**North Carolina Safer Syringe Initiative**

**Starting a Syringe Services Program CHECKLIST**

At their most basic, syringe services programs (SSPs) provide sterile syringes and supplies to people injecting or otherwise using drugs and collect used syringes and supplies for safe disposal. Effective programs operate according to harm reduction—an understanding that people using drugs, *even if they are not seeking treatment*, should be given the care, resources, and information necessary to reduce health risks associated with drug use and to improve general health and well-being. This is commonly described as “meeting people where they’re at,” both physically and in how services are offered and delivered. Syringe access services (one of several names for these efforts) help prevent endocarditis and the spread of bloodborne infections; reduce the damage of skin and soft-tissue infections and abscesses; and prevent overdoses by sharing safer injection practices and educating community members on identifying and responding to overdose with naloxone.

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

Awareness of SSPs has grown recently due to rapidly rising overdose rates and negative health outcomes related to injection drug use. Interest and efforts in starting new SSPs in communities around the state are increasing as people seek out evidence-based solutions to address these concerning trends. While early SSPs relied upon trial-and-error to develop services, there is now fortunately a wealth of knowledge and experience available through existing and long-running services , harm reduction programs and practitioners, and in working with directly impacted people. Utilizing the knowledge, guidance and support available through these channels can help your group start and operate an effective SSP. The most effective SSPs provide a safe, nonjudgmental, and inviting space where they work *with,* not *for,* PWUD, people who do sex work, and other marginalized people. We strongly suggest involving people with lived experience (i.e. current *and* former drug users, people with incarceration history, people engaged in sex work, etc.) at all levels of decision-making and outreach. It is imperative that we learn from people’s current and past experiences of drug use and care navigation to best serve our communities. Further, involving people with lived experience in organizational development and decision-making challenges individual and institutional stigma, and allows people with lived experience to use that experience to support and inform others.

North Carolina’s syringe services law ([S.L. 2016-88](http://www.ncleg.net/Sessions/2015/Bills/House/PDF/H972v8.pdf)) requires the following from syringe services programs:

* Syringe disposal
* Distribution of clean syringes and injection supplies at no cost and in sufficient quantities to prevent sharing or reusing
* Site, personnel, and equipment security, including written plans distributed annually to police and/or sheriff’s departments within whose jurisdictions they operate
* Educational materials concerning:
	+ Prevention of disease transmission, overdose, and addiction
	+ Treatment options, including medication-assisted therapy (MAT) and referrals
* Naloxone (including Narcan or Evzio) distribution and training, or referrals to access naloxone
* Consultations/referrals to mental health and substance use disorder (SUD) treatment

The law encourages syringe return to ensure that they are disposed in a safe and secure manner, but does not require participants to return used syringes.

Expanding SSP Services

Syringe services programs may (and often do) expand their roles and services beyond syringe distribution and disposal. They may offer their own overdose prevention and naloxone trainings, build a network of participant-recommended medical and social services to enable access and greater comfort with providers, or provide a wider variety of health and wellness supplies. Programs may help participants with wound care and prevention, offer case management, or provide testing for bloodborne and sexually transmitted infections.

Peer programs are an incredibly important and foundational facet of harm reduction work. People with lived experience—typically personal history with substance use disorder and training in harm reduction practice—often serve as program staff and volunteers, outreach workers, educators, and support group facilitators in services . Peer programs may include community outreach and syringe services , supportive services for people interested in managing or stopping their drug use, accompanying participants to external appointments, and leading education or partnership efforts. Post-overdose response teams are becoming more common as the overdose crisis continues. These programs connect people who have recently overdosed with follow-up care and resources. Response teams that are led by or include peer workers are likely to have better rapport and relatability with participants than teams solely involving first responders. When developing peer programs, it is important to fairly compensate participants for their time and expertise.

Effective programs are responsive to participants’ needs. Consider establishing participant advisory boards or formalized channels for communication between participants and program operators. When expanding capacity, *listen to your program participants* to determine what additional services are most helpful, and make sure that you are able to sustain expanded programs.

Recommended First Steps

With several possible models to adopt and services to offer, syringe services programs can be developed and operated in a variety of contexts and settings. Developing a program that considers local assets and gaps will help integrate syringe access with existing health services, ensure programs respond to demonstrated needs, and help build a robust care network for underserved people. Use the following recommendations to develop your program, while always considering local relationships and environment.

1. **Visit an active syringe services program**

Centering people directly impacted by drug use ensures that services respond to expressed needs and interests. Harm reduction programs are effective because they foster respect, self-efficacy, and collaboration between participants and program staff. Because these programs intentionally reconfigure relationships between participants and staff, it is extremely helpful to first visit an active SSP (or more than one!) to see how it operates, understand program flow, and learn from experienced staff and volunteers.

* Check the list of [active North Carolina programs](https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north) to find a program in your area.
	+ If you have an idea of where your program will be based or what model you will use—a fixed-site location, mobile delivery, integrated with a health department or other health system—try to visit an SSP that uses a similar model.
* Contact an SSP to inquire about setting up a visit and introduction to their program. Some SSPs may only operate on certain days or at certain times and may move locations.
	+ Always communicate with program staff to arrange your visit in advance, as there may be policies at the program site about which times and places non-participant visitors are allowed. Since confidentiality is important, you may be asked to visit when no participants are around.
	+ Ask to make time to speak with SSP staff and volunteers. It is especially useful to learn from volunteer or training coordinators, harm reduction educators, and peer staff or volunteers.
	+ Offer to spend time bagging supplies, folding handouts, or assisting with other chores while you visit and chat. Extra hands are always appreciated, especially if visiting disrupts usual working time.

When visiting an SSP:

* Ask about the benefits and limitations of the program model and how the SSP has developed.
* Learn about the routine at the SSP: how and when the SSP operates, how staff interact with participants, connecting with other agencies and partners, community relationships, and successes and frustrations.
* Ask about funding and operating costs, buying and receiving donated supplies, managing and tracking supplies (including record-keeping for program monitoring and evaluation and annual reporting), and any experience with supply shortages.
	+ During your visit, always make an effort to be attentive to and respectful of program culture and norms, which may be different from those in your familiar environments and healthcare settings.
* Repeat with more SSPs if there are other types of programs or services you want to learn about!
* Reflect on what you learned and develop a plan. Discuss possible program models, locations, in-house and referral services, operations flow, monitoring and evaluation, working with participants, program conditions for participation, and other considerations for your SSP.
	+ Syringe services programs often have to balance accessibility and low-threshold care with confidentiality for participants and a limited impact on the surrounding community. A program should do outreach in such a manner that participants can easily connect with services while also maintaining a low profile. This helps to ensure some level of privacy for participants and helps to maintain a good relationship with others in your community.
	+ Some programs will have a set location (at the health department, for instance) while some may have flexibility. Ideally, the SSP should be reachable by walking and public transportation, if available. People should feel comfortable entering the program and be able to maintain privacy if they wish. If you have a set location, consider including peer distribution or mobile services as a facet of your program—some participants may feel more comfortable receiving services in familiar settings.
* Annual reporting is due to the Division of Public Health by July 31 each year. As you outline your program, look at the [reporting form](https://files.nc.gov/ncdhhs/SEP%20Annual%20Reporting%20Form_0.pdf) so you know what information to track. Contact SaferSyringeNC@dhhs.nc.gov with any questions.

**Worksheet: Visiting an Active Syringe Services Program**

**Name of the SSP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day and Date of Visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area(s) served:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long has the SSP been operating?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Who did you meet?**
2. **What do they do at the SSP?**
3. **What time of day did you visit?** What are the program’s hours? When are they busiest?
4. **What did the space look like?**
5. **Was the SSP open to participants while you were there?** If so, how many participants did you see come in?
6. **What kind of informational and educational materials were on display?** What kind of resources were available (brochures, handcards, posters, books)? What messages were promoted?
7. **What supplies does the SSP distribute?** How were the supplies set up and stored?
8. **How did SSP staff welcome and interact with participants** (if you were there during open hours)**?**
9. **How do staff and participants interact?** What happens during their interactions? How do volunteers and staff interact? Volunteers and participants?
10. **What is the process or “flow” when someone comes into the SSP seeking services?** What is the procedure if it is a participant’s first time receiving services?
11. **How do SSP staff track each visit?** How do they collect and maintain program records? What information do they collect?
12. **Does the SSP have a drop-in space?** How do they manage and set up shared spaces? What is the space used for?
13. **Does the SSP have volunteers?** If so, what do they do? How does the program train and support volunteers? What roles do they fill?
14. **Has the program or the services it provides changed over time?** How does the SSP get feedback and recommendations about services?
15. **How does the SSP engage participants?** Do participants have any roles or responsibilities at the SSP? Ask about secondary exchange and peer support. Does the SSP do program outreach?
16. **Notes/ remaining questions:**
17. **Identify your local partners and referral network**

Syringe services programs create bridges to healthcare and social services that may otherwise be difficult for participants to access. Building a strong network of partner agencies and organizations and facilitating connections to appointments and services helps reduce the barriers to healthcare that people who use drugs often face. This will also give you an idea of what services are missing, and how a syringe service program might help fill those gaps.

* Identify local and regional organizations and social service agencies already working with people directly impacted by drug use. These may include AIDS service organizations, homelessness and housing support services, medical clinics, nutrition services, legal support programs, and re-entry services for people leaving jail or prison.
* Discuss your program with other organizations and agencies interested in supporting opioid response work. These may include the local health department or health district, emergency medical services (EMS), local healthcare providers, law enforcement agencies, medical clinics, treatment centers, pharmacies, and other social services.
* Work with people directly impacted by drug use. Ask partner agencies to connect your program with active and former users who would be willing to provide insight and recommendations. Early planning participants can become syringe services program advisory group members, peers, and program staff.
* Ask partner agencies what needs they see among clients and participants. Discuss what additional programs or resources you can bring to the table. These may include job training, transportation access, clothing banks, and arts programs (watch [this video](https://vimeo.com/183356134) about how [New York Harm Reduction Educators](http://nyhre.org/) incorporate music and dance into holistic health and social programs for people who use drugs).
* Based on program model, budget, and operations plan, determine the following:
	+ What health services your syringe services program can provide;
	+ What other programs may be able to provide through the syringe services program setting;
	+ What are the external services to which participants can be referred;
	+ What kind of referral system and follow-up process you can maintain for participants;
	+ How to communicate and follow up across programs;
	+ And what kinds of collaborations and partnerships may prove useful in the future (this can be an updating list).
* Put together your supply list of what will be distributed to participants. Will the SSP distribute only syringes and injection supplies, or will you also provide harm reduction resources for other manners of drug use, like smoking? What about safer sex supplies (like condoms and lubricant) and wound care (like alcohol wipes, antibacterial ointment, and bandages)? Will supplies be pre-bagged and distributed, or will orders be filled as needed? Answering these questions will help solidify your budget, space requirements, outreach and secondary distribution efforts, and program monitoring and evaluation plans.
* Talk to partners and other stakeholders about sharing supply and disposal costs and what supplies can be donated. Check the [NCSSI Resources](https://drive.google.com/open?id=0B0WyWxWysUvYcGliajhMYmFyMWM) for a list of common syringe services supplies and sources for in-kind donations.
* Biohazard disposal is one of the more expensive parts of operating a syringe services program. If your program is community-based, talk to the local health department and hospitals and other local health systems about cost-sharing agreements or using their disposal system. Some counties accept properly sealed and labeled biohazard disposal at local transfer stations (dump sites).
	+ Even if you’re not able to provide additional services within the program, having a contact at a partner agency experienced with working with people who use drugs and able to effectively deliver services can improve connections to care and follow-up. Some syringe services programs offer to train healthcare providers on working with people who use drugs to improve healthcare access and quality. These kinds of trainings can also be very helpful as you get SSP staff and volunteers together.
1. **Work with community stakeholders**

Syringe services programs commonly cite limited funding and supplies, lack of community support, and lack of law enforcement support as barriers. Doing early community education, working with law enforcement to develop your security plan or participant ID card, and identifying stakeholders able to supply in-kind donations or share operating costs can help manage and prevent some of these issues. Bringing stakeholders together is an opportunity to share resources and information and to strengthen a community’s response to the overdose crisis.

* Evaluate the level of support for the syringe services program. If there is opposition, find a partner or advocate who can effectively represent the program and explain the necessity of harm reduction services. This can happen at town hall meetings and other public forums, Board of Health and county commissioner meetings, and general public education.
* Build support among community stakeholders. Work with your referral network, community advocates and supporters, people directly impacted by drug use, recovery communities, local Boards of Health, local government, healthcare providers, county commissioners, law enforcement, EMS, jails and prisons, and libraries or other public services to share information about the program, promote new services, and address any concerns.
* Talk to local media outlets about the value and necessity of syringe services program and other harm reduction services. Be intentional about using person-first language (“people who use drugs” or “people with substance use disorder,” rather than “addicts” or “addiction”) and highlighting the importance of holistic health and social services for people directly impacted by drug use.
* Check the [NC Safer Syringe Initiative site](https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative) for support articles, FAQs, and resources for working with law enforcement officers and healthcare providers.
* Develop the program’s security plan (contact IVPB for examples, or talk to other SSPs for guidance) and distribute the plan to any police departments and sheriffs’ offices with jurisdiction over the areas where the program will operate.
* The law requires “reasonable and adequate security of program sites, equipment and personnel.” Organizational security plans are needed to ensure the safety of SSP staff, volunteers and participants. Should an emergency occur, responding law enforcement should be aware of internal security plans. Reasonable and adequate program security depends on the SSP’s size, location, resources, and housed services. At minimum, SSP sites should be securely locked when not operating. Syringes and other supplies should be kept locked and the SSP must take reasonable steps to protect the health and safety of staff, volunteers and participants.
	+ According to the syringe services program legalization law, security plans must be updated as necessary and redistributed to law enforcement annually.
* Develop channels and accountability measures for internal and external feedback. Make sure that participants have ways to share feedback, concerns, and affirmations with program staff, and ways to ensure their input is heard. This may include participant advisory groups, “open office hours,” and comment boxes. If community members have concerns or complaints about the program, be proactive but patient. Use your networks of partners and stakeholders to identify the issue and respond as needed. Please contact the Injury and Violence Prevention Branch if conflicts arise so we can provide input and support.
1. **Increase naloxone access**

Opioid overdoses can be reversed with naloxone, an effective, quick acting, non-addictive prescription medication administered through an intramuscular injection, IV fluid, or a nasal spray. Naloxone blocks the effects of opioids in the brain and restores breathing in the person experiencing the overdose. Naloxone has no potential for abuse and laypersons can easily be trained to use it to reverse overdose. When the opioid overdose crisis started to emerge, North Carolina community-based organizations, health departments, pharmacies, and other agencies and organizations began developing naloxone access and distribution channels. Legislation like the [Good Samaritan law](http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-96.2.pdf) enables community reversals. Syringe services programs are an incredibly effective outlet for naloxone because they ensure that reversal kits are getting to people at high risk of overdose. Under the SSP law, programs are required to provide naloxone kits or referrals to other sources. Naloxone distribution is only one part of the overdose prevention education and resources that syringe services programs can offer.

* Check [NaloxoneSaves.org](http://www.naloxonesaves.org/) to get a sense of what naloxone access in your community is like.
	+ In 2016, North Carolina adopted a statewide standing order for naloxone to make it available at pharmacies without a prescription. Pharmacies can sign up through NaloxoneSaves to indicate that they stock naloxone and are participating in the statewide standing order. Check the [Pharmacy Map](http://www.naloxonesaves.org/n-c-pharmacies-that-offer-naloxone/) to identify participating pharmacies in your area.
	+ Counties can adopt local standing orders for naloxone to be dispensed by public health nurses. Since the addition of naloxone to the public health department formulary, the health department’s medical director only needs to write a standing order for naloxone to be dispensed by registered nurses in a local health department. This step is necessary because the 2016 statewide standing order is directed toward pharmacy dispensing. Check the list of [counties with local standing orders](http://www.naloxonesaves.org/n-c-health-departments-with-standing-ordersprotocols/) to see if your county already has a local standing order. (If your county has a local standing order and is missing from the list, please let us know at NaloxoneSaves@gmail.com!)
* If your county does not have a local standing order for naloxone, use the [Adopting Naloxone Standing Orders: Toolkit for North Carolina Local Health Departments](http://www.injuryfreenc.ncdhhs.gov/preventionResources/docs/NaloxoneToolkit-FINAL-Updated-08-12-2016-Approved.pdf) to develop and implement a local program.
* Use the [Health Department PDO Patient Education Toolkit](https://drive.google.com/drive/folders/0B0WyWxWysUvYRjdsNFZiaXNJcDg) to promote naloxone availability through local health departments and pharmacies.
* Local standing order, free kits for directly impacted & uninsured, pharmacy availability, NaloxoneSaves, promotion and public education
* NCHRC or other donations
* EMS or LEA take-homes
1. **Program sign-up with the NC Safer Syringe Initiative**

Some programs come together quickly and integrate easily into existing services and networks; some require more groundwork to build support, explore partnerships and location options, and identify funding strategies. Technical support (and general encouragement!) is available through the Injury and Violence Prevention Branch and the NC Safer Syringe Initiative. Let us know if you get stuck, and contact IVPB when your program is ready to start operating.

* Notify SyringeExchangeNC@dhhs.nc.gov about your program. Submit the program sign-up form, a copy of your security plan, and an example of the participant card or written verification you will distribute to participants and staff.
	+ Use the Sign-Up Form Guide (link to Google Drive) to help you fill out the form. Contact SyringeExchangeNC@dhhs.nc.gov with any other questions.
	+ An IVPB staff member will respond with any remaining questions or clarifications and an example of the program entry to be added to the [NCSSI Program List](https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-programs-north).
* Make sure program staff and volunteers are identified. Ask other syringe services programs and harm reduction groups for recommendations on training program staff in cultural humility and working with people who use drugs. If the SSP is integrated with other programs and services (like at a health department, hospital, or treatment center), make sure that staff not directly involved with the SSP also know how to engage and direct participants.
* Promote the program!
	+ Share program information with flyers, referral cards, and social media posts through partner organizations and public promotion.
	+ Do participant outreach at libraries, laundromats, corner stores, pawn shops, and public spaces.
	+ Participant referrals are an effective way to promote program awareness—you can distribute handcards and contact information to early participants or volunteers and staff to be shared with friends, family, and other contacts.
* Get in the habit of talking to participants and staff about how the program is running, additional services that could be offered, and other kinds of support. If you plan to develop outreach and distribution programs, post-overdose follow-up teams, or other peer-based services, building responsive and equitable relationships with participants is essential.