Syringe Exchange Program

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Opioid Response Project

Expanding Treatment Options
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.
Unintentional overdose death involving illicit opioids* have drastically increased since 2013

A growing number of deaths involve multiple substances in combination (i.e., polysubstance use)

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
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina Injury & Violence PREVENTion Branch

NCDHHS, Division of Public Health | Core Overdose Slides | January 2019
Statewide, the unintentional opioid overdose death rate is 12.1 per 100,000 residents from 2013-2017.
Number of hospitalizations associated with drug withdrawal in newborns increased 380% over last 10 years.
Speakers

Lillie Armstrong
Community Overdose Consultant
North Carolina Division of Public Health

Kristin Klinglesmith
Substance Use Public Health Educator
Cabarrus Health Alliance

Diannee 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.

110% increase in all medication and drug overdose deaths over the last 10 years.
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

Analysis by Injury Epidemiology and Surveillance Unit
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

Expanding Treatment Options

- Heart valve infections associated with injection drug use increased **13-fold**
- Sepsis (bloodstream infections) increased **4-fold**

Source: NC Division of Public Health, Epidemiology Section, NC Hospital Discharge Database
Medicaid Gross Drug Expenditure for Hep C
North Carolina, SFY 2011–16

- Medicaid treatment expenditures for Hep C increased from $3.8M in 2011 to $85.6M in 2016.
- Increases are from new medications on the market and increased cases.

Does not account for drug rebates

https://www.cdc.gov/mmwr/volumes/66/wr/mm6622a1.htm
Communicable Disease and Infection Prevention and Response

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Overdose Prevention and Response

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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.
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
Program Sign-Up
Prior to opening

Annual Reporting
July 31 deadline

Security Plan
Sign-up, annual review

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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

The person carrying this card is a member of NC’s legal syringe exchange. According to NC G.S. 90-133.27, this participant is granted immunity from prosecution for carrying syringes and injection equipment.

NC Urban Survivor’s Union 336-689-5543

CARE of Nash County
Syringe Exchange Program
Participant Identification Card

Client ID:

Date Issued:

#NCSYRINGEACCESS

The carrier of this card is a participant in a certified North Carolina-approved syringe access program as specified in NC G.S. 90-133.27. As such, the carrier of this card is exempt from charge and prosecution for the possession of syringes and other injection supplies, as well as exempt from charge and prosecution for any residual amounts of a controlled substance contained in the syringe or other injection supplies. Possession of supplies, obtained from the NCHRC to reduce the spread of HIV and other blood borne pathogens, is authorized by law.

To verify an individual’s participation in NCHRC’s syringe exchange program, please call (910) 685-5596

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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


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

A growing number of deaths involve multiple substances in combination (i.e., polysubstance use)

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

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Analysis by Injury Epidemiology and Surveillance Unit

NCDHHS, Division of Public Health | Core Overdose Slides | January 2019

Expanding Treatment Options
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


SyringeExchangeNC@dhhs.nc.gov
The Exchange
Cabarrus County

Expanding Treatment Options
Cabarrus Substance Use Facts

- HIV Rates: 2016 = 25  
  2017 = 14

- HCV Rates: 2016 = 81  
  2017 = 231

- Youth Survey Data

- Focus Groups/Key Informant Survey

- 2017 Unintentional Opioid Overdose Deaths = 68

- 2017 ED Visits = 311

- 2017 Opioid Pill Dispensed = 9,995,000

- 2017 EMS Narcan Administered = 418

Expanding Treatment Options
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

Expanding Treatment Options
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

Expanding Treatment Options
Participant ID Card

Front

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

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 to make sure all clients receive the highest quality services and increase our ability to be effective 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 ☐ Female ☐ Transgender man ☐ Transgender woman ☐ Genderqueer / non-conforming ☐ 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 ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Other ☐ Decline to state

Drugs of choice (Please check all that apply):
☐ Opiates ☐ Stimulants ☐ Hallucinogens
☐ Amphetamines ☐ Cocaine ☐ Ecstasy ☐ Methamphetamine ☐ Methadone ☐ Bath Salts ☐ Ecstasy (in capsules)
☐ K2/Spice ☐ Ketamine ☐ LSD ☐ PCP ☐ Psilocybin ☐ Salvia
☐ Decline to state

How many times a week do you use needles/syringes to inject?
☐ 1-4 times ☐ 5-10 times ☐ 11-15 times ☐ Decline to state

Number of years injecting:
☐ 0-4 years ☐ 5-10 years ☐ 11-15 years ☐ Decline to state

How do you usually obtain needles/syringes?
☐ I buy them ☐ I get them from friends/relatives/roommates/strangers who do ☐ I get it from my clinic/agency/doctor ☐ Decline to state

If so, about how many times would you reuse or share a needle/syringe before discarding it?
☐ Less than 10 times ☐ 10-20 times ☐ 21-30 times ☐ More than 30 times ☐ Decline to state

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

Do you use or share needles/syringes with others?
☐ Yes ☐ No ☐ Decline to state

If yes, about how many times would you reuse or share a needle/syringe before discarding it?
☐ Less than 10 times ☐ 10-20 times ☐ 21-30 times ☐ More than 30 times ☐ Decline to state

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

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 ☐ 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 treated for HIV or Hepatitis C?
☐ Yes ☐ No ☐ Decline to state

How did you hear about the syringe exchange program?
☐ Friends or family ☐ Substance use treatment program ☐ 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 service 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/YYYY) – Middle Initial: Example: Jane M. Smith born on June 2, 1985 – JM20030106
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
704-920-1284

Expanding Treatment Options
Diannee Carden-Glenn, MOM

Expanding Treatment Options
Reported Opiate Overdoses YTD (total 261)

- ED Visits (56) - DPH report
- ekiM (68) - reported by participants
- EMS (77) - based on 2018 data

Expanding Treatment Options
ekiM Participant Visits By Month January Through July 2018/2019
Expanding Treatment Options
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!

THANK YOU!

THANK YOU!

THANK YOU!

THANKS