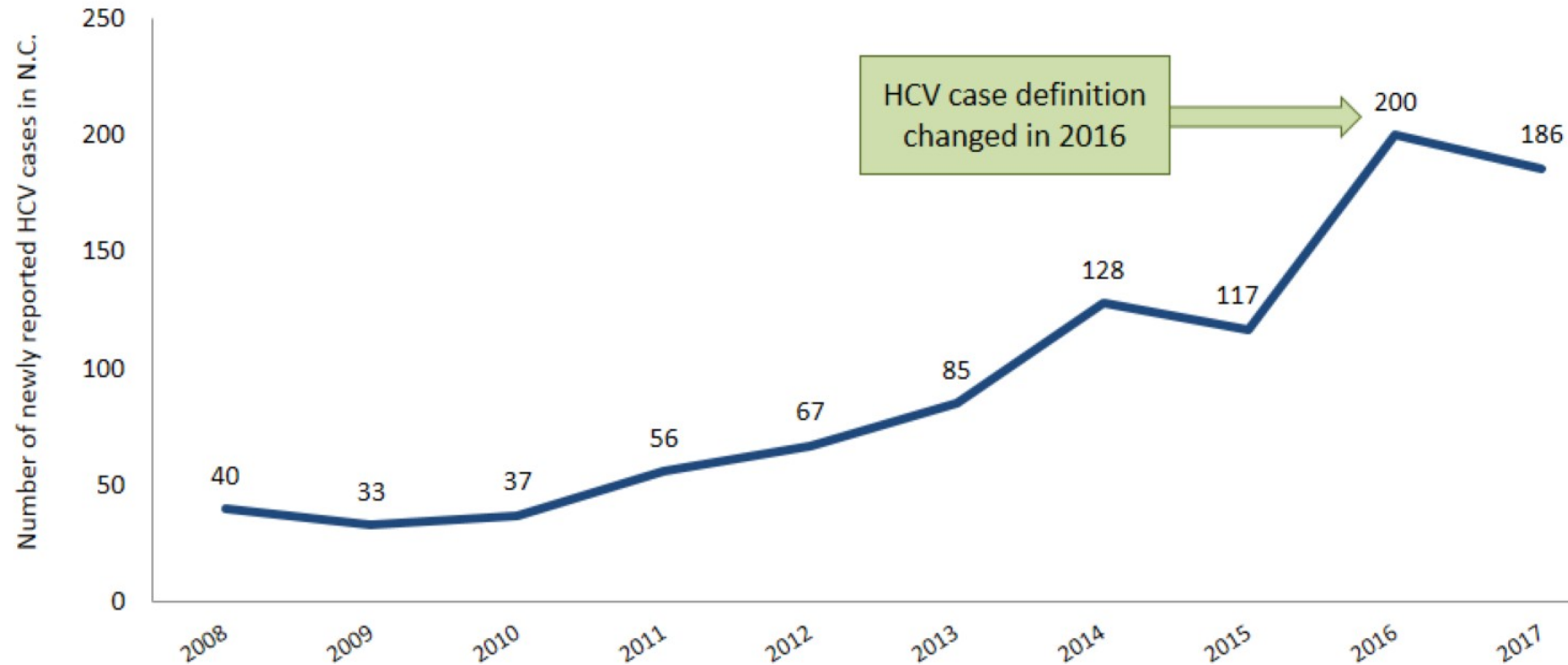


*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

Technical Notes: Cases with only an Opium (T40.0) or only Other and Unspecified Narcotics (T40.6) code are excluded; Unintentional medication and drug poisoning: X40-X44 and any mention of T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics); Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Reported acute Hepatitis C cases* increased more than 360% over last 10 years



*Estimated true number 10–15x higher than number of reported cases

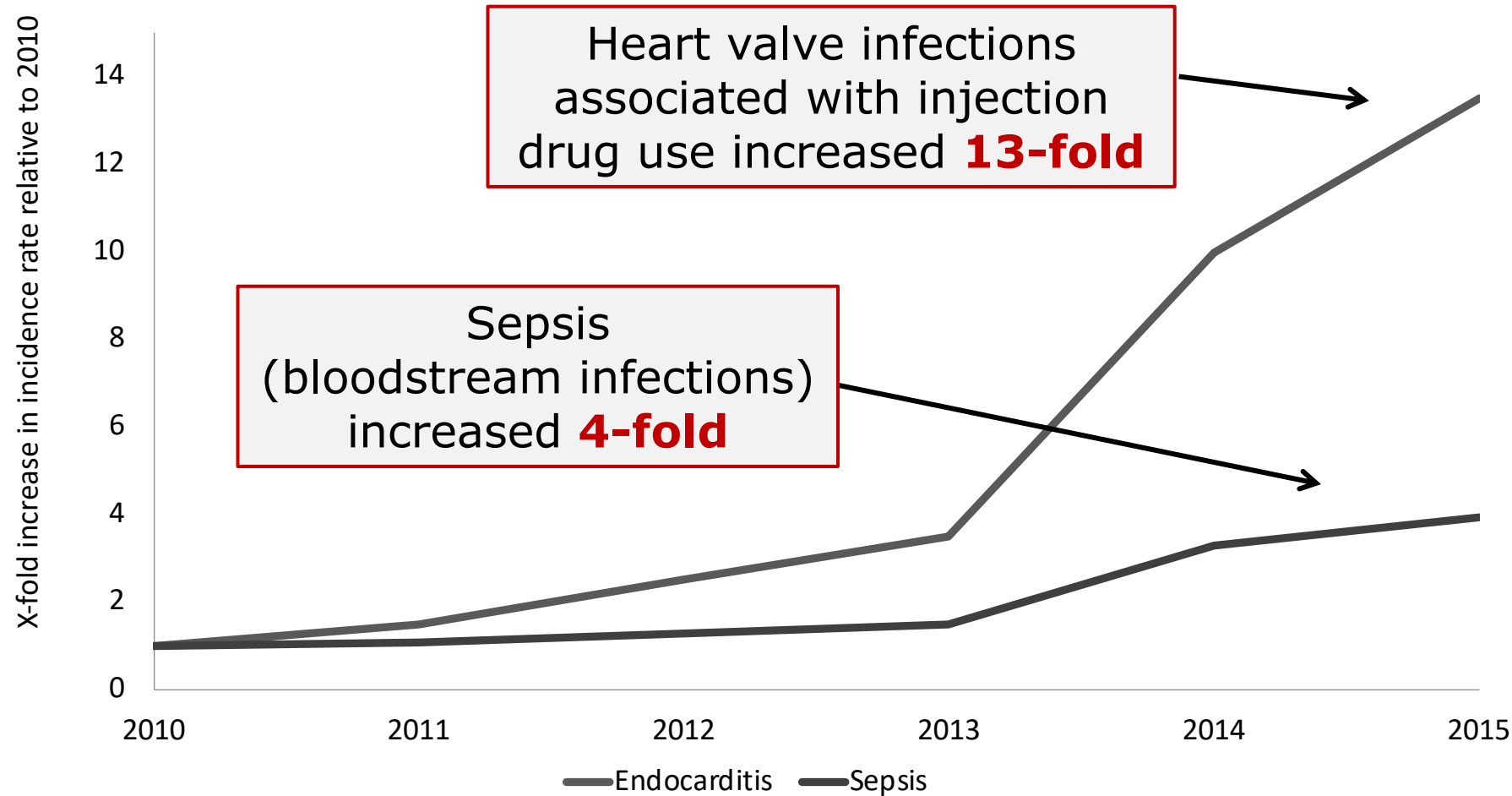
Technical Notes: Case definition for acute Hepatitis C (HCV) changed in 2016

Source: N.C. Electronic Disease Surveillance System (NCEDSS), 2000–2017

Analysis by: N.C. DPH Epidemiology Section, Communicable Disease Branch

North Carolina
Injury & Violence
PREVENTION Branch

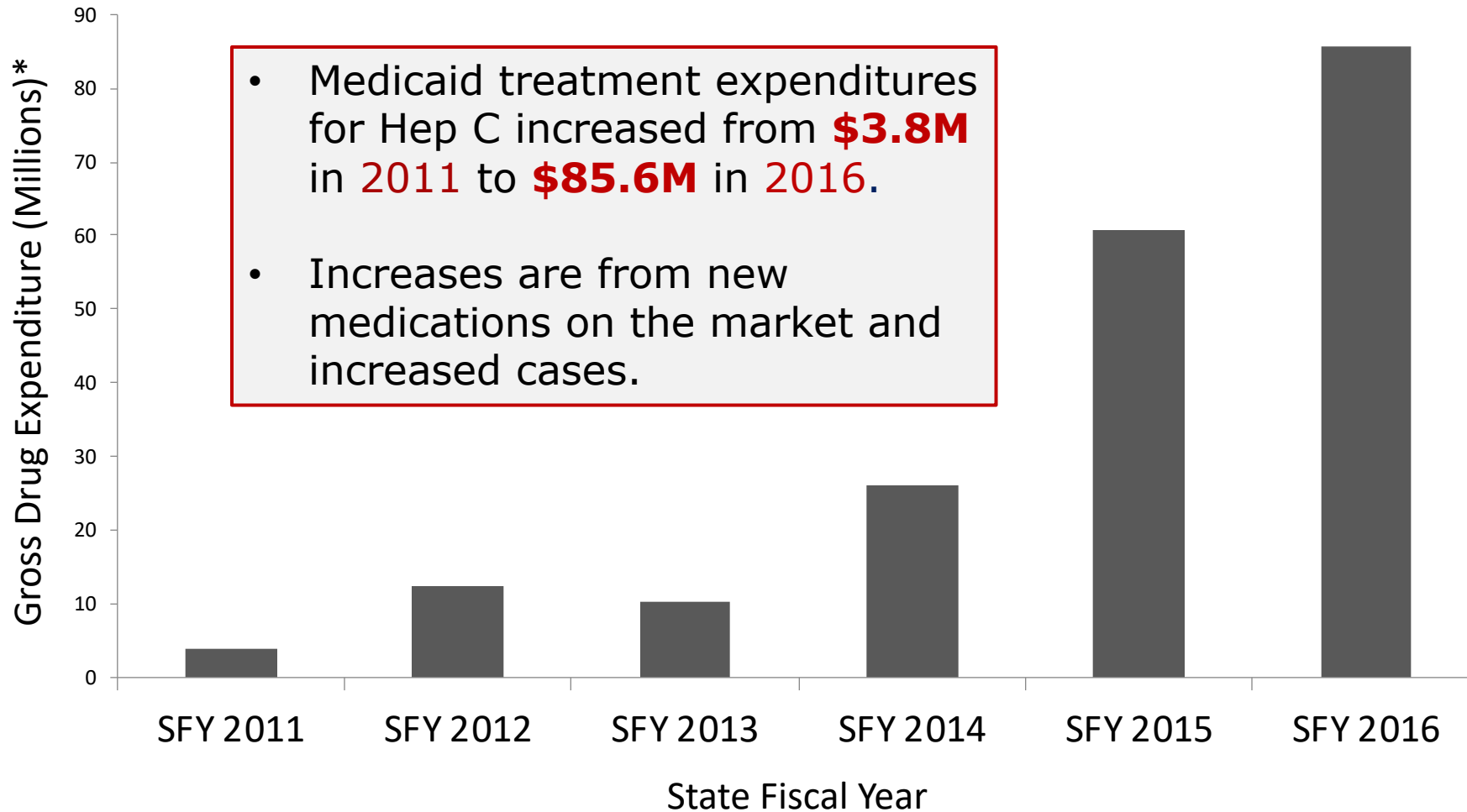
Drug-Associated Endocarditis & Sepsis, North Carolina, 2010–2015



Source: NC Division of Public Health, Epidemiology Section, NC Hospital Discharge Database

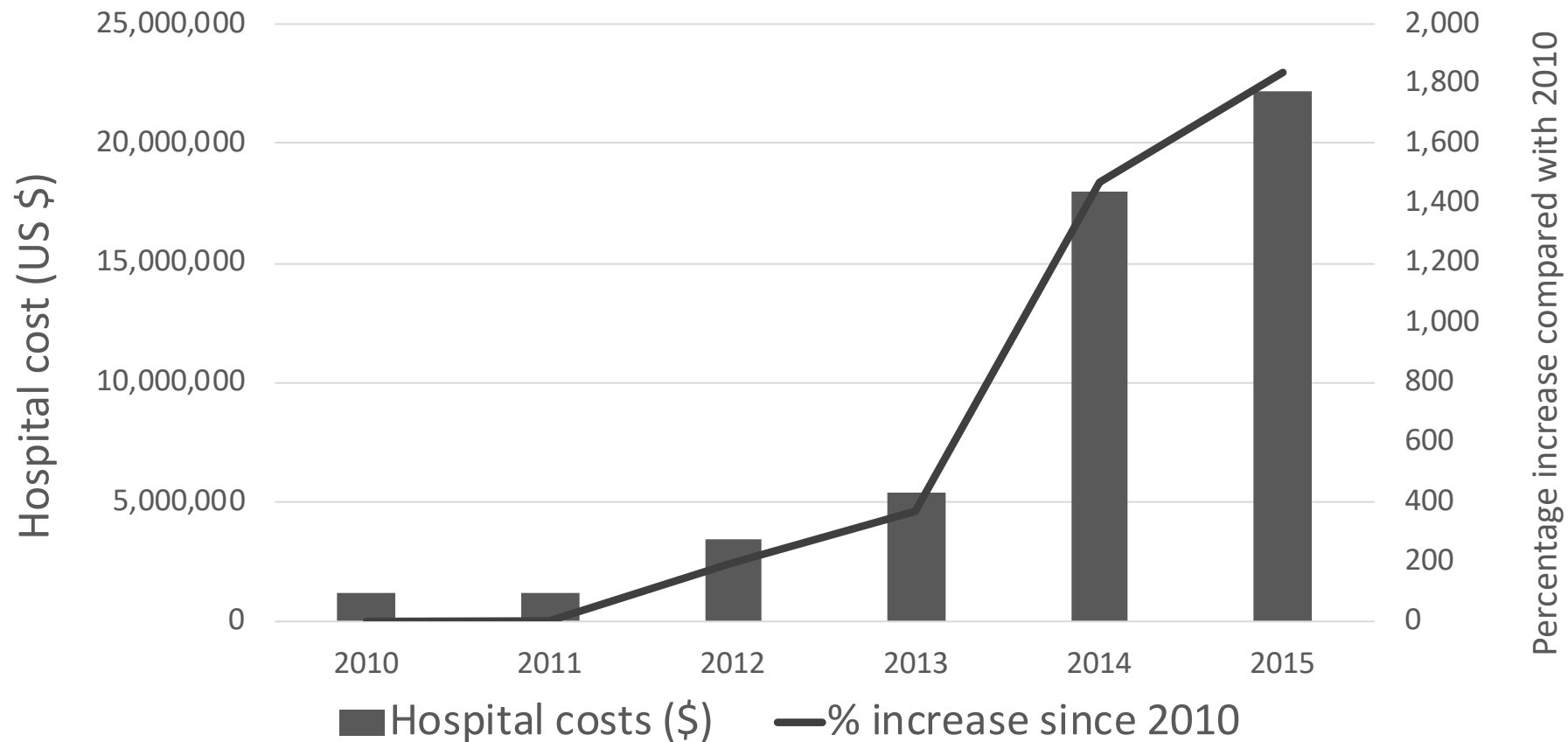
Medicaid Gross Drug Expenditure for Hep C

North Carolina, SFY 2011–16



Does not account for drug rebates

Hospital Costs of Drug-Associated Endocarditis, North Carolina, 2010–2015



<https://www.cdc.gov/mmwr/volumes/66/wr/mm6622a1.htm>



Communicable Disease and Infection Prevention and Response

Expanding Treatment Options



Overdose Prevention and Response

Expanding Treatment Options



Connection to SUD Treatment, Engagement with Recovery Community

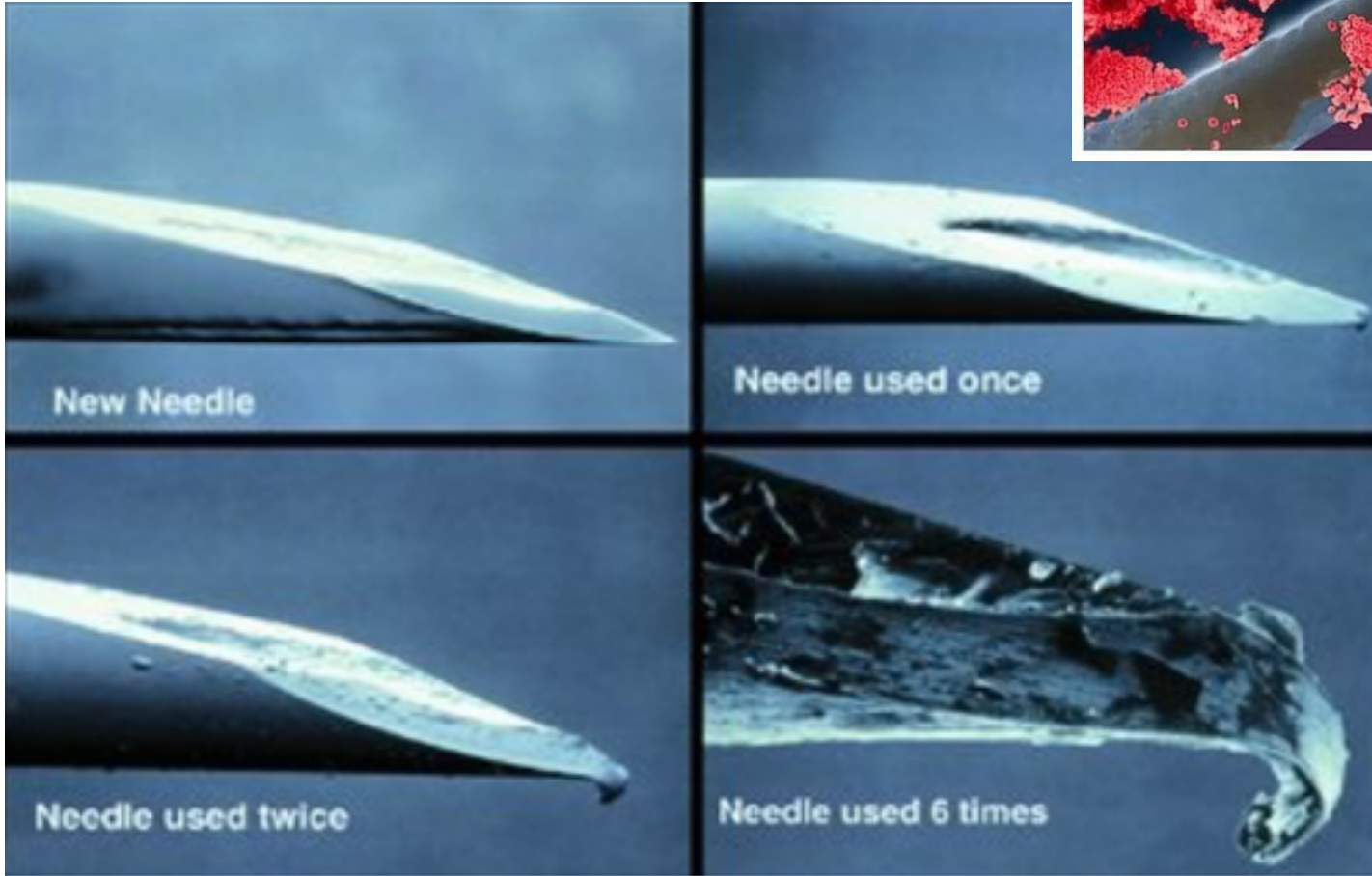
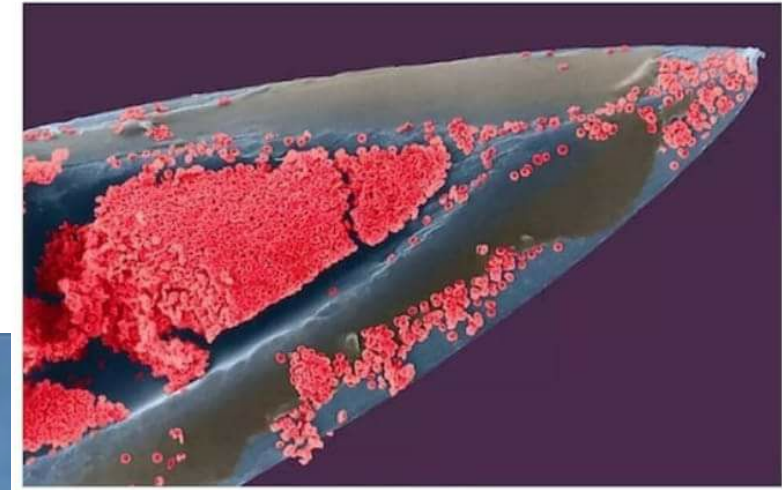
Expanding Treatment Options

What are Syringe Exchange Programs?

Syringe Exchange Programs



Distribute sterile syringes and collect used syringes for disposal.



New Needle

Needle used once

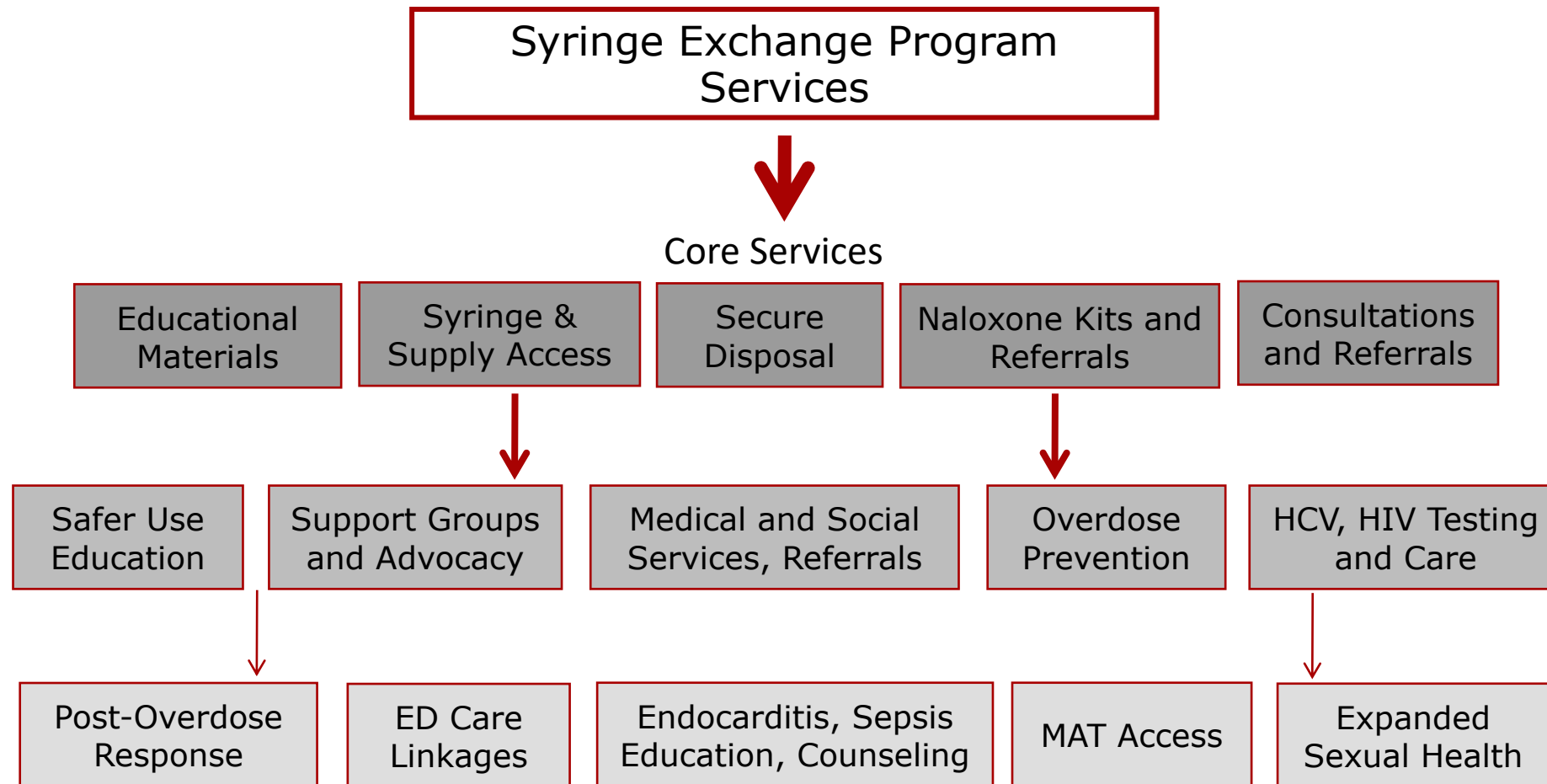
Needle used twice

Needle used 6 times

Expanding Treatment Options



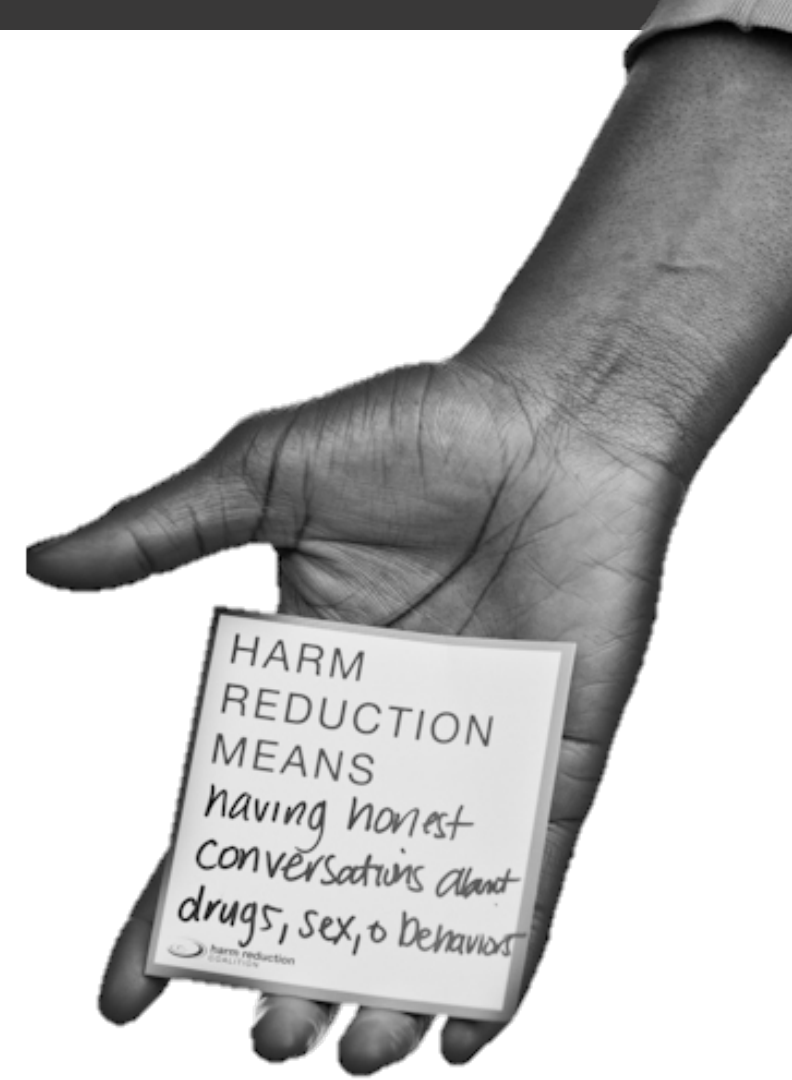
Syringe exchange starts a conversation.

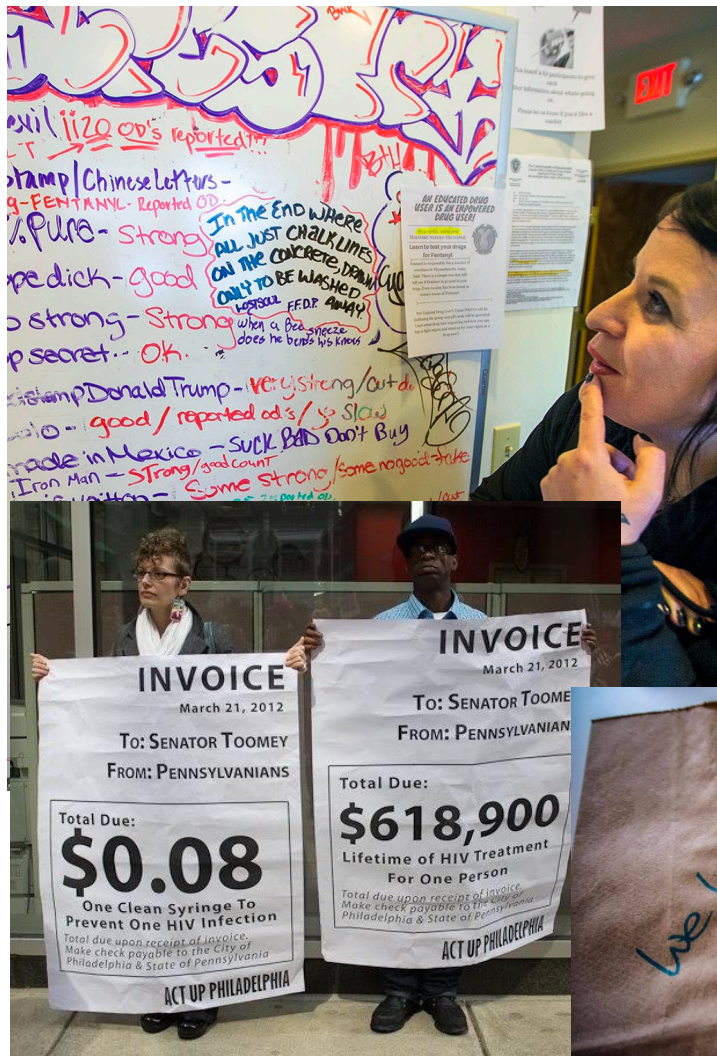


People who use exchanges care about their health and the health of their communities

Why Harm Reduction?

- Respond to overdose, disease, and death burden
- Connect directly with people who use drugs
- Maintain engagement as drug use changes





Harm reduction originated with drug user activism and grassroots health services.

Legal Requirements for SEPs

Syringe Exchange Overview

- Legalized in NC July 11, 2016
- NC Harm Reduction Coalition
- DPH Injury and Violence Prevention Branch
- Coordination, TA, best practices, support to new SEPs
- 2017 STOP Act
- 2019 Overdose Epidemic Response Act
 - Changed funding restrictions



North Carolina Safer Syringe Initiative

Syringe Exchange Program Sign-Up Form

To complete and submit before starting program services.

Please follow directions for completion and submission found at the end of this page. Please send scanned forms, any additional materials, and other inquiries to SyringeExchangeNC@dhs.nc.gov.

Active SEPs are also required to submit the NC Syringe Exchange Annual Reporting Form by July 31st annually. The Annual Reporting Form can be found on the [NC Safer Syringe Initiative website](https://www.ncsaferinjection.org/).

Thank you!

As of July 11, 2016, North Carolina ([G.S. 90-113.27](#)) 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.

Syringe exchange programs (SEPs) in North Carolina are required to provide the following services:

- Syringe disposal
- Distribution of sterile syringes and new injection supplies at no cost and in sufficient quantities to prevent sharing or reusing
- Education materials concerning:
 - Prevention of disease transmission, overdose, and substance use disorder
 - Treatment options, including medication-assisted therapy and referrals
- Naloxone distribution and training, or referrals to these services
- Consultations/referrals to mental health or substance use disorder treatment
- Security plans addressing site, personnel and equipment security distributed to police and/or sheriff's departments with jurisdiction over syringe exchange locations

The Division of Public Health (DPH) NC Safer Syringe Initiative (NCSII) is responsible for SEP support and oversight. New SEPs must submit the Syringe Exchange Program Sign-Up Form before initiating services. This allows NCSII to ensure that programs meet the requirements above and understand the limited immunity provision, and to facilitate connections between new programs and existing services. NCSII will contact new programs following form submission. Programs will be added to the DPH list of [active SEPs in North Carolina](#).

Programs are required to submit security plans to the local law enforcement agencies with jurisdiction over locations of operation. This helps ensure that local law enforcement are aware of the program and are familiar with the limited immunity provision. Exchanges will not be considered "active" in a given county until the security plan is distributed to appropriate law enforcement agencies. Programs should review security plans, make any needed changes, and redistribute plans annually to local law enforcement. If programs are serving a high number of people from a different region or jurisdiction, programs can share security plans and program information (including example of participant ID/written verification) with additional agencies to promote awareness and familiarity.

DPH is responsible for collecting data annually on program reach and provided services. The annual reporting period closes July 31st and covers the previous year of operations (or, for programs that have been operating for less than a full year at the time of annual reporting, operations to date). DPH recommends reviewing the annual reporting form before starting services to ensure that internal data collection and program monitoring will collect the required information.

Please complete this form electronically if possible. Send completed forms (including scanned forms) and any additional files, including security plans and sample written verification, as email attachments to SyringeExchangeNC@dhs.nc.gov.

Please contact the NC Safer Syringe Initiative at SyringeExchangeNC@dhs.nc.gov with any questions.

North Carolina Safer Syringe Initiative

Annual Reporting Form

To be completed by July 31st annually

Please send completed forms, any additional materials, and other inquiries to SyringeExchangeNC@dhs.nc.gov.

Thank you!

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Annual reporting allows DPH to monitor program development and service coverage. Programs are encouraged to contact DPH as needed to share questions, concerns, and program priorities. The annual reporting process provides a formal opportunity for syringe exchange programs to share this information and other feedback.

Information collected during annual reporting is shared in the NC Safer Syringe Initiative Annual Reporting Summary.

Please complete this form electronically if possible. Send completed forms (including scanned forms) and any additional information as email attachments to SyringeExchangeNC@dhs.nc.gov.

Please contact the NC Safer Syringe Initiative at SyringeExchangeNC@dhs.nc.gov with any questions or additional materials.



Urban Survivor's Union, Piedmont Chapter
2300 W. Meadowview Street Suite 209
Greensboro, NC 27403

To: Greensboro Police Department
Re: Syringe Exchange Program Serving Greensboro/ High Point & Winston-Salem

To Whom It May Concern:

In accordance with HB972, which authorized governmental and nongovernmental organizations to establish needle exchange programs effective July 11th 2016, the Urban Survivors Union wishes to inform the Greensboro Police Department of their intentions to run a needle exchange program.

The security plan for the program is as follows: The Urban Survivor's Union, in partnership with NC Harm Reduction Coalition, keeps all syringes located at 2300 W. Meadowview Road, Suite 209 in Greensboro. The syringes are locked in a storage room behind the office. All syringes returned to the site are delivered in secure biohazard containers (which are provided to participants) and are placed in a 30 gallon biohazard receptacle provided by Stericycle. The receptacle is behind lock and key. Stericycle visits on call to empty the biohazard bin and provide a replacement.

Should you have any questions, I can be reached at 336-669-5543.

Sincerely,

Louise Vincent

Louise Vincent MPH
Urban Survivors Union
Director

**Program
Sign-Up**
Prior to opening

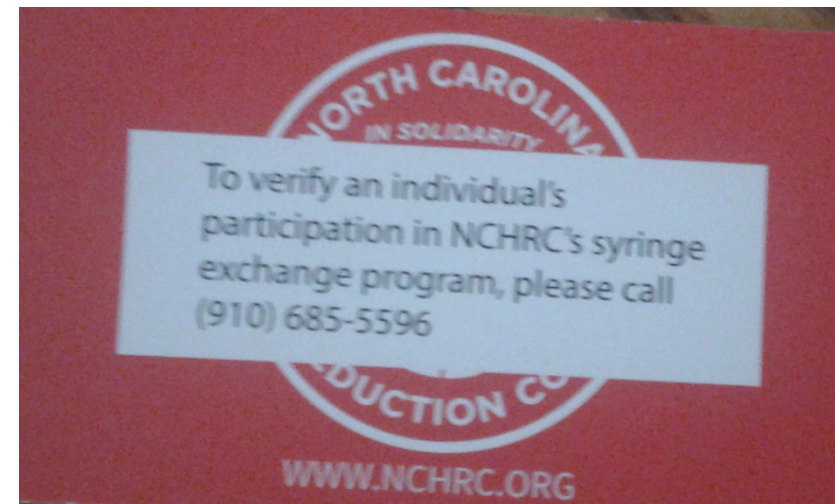
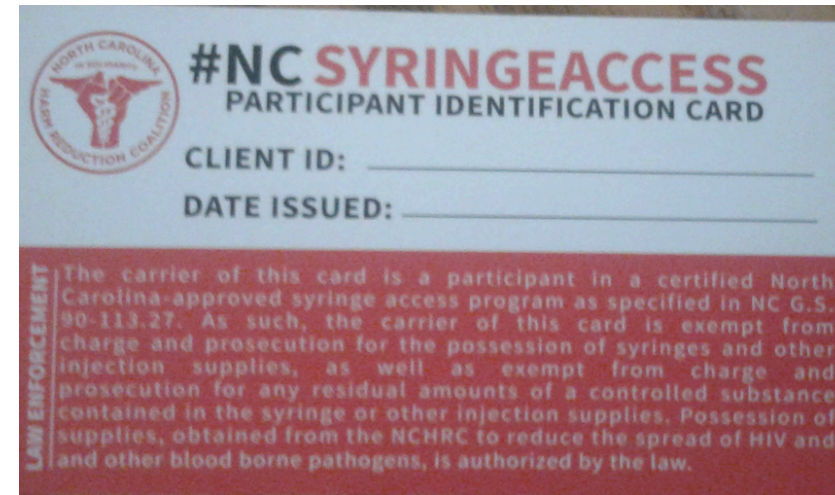
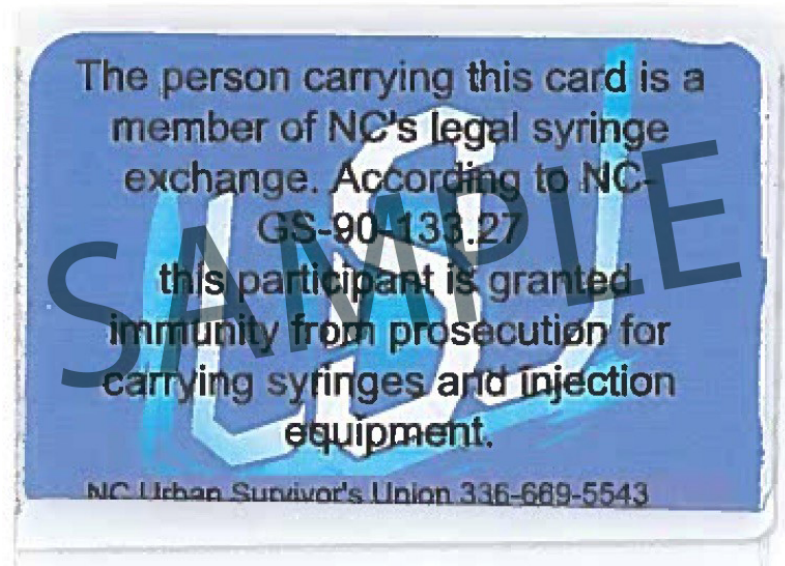
**Annual
Reporting**
July 31 deadline

**Security
Plan**
Sign-up, annual
review

Limited Immunity

- No SEP employee, volunteer, or participant may be charged with possession of needles, syringes, or other injection supplies (or for residual amounts of controlled substances contained in them) if they are obtained from or being returned to a SEP
- Person claiming immunity must provide written verification that needles, syringes, or injection supplies were obtained from a SEP
- If a law enforcement officer in good faith arrests someone who is later determined to be immune under the law, he or she will not be subject to civil liability for the arrest or filing of charges

Participant IDs



NC Good Samaritan Laws

NCGS § 90-12.7

- Immunity for persons administering naloxone to someone who is experiencing an overdose

NCGS § 90-96.2

- Immunity (for paraphernalia charges and certain possession charges) for persons seeking medical assistance for someone else experiencing an overdose and for the overdose victim for whom help is sought

NCGS § 90-113.22

- Immunity for paraphernalia charges for persons alerting officers they are carrying needles or other sharp objects prior to being searched

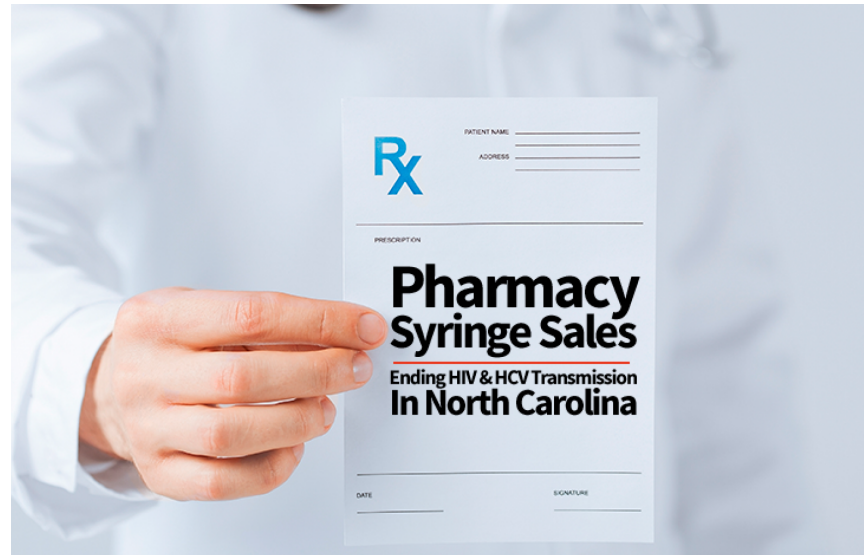
2016: Statewide Standing Order for Naloxone



Legislature amended Good Samaritan law to allow the State Health Director to create a statewide standing order allowing pharmacists to dispense naloxone to persons at risk and anyone in a position to assist a person at risk.

Statement from the NC Board of Pharmacy

- <http://www.ncbop.org/faqs/FAQsNonPrescriptionSyringeSalesNC.pdf>
- “Under NC law, pharmacists are allowed to sell syringes to anyone without a prescription.”
- “The best public health decision is to sell syringes regardless of their intended use.”



Syringe Exchange Program Models

Fixed-Site

The exchange is located in an established, consistent location. It could be a storefront, office or other similar fixed, accessible space.



Mobile

Syringe exchange is conducted out of a vehicle, van or RV that travels to different sites or neighborhoods according to a regular, established schedule or by appointment.



Delivery and Peer-Based

People interested in resources contact an exchange to arrange delivery of supplies and/or services. Delivery can be at the participant's home or another agreed-upon site. Delivery can occur on a regular schedule or by appointment. Program staff and peers can also maintain supplies to distribute as needed.



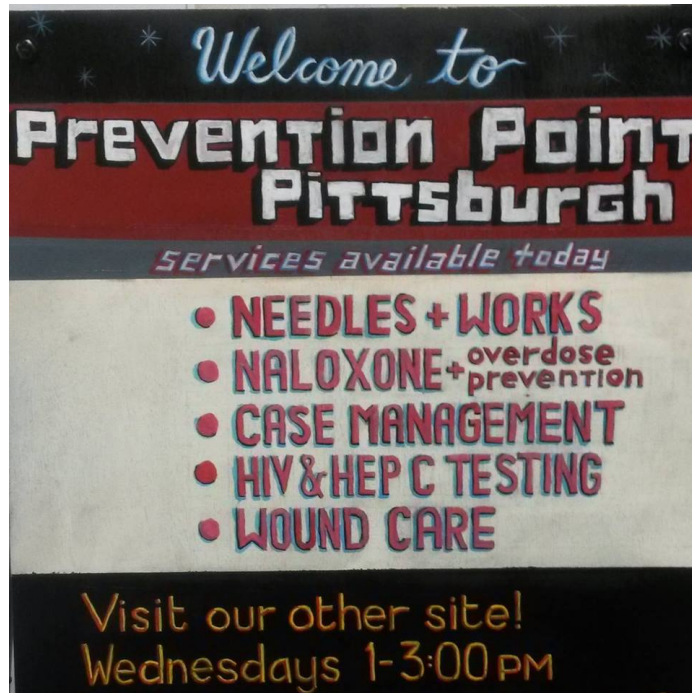
Integrated

An organization adds syringe exchange services to the programs they offer.



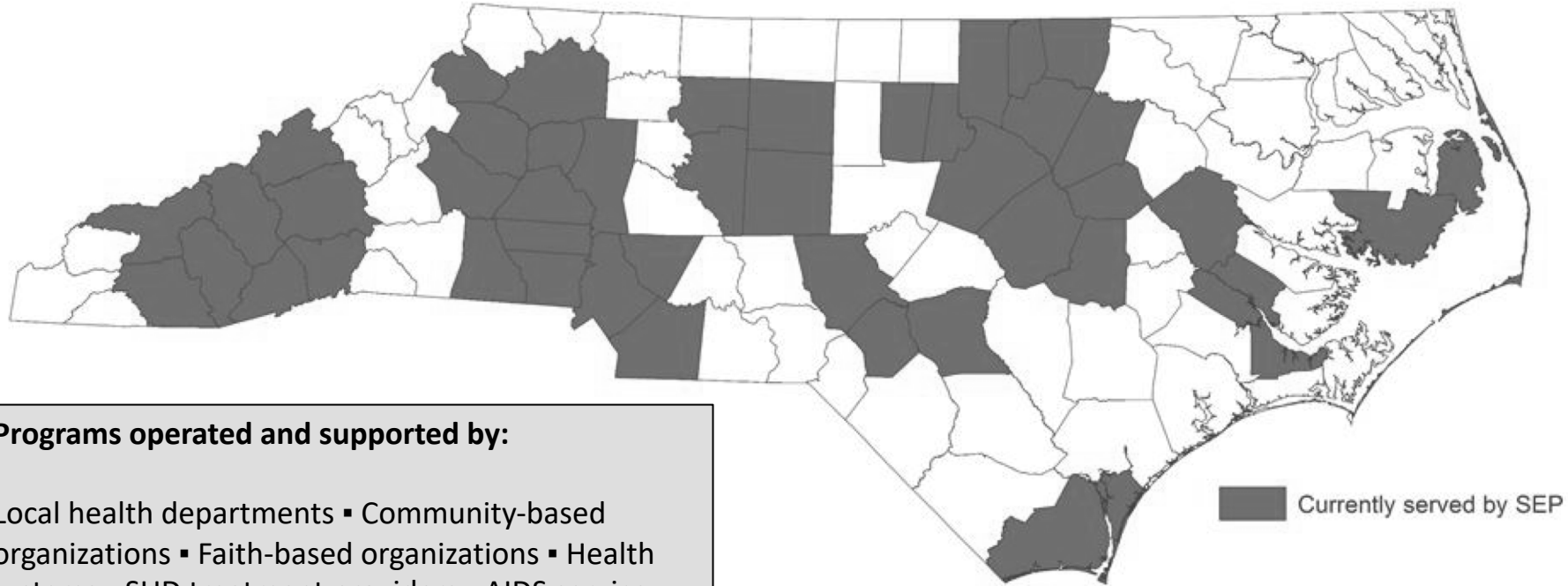
Combining Models

Exchanges can combine models to maximize benefits and use and minimize limitations. A fixed-site program may also offer peer-based exchange; an integrated exchange may also operate a mobile exchange. Evaluate and expand models based on need, funding, resources, and other environmental or context changes.



Leveraging Opioid Response Efforts

Counties currently served by Syringe Exchange Programs (SEPs) as of April 2019



Programs operated and supported by:

Local health departments ▪ Community-based organizations ▪ Faith-based organizations ▪ Health systems ▪ SUD treatment providers ▪ AIDS service organizations ▪ First responders ▪ Directly impacted people

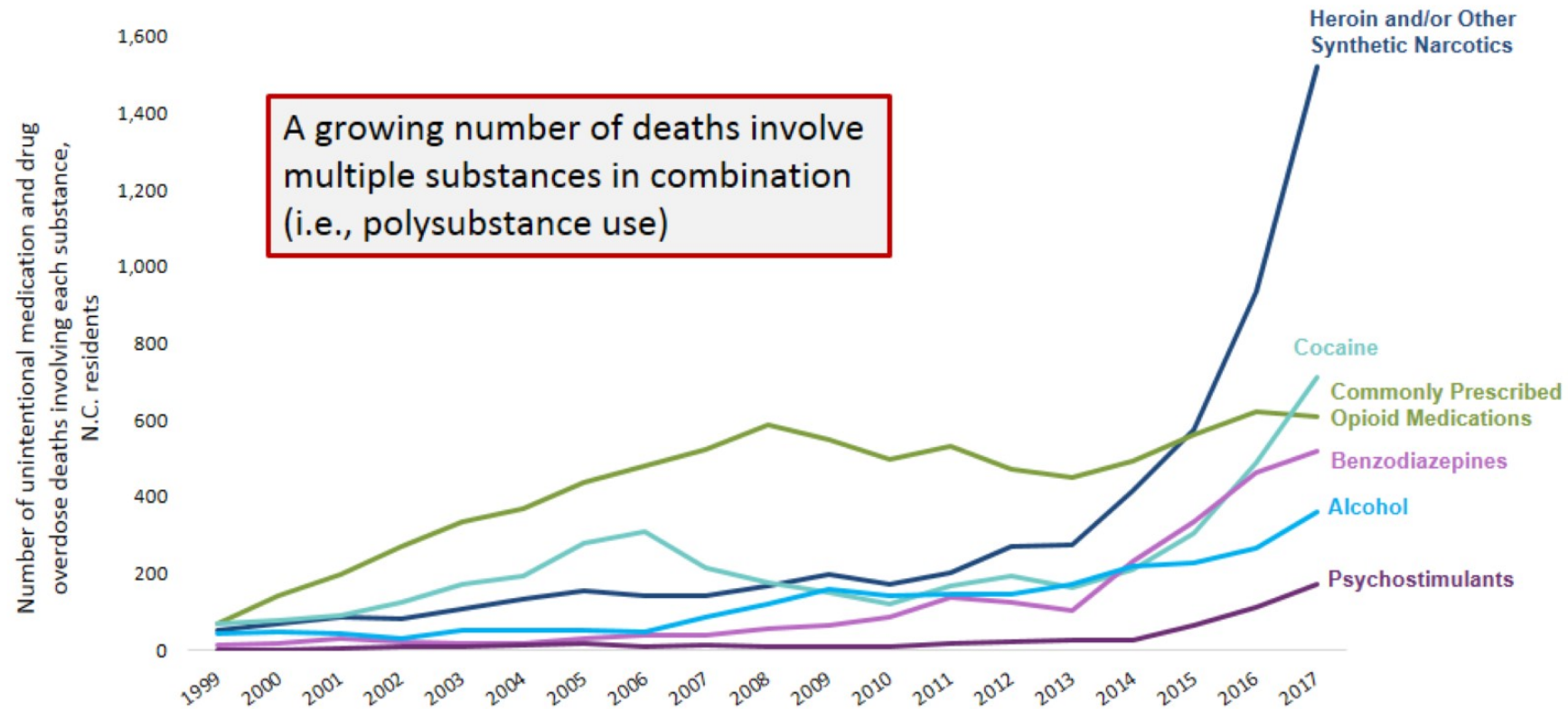
Currently there are **31** active*
SEPs covering **45** counties in NC

*There may be SEPs operating that are not represented on this map; in order to be counted as an active SEP, paperwork must be submitted to the NC Division of Public Health.

Source: North Carolina Division of Public Health, September 2018
Analysis: Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Unintentional overdose death involving illicit opioids* have drastically increased since 2013



*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

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Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017

Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

NC Opioid Action Plan 2.0 Focus Areas

- Track progress and measure our impact
- Reduce the supply of prescription and illicit opioids
- Prevent overdoses by advancing harm reduction, reducing stigma, and addressing non-medical drivers of health
- Raise community awareness and increase community prevention and response efforts
- Expand access to treatment and recovery supports
- Address the needs of justice-involved populations

<https://www.ncdhhs.gov/opioids>



Thank you!

Lillie Armstrong, MPH

lillie.armstrong@dhhs.nc.gov

www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

SyringeExchangeNC@dhhs.nc.gov

North Carolina
Injury & Violence
PREVENTION Branch



The Exchange

Cabarrus County



Expanding Treatment Options




Cabarrus Substance Use Facts


- 
- 2017 Unintentional Opioid Overdose Deaths = 68

- 
- 2017 ED Visits = 311

- 
- 2017 Opioid Pill Dispensed = 9,995,000

- 
- 2017 EMS Narcan Administered = 418

- 
- HIV Rates: 2016 = 25
2017 = 14

- 
- HCV Rates: 2016 = 81
2017 = 231

- 
- Youth Survey Data

- 
- Focus Groups/Key Informant Survey



Building Support

Expanding Treatment Options

Benefits of SEP



NC taxpayers paid \$50 million for Hepatitis C treatment and \$117 million for HIV treatment in 2014.



A sterile syringe could prevent the spread of HIV, HCV and HBV, reducing the taxpayer burden these diseases for 7 cents.



There is available funding from private foundations to cover the costs of a SEP.



SEPs decrease hepatitis C transmission among people who inject drugs by as much as 50%.
HIV injection rates have decreased by as much as 80% in areas with SEPs.



SEPs are a gateway to drug treatment. SEP participants are 5 times more likely to enter treatment than non-participants.



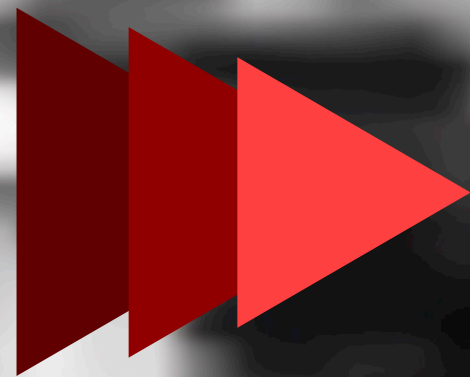
SEPs collect discarded needles and dispose of them safely, reducing the number of syringes in public areas.



Crime decreases in areas with a SEP.



SEPs reduce needle-stick injury to law enforcement by 66%.



Taking Action

Security Plan

Table of Contents

Program Policy

- A. Security of Syringes and Other Supplies
 - 1. Ordering and Storage of New Syringes
 - 2. Authorized Access to Syringes and Other Supplies
 - 3. Handling of Syringes and Other Supplies
 - 4. Storage and Disposal of Used Syringes
 - i. Collection and Storage
 - ii. Transport and Disposal of RMW
- B. Staff Security and Safety
 - 1. Syringe Safety
 - 2. Bloodborne Pathogens Exposure Policy and Procedures
 - i. Introduction to Bloodborne Exposure Management
 - ii. Defining a Significant Bloodborne Exposure
 - iii. Bloodborne Exposure Responsibilities
 - iv. Medical Management of Bloodborne Exposures
 - v. Bloodborne Pathogens Testing Protocol
- C. Community and Law Enforcement Concerns
 - 1. Reporting, Addressing, & Documenting Community/Law Enforcement Concerns

CHA Safety Policies and Procedures

cha CABARRUS HEALTH ALLIANCE

**SECURITY PLAN FOR
SYRINGE EXCHANGE PROGRAM**

The Cabarrus Health Alliance Security Plan for Syringe Exchange Program has been reviewed and approved:

<u>6/21/18</u> Date	<u>Kristen Raines Smith</u> Substance Use Coalition Coordinator
<u>6/21/18</u> Date	<u>Maura Beam</u> Healthy Cabarrus Executive Director
<u>6-22-18</u> Date	<u>Dianne Berry</u> CHA Safety Coordinator
<u>6-22-18</u> Date	<u>Wesley Paez</u> Director of Public Health
<u>6/21/18</u> Date	<u>J.W. Chavon</u> Kannapolis Police Chief
<u>6/21/18</u> Date	<u>[Signature]</u> Concord Police Chief
<u>6/29/18</u> Date	<u>Paul Rhy</u> Cabarrus County Sheriff

CHA Security Plan for Syringe Exchange Program 1

Participant ID Card

Front



CABARRUS
HEALTH
ALLIANCE

300 Mooresville Rd
Kannapolis, NC 28081
(704) 920-1126
www.cabarrushealth.org/sep

CABARRUS SYRINGE EXCHANGE PROGRAM

Days: Mon, Wed, & Fri Hours: 12-2pm & 3:30-5:30pm

CLIENT ID: _____

**24 HOUR MENTAL HEALTH/SUBSTANCE USE
REFERRAL & CRISIS LINE 1-800-939-5911**

Back

LAW ENFORCEMENT

The carrier of this card is a participant, volunteer, or staff member of a North Carolina registered syringe exchange program as specified in

NC G.S. § 90-113.27.

As such, they are exempt from arrest, charge, and prosecution for the possession of syringes and other injection supplies as well as for any residual amounts of controlled substance contained in the syringes or injection supplies.

SEP Client Intake Form

We would like to welcome you as a new client. Please take the time to fill out this form as accurately as possible so we can appropriately address your needs. These questions allow us make sure all clients receive the highest quality services and increase our ability to be helpful to you. If for any reason, you do not want to answer these questions, you do not have to. The confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPAA).

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Zip Code (Area of Current Residence): _____

Current Gender Identity:

- ☐ Male ☐ Transgender man ☐ Genderqueer / non-conforming
☐ Female ☐ Transgender woman ☐ Decline to state

Sex (assigned at birth):

- ☐ Male ☐ Female ☐ Intersex ☐ Decline to state

Ethnicity:

- ☐ Not Hispanic/Latino ☐ Hispanic/Latino ☐ Decline to state

Race (Check all that apply):

- ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ White
☐ Black or African American ☐ Decline to state

Drug(s) of choice (Please check all that apply):

Narcotics

- ☐ Fentanyl
☐ Heroin
☐ Hydromorphone
☐ Methadone
☐ Morphine
☐ Opium
☐ Oxycodone

Stimulants

- ☐ Amphetamines
☐ Cocaine
☐ ~~Khat~~
☐ Methamphetamine
☐ Bath Salts
☐ Nicotine (in tobacco)

Depressants

- ☐ Barbituates
☐ Benzodiazepines
☐ GHB
☐ Rohypnol
☐ DXM ("CCC", "Robo")
☐ Alcohol

Hallucinogens

- ☐ Ecstasy/MDMA
☐ K2/Spice
☐ Ketamine
☐ LSD
☐ Peyote & Mescaline
☐ Psilocybin/Shrooms
☐ Marijuana/Cannabis
☐ Salvia

How many times a week do you use needles/syringes to inject?

- ☐ 1-4 times ☐ 5-10 times ☐ 11-15 times
☐ 16-25 times ☐ 25+ times ☐ Decline to state

Number of years injecting:

- ☐ 0-1 years ☐ 1-3 years ☐ 3-5 years ☐ 5-10 years
☐ 10-15 years ☐ 15-25 years ☐ 25+ years ☐ Decline to state

CLIENT ID: _____

First Initial – Last Initial – Date of Birth (MM/DD/YY) – Middle Initial Example: Jane M. Smith born on June 3rd, 1985 = JS060385M

How do you usually obtain needles/syringes?

Do you reuse or share needles/syringes with others? ☐ Reuse ☐ Share ☐ Both ☐ Neither

If yes, about how many times would you reuse or share a needle/syringe before discarding it?

- ☐ 1-4 times ☐ 5-10 times ☐ 11-15 times ☐ Not applicable
☐ 16-25 times ☐ 25-30 times ☐ 30+ times ☐ Decline to state

What would make it hard for you to use a new, clean needle/syringe each time you inject?

How do you usually dispose of needles/syringes?

Current Living Situation:

- ☐ Own a home
☐ Rent a home, apartment, or room on a monthly (or longer) basis
☐ Permanently living with a relative or friend
☐ Temporarily living with a relative or friend
☐ Shelter (homeless shelter, transition house, rescue mission, etc.)
☐ Hotel or motel room
☐ Living outside / camping
☐ Street
☐ Other: _____ ☐ Decline to state

Do you have a physical or mental disability? ☐ Yes ☐ No ☐ Decline to state

Are you currently receiving mental health treatment? ☐ Yes ☐ No ☐ Decline to state

Have you ever been tested for HIV or Hepatitis C? ☐ Yes ☐ No ☐ Decline to state

How did you hear about the syringe exchange program?

- ☐ Friends or family ☐ Internet/website
☐ Substance use treatment program ☐ Other: _____
☐ First responders (police, fire, EMS) ☐ Decline to state

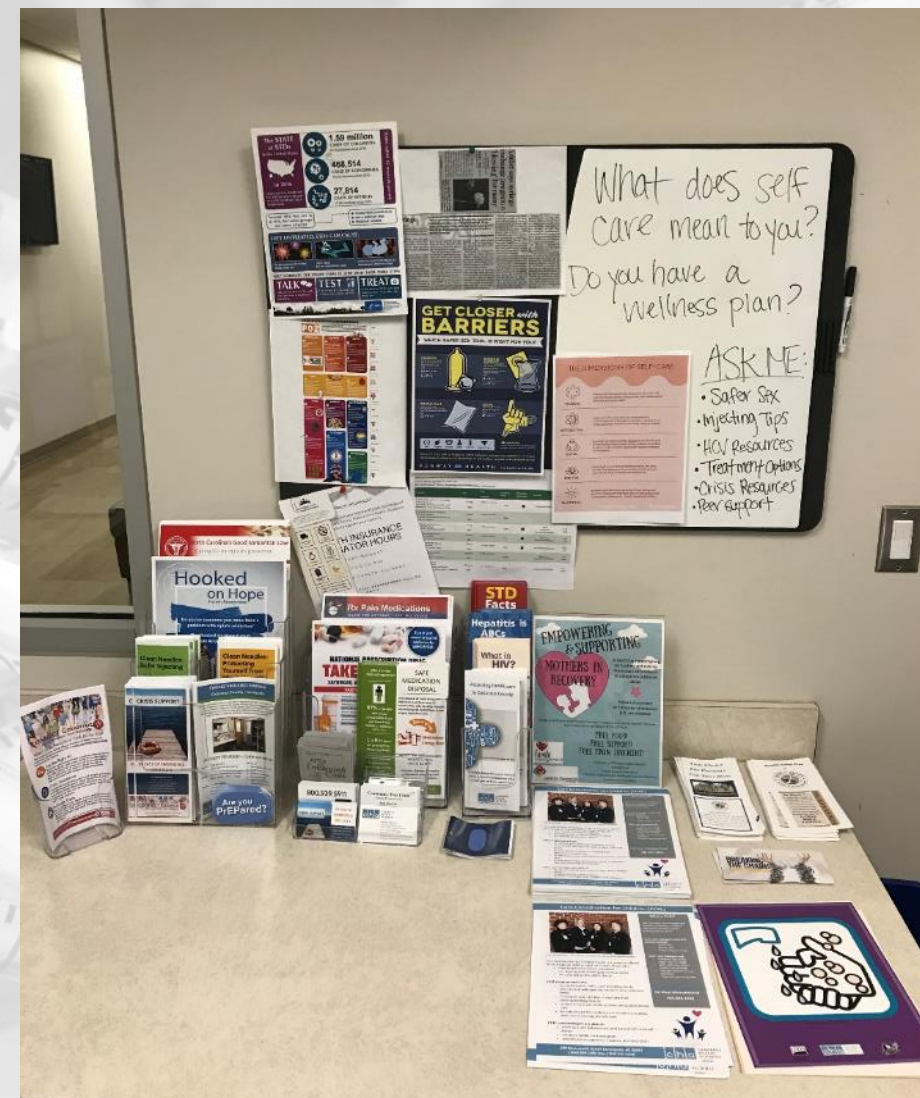
Have you used a syringe exchange program before? ☐ Yes ☐ No ☐ Decline to state

If yes, did you seek substance use treatment since using the syringe exchange services? ☐ Yes ☐ No ☐ Decline to state

Thank you for taking the time to complete this form.


CLIENT ID: _____

First Initial – Last Initial – Date of Birth (MM/DD/YY) – Middle Initial Example: Jane M. Smith born on June 3rd, 1985 = JS060385M



Expanding Treatment Options

Where are we now?

- 
- Constant information gathering/assessing

- 
- 470 unduplicated participants

- 
- 1916 participant interactions

- 
- 3454 Naloxone kits distributed

- 
- 621 reported reversals

- 
- Improving HIV/HCV testing

- 
- Applying for grants

- 
- Recently opened a 2nd site

Knowledge Gained

Provide Officer Education and Training

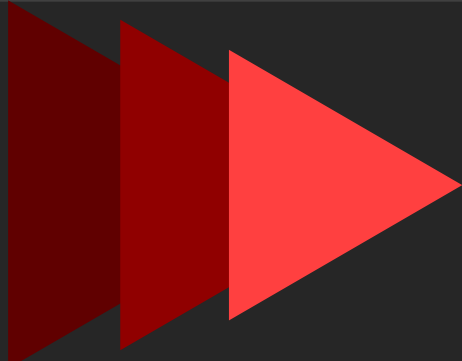
Include DA's Office in the conversation early

Troubleshoot scenarios

It is ok to not have the answers, no one does

Keep your eye on the prize

Have a seat at the harm reduction table



Kristin Klinglesmith, MPH

Kristin.Klinglesmith@cabarrushealth.org

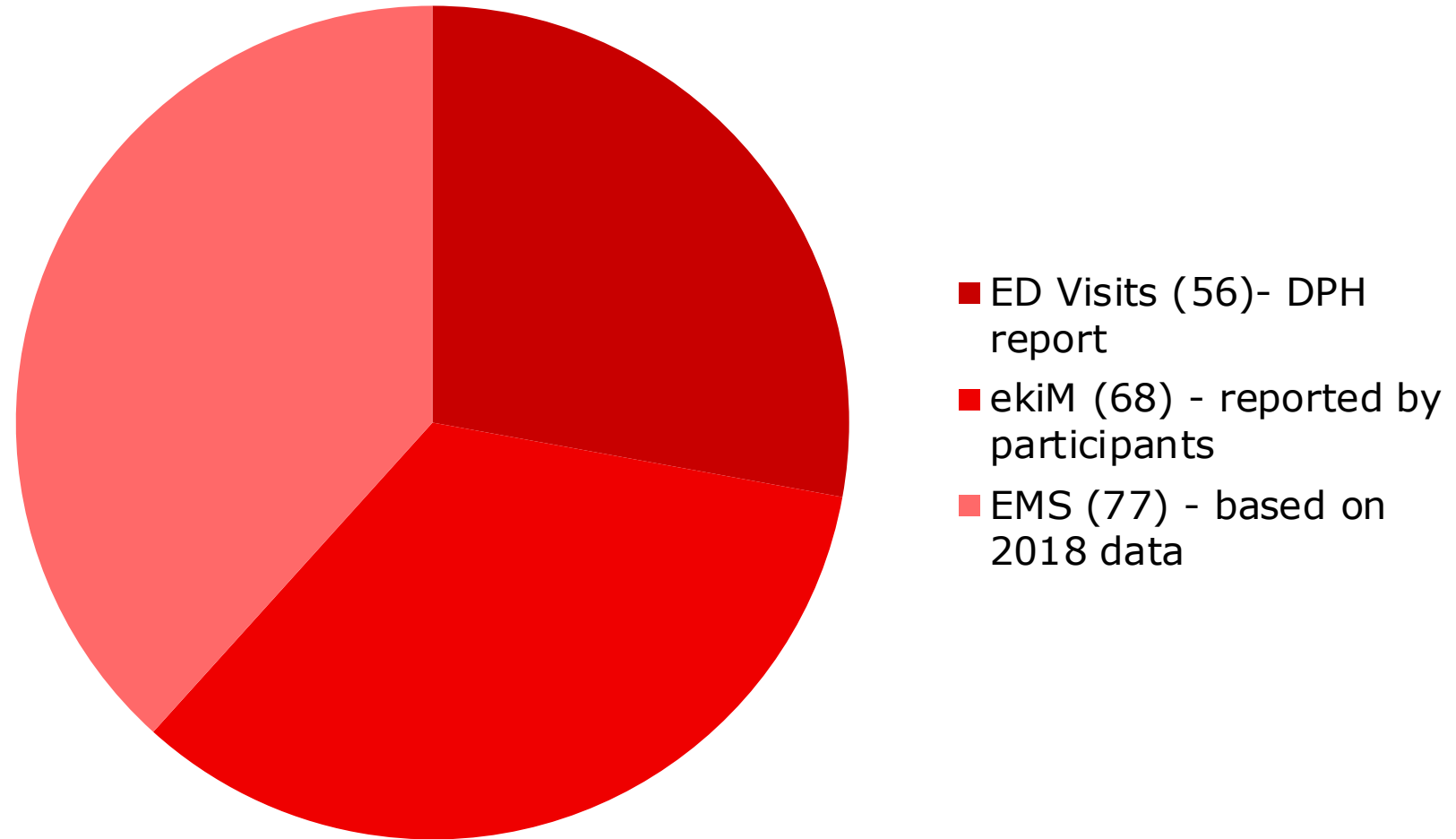
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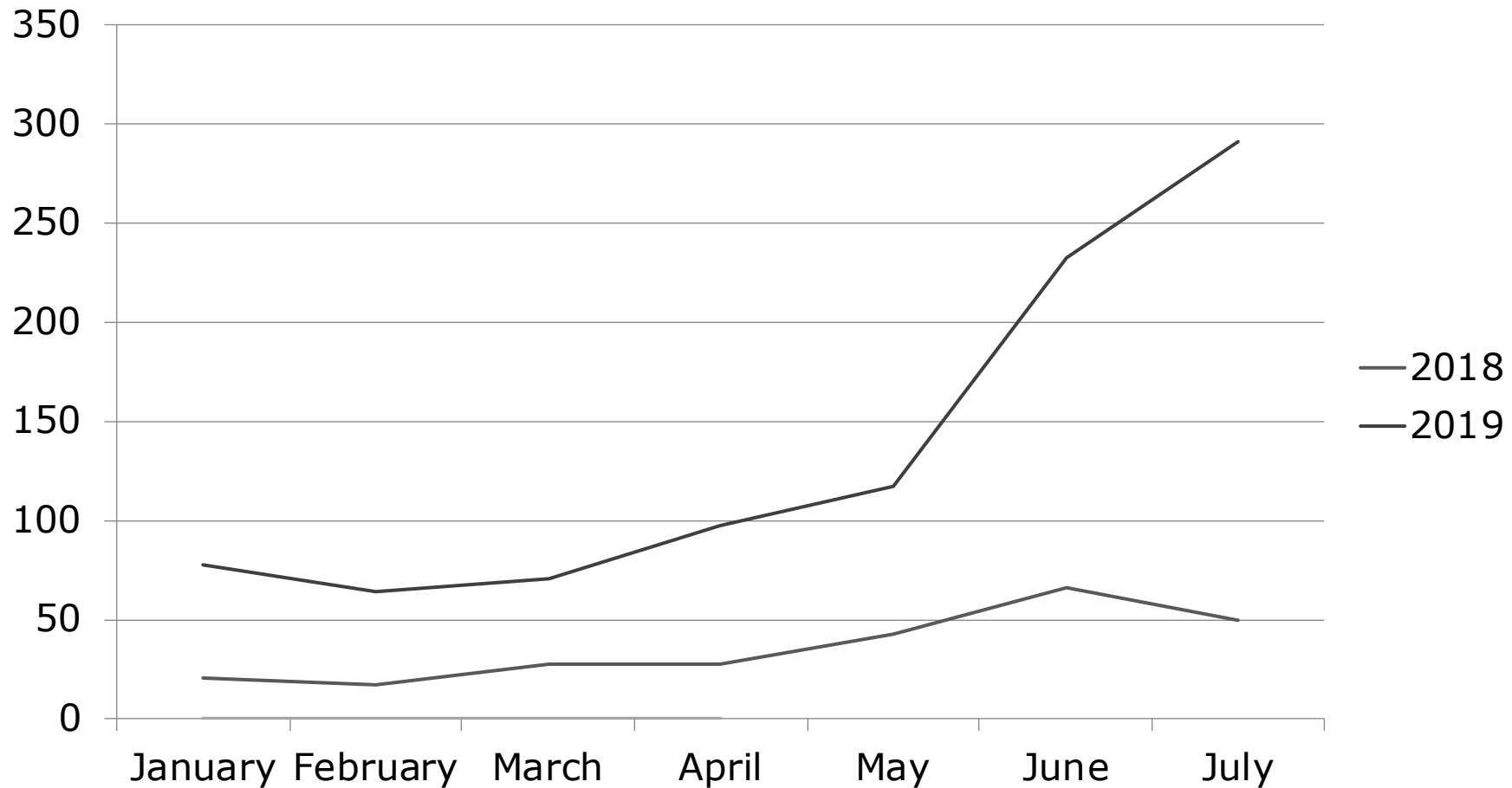
Dianne Carden-Glenn, MOM

Expanding Treatment Options

Reported Opiate Overdoses YTD (total 261)



ekIM Participant Visits By Month January Through July 2018/2019





Challenges

- Location
- Funding
- Volunteers
- Availability of treatment

Partnerships

- Mental Health America, Eastern Carolina
- East Coast Counseling
- Pitt County Health Department
- North Carolina Harm Reduction Coalition
- Hepatitis C Mentor and Support Group
- NC Department of Public Health

Thank you!

Questions?

THANK
YOU

THANK
YOU !

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THANKS

Expanding Treatment Options