Supports for Syringe Services Programs during COVID-19 in North Carolina

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NC Division of Public Health
Outline

• Overview of NC’s SSP legalization
• Immediate Supports During COVID19
• Ongoing Support
NC Counties Served or Reached by Registered Syringe Services Programs, 2019-2020

Active programs are operated and supported by:

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

For a full list of registered SSPs visit https://tinyurl.com/NCSSIList
DPH IVPB Immediate Support to SSPs/PWUD
Memo noting SSPs as essential services under COVID-19 Stay at Home Order

April 6, 2020

To whom it may concern:

This letter serves to inform interested parties that the NC Division of Public Health considers syringe services programs an “Essential Business and Operation” under Governor Roy Cooper’s Executive Order No. 121—“Stay at Home Order and Strategic Directions for North Carolina in Response to Increasing COVID-19 Cases.”

NC General Statute § 90-113.27 requires syringe services programs to provide participants with “needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure [they] are not shared or reused,” in addition to disposal of injection supplies, educational materials, and access to naloxone. These services are provided in order to reduce the spread of HIV, viral hepatitis, and other bloodborne diseases and to reduce the number of drug overdoses in North Carolina.
Local supporting letter template for SSPs to operate under Stay-at-Home

To whom it may concern:

Name of Syringe Services Program (SSP) is a syringe services program registered with the NC Division of Public Health pursuant to NC General Statute § 90-113.27. Name of SSP is statutorily required to provide participants with “needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure [they] are not shared or reused,” among other services such as disposal of injection supplies, educational materials, and access to naloxone. These services are provided in order to reduce the spread of HIV, viral hepatitis, and other bloodborne diseases in North Carolina and to reduce the number of drug overdoses in the state. More information can be found on the NC Safer Syringe Initiative website: https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative.

As such, Name of SSP serves an essential health care/public health function in jurisdiction (state or county and state depending on where orders are in place). Name of volunteer or employee is an agent of Name of SSP and must travel to deliver statutorily required supplies to participants during the course of the COVID-19 outbreak. Furthermore, participants who leave their homes to obtain and exchange supplies with agents of the syringe services program are engaging in essential activities during the outbreak.

If you have questions about the services that Name of SSP provides or about the precautions it is taking in the wake of the COVID-19 outbreak, please contact (this could be a list of any number of people, such as the lead of the SSP or the local health director).

Signed by your local health director if possible
North Carolina Safer Syringe Initiative

COVID-19 Information and Resources

**SSP Essential Services Memo:** This memo informs interested parties that the NC Division of Public Health considers syringe service programs an “Essential Business and Operation” under Governor Cooper’s Executive Order #121 “Stay at Home Order and Strategic Directions for North Carolina in Response to Increasing COVID-19 Cases.”

**SSP COVID-19 Letter Template:** Local programs can adapt this template for use in their communities. Agents and participants of syringe service programs are not required to carry letters with them to demonstrate that they are engaging in essential services. They are covered whether or not they carry a letter. However, they may carry the letter to communicate with law enforcement.

- **COVID-19: Suggested Health Department Actions to Support Syringe Services Programs (SSPs)**
- **National Harm Reduction Coalition: COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs**
- **NASTAD: COVID-19 Updates and Resources to protect people living with and vulnerable to HIV infection and viral hepatitis**
- **CDC Interim Guidance for Syringe Services Programs**
- **Vital Strategies: Resources for drug use and COVID-19 risk reduction**
SSP Supply Distribution – Purchased via 2018-19 CDC Opioid Crisis Funding

**Early Spring 2019**
- First-time purchase coordination of eligible SSP supplies
- Shipped to 5 SSP regional hubs to be sub-divided

**Fall 2019**
- Remaining supply purchase
- Shipped to DPH Warehouse in Raleigh
- 1 staff distributing at existing meetings with SSPs

**March 2020**
- COVID-19 pandemic began; NC staff begins telework
- Distributed priority supplies to regional hubs per NCSSI data
- Released survey to assess continuity of operations needs

**April 2020**
- Obtained essential work travel approval
- Allocated all remaining supplies from warehouse
- Over 10 IVPB staff filled their own cars and distributed supplies
SSP Supply Distribution – Mar 31 Survey

Q3 - Are you currently doing outreach and supply distribution to SSP participants under COVID19 conditions?

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Q4 - If SSPs are included as essential services and if a shelter-in-place/stay-at-home order is issued for COVID19, do you plan to continue outreach and supply distribution to participants?

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SSP Supply Distribution – Naloxone Purchase via Partnership with NC Division of Mental Health

• 34,000 vials (17k kits) of intramuscular naloxone were purchased for SSPs in April
  – First time for NC DHHS!

• Additional IM order is in progress
NC DPH Warehouse

Warehouse Warriors
Supply Pick-up

Twin Cities bound!

Charlotte bound!

Hickory

The Hope Dealers

Naloxone Pick-up
Supply Pick-up Cont.
Remaining Needs for SSPs/PWUD
Top SSP Supply Needs – Feedback

• Personal Protective Equipment for staff, volunteers, and participants
  – Hand sanitizers, masks, gloves, wipes, soap
  – Breathing barriers for safer rescue breaths for ODs

• Wound care and hygiene supplies
  – Alcohol pads, Epsom salts, bandages

• Naloxone – addressed short-term

• Safer drug use supplies
DPH IVPB Ongoing Support
Adapting to a Changing Environment

• Programs are starting to re-open fixed sites or restart services suspended during COVID-19 (e.g. HIV and HCV testing)
  − Working on a guidance document with examples on how to offer socially distanced services, like curbside pickup

• Some programs are experiencing significant growth
  − Support via technical assistance (TA)
Integrating COVID-19 Into Ongoing TA

- **Existing TA Mechanisms**
  - NC OAP SSP Advisory Group
  - SSP Learning Collaborative
  - SSP Academy → Harm Reduction Academy
  - Strategy-Specific Calls for funded LHDs (and SSP Partners)
  - Ad hoc calls and emails
  - Webinars
  - Resources
    - SSP Toolkit
Increased EMS Response to Overdoses

Note: Signal notification protocol modified in May 2020 to reduce county notification fatigue.

Slide updated August 12, 2020
On Saturday, May 23rd there were 8 overdoses that EMS responded to:

- Substances: Unknown
- All responded to naloxone
- All from unknown location
- Both male and females, predominately White, between 21-50 years of age
- All were treated and released per protocol
- All were transported to the Medical Center, then to the Hospital

To learn more about these cases, we recommend:

- Reaching out to your local hospital to ask if they feel that they are seeing increases, and obtain more information about circumstances around these visits
- Reviewing county specific trends of overdose ED visits over the past 12 months:
  - Opioid Overdose ED Visits April Update
  - Med/Drug ED Visits April Update

Notes: As you know, syndromic surveillance is not very specific, and these numbers are subject to change as more data are received. NC DETECT uses CUSUM-based algorithms from the CDC’s Early Aberration Reporting System, and the Time of Arrival algorithm, developed by the John Hopkins University Applied Physics Laboratory. Using a 30-day baseline to account for possible fluctuations in the expected case counts in that 30-day period. EMS: Syndrome Count of Opioid Overdose.
Signal Alert – Resources and Recommended Actions

To respond to this increase in overdoses, we recommend:

- Increase naloxone distribution in your county.
  - A toolkit on community naloxone distribution is available at
- Partner with a harm reduction or syringe services program to connect people
  who use drugs to care.
- For guidance, you can visit
- Develop outreach messaging with the following key points:
  - Test substances with drug checking equipment like fentanyl test strips
    if possible.
    - https://www.rti.org/infographic/infographic-fentanyl-test-strips
  - Have naloxone on hand.
    - https://www.naloxonesaves.org/where-can-i-get-naloxone/
  - Ensure you have someone available in case of an overdose.
    - Provide information about resources such as Never Use Alone, a telephone service that people can call if they are
      going to use alone to prevent their risk of an overdose:
      https://neverusealone.com/ and 800-484-3731 (chat also
      available through Facebook messenger).
Additional Opportunities

• SSPS have important connections with communities that have environmental and structural risk factors for COVID-19
  - Information dissemination (e.g. social distancing, mask wearing)
  - COVID-19 testing at SSPs
  - Linkage to healthcare
  - Broader support for people who use drugs (particularly unhoused), such as food and housing

• Expanded outreach to Historically Marginalized Populations (communities of color, LGBTQ, etc.)

• Others?
Questions & Discussion

Thank you!

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