

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@dhhs.nc.gov.

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 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) 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.

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 are considered “active” in a given county once 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 with additional agencies to promote awareness and familiarity.

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@dhhs.nc.gov.

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

Program Information

1. Legal name of the **organization or agency** operating the syringe exchange program:

1a. Name of the **syringe exchange program**, if different from above:

2. Contact Information

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

3. Syringe exchange **program model** (check all that apply):

Fixed site: exchange runs from a permanent, fixed location (including regular shared-space locations)

Mobile: exchange run from a mobile vehicle, operating in one or more locations

Peer-based: exchange run through peer networks distributing in a community

Integrated: exchange services through an existing agency, including health department or treatment program

4. **Physical address(es)** of the syringe exchange program (if applicable):

Location 1: Street Address _____

City/Town _____ Zip Code _____

Location 2: Street Address _____

City/Town _____ Zip Code _____

If you have more than two program locations, please provide additional addresses in an email to SyringeExchangeNC@dhhs.nc.gov.

5. Regions Served

Please use the **first red-lined box** to select counties where the syringe exchange operates (including fixed and mobile locations and regular outreach sites). If the program records counties in which participants reside, please use the **second blue-lined box** to select counties and neighboring states with residents being served by the program.

Example: My exchange has a fixed location in Durham and does regular mobile outreach in Person County.

Participants come from Durham, Person, Caswell, and Vance counties and from Virginia. I select the first **red-lined** box for Durham and Person, and the second **blue-lined** box for Durham, Person, Caswell, Vance, and Virginia.

Alamance	Alexander	Alleghany	Anson
Ashe	Avery	Beaufort	Bertie
Bladen	Brunswick	Buncombe	Burke
Cabarrus	Caldwell	Camden	Carteret
Caswell	Catawba	Chatham	Cherokee
Chowan	Clay	Cleveland	Columbus
Craven	Cumberland	Currituck	Dare
Davidson	Davie	Duplin	Durham
Edgecombe	Forsyth	Franklin	Gaston
Gates	Graham	Granville	Green

Guilford	Halifax	Harnett	Haywood
Henderson	Hertford	Hoke	Hyde
Iredell	Jackson	Johnston	Jones
Lee	Lenoir	Lincoln	McDowell
Macon	Madison	Martin	Mecklenburg
Mitchell	Montgomery	Moore	Nash
New Hanover	Northampton	Onslow	Orange
Pamlico	Pasquotank	Pender	Perquimans
Person	Pitt	Polk	Randolph
Richmond	Robeson	Rockingham	Rowan
Rutherford	Sampson	Scotland	Stanly
Stokes	Surry	Swain	Transylvania
Tyrell	Union	Vance	Wake
Warren	Washington	Watauga	Wayne
Wilkes	Wilson	Yadkin	Yancey
Eastern Band of the Cherokee Nation		Georgia	South Carolina
Tennessee	Virginia	Other: _____	

6. Populations served by the syringe exchange program (check all that apply):

- Injection drug users (people who inject or otherwise use illicit drugs or drugs not as prescribed)
- Sex hormone/hormonal therapy injection users
- HGH, steroid users
- Diabetic insulin users
- People who inject other prescribed medication (including interferon to treat hepatitis)
- Other: _____

7. How does the program dispose of used syringes, needles, and injection supplies (check all that apply)?

- Biohazard company (please list): _____
- Clinic or hospital partnership (please list): _____
- Local health department (please list): _____
- Waste disposal site (ex. dump or transfer station)
- Other (please list): _____

8. On which of the following topics does the syringe exchange program offer information and educational materials (check all that apply)?

- Overdose prevention
- How to identify and respond to an overdose, including how to use naloxone
- Drug misuse prevention
- Prevention of HIV transmission
- Prevention of viral hepatitis (including hepatitis A, B, and C) transmission
- Treatment of mental health conditions, including treatment referrals
- Treatment of substance use disorders, including referrals for medication-assisted treatment

Annual Reporting Data

- 9. Number of unique individuals** served by the syringe exchange program in the past year: _____
- 10. Number of total contacts** the program had with all participants 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 (if by weight, estimate 281 syringes/lb.): _____

13. NC law asks that programs report **numbers of supplies distributed by and returned to the program**. For each supply dispensed by the exchange, please check the box and enter the total number dispensed in the past year. (For pre-bagged supplies like cottons and cookers, multiply total number of bags dispensed by average number of supplies bags contain.)

Supply	Dispensed?	Number Dispensed
Cookers		_____
Cottons, filters		_____
Tourniquets		_____
Sterile water		_____
Sharps containers		_____
Acidifiers (breakdown)		_____
Fentanyl test strips		_____
Alcohol wipes or swabs		_____
Other wound care (bandages, gauze)		_____
External (male) condoms		_____
Internal (female) condoms		_____
Lubricant		_____
Menstrual hygiene supplies		_____
General hygiene supplies		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____

14. Total number of **supplies returned** to the program in the past year: _____

15. Please share any **additional information about supplies** or elaborate on responses to Question 13 as needed.

16. Number of **naloxone kits distributed** by the program in the past year (if applicable): _____

17. Number of **referrals made to obtain naloxone** from another source in the past year (if applicable): _____

17a. Where were people referred? (Please list multiple referral sites as necessary.)

18. Number of **overdoses reversed with naloxone** that have been reported to the program in the past year: _____

19. Number of people the program **referred to treatment for substance use disorders and/or mental health services** in the past year: _____

19a. Where were people referred? (Please list multiple referral locations as necessary.)

20. Does the program offer **HIV testing**? Yes No

If no, please go to Question 21.

20a. What kind of test(s) are offered? (Check all that apply.) Rapid test Blood test

20b. How many **unique individuals** did the program test in the past year? _____

20c. How many **total tests** did the program conduct in the past year? _____

20d. How many **unique individuals** tested positive for HIV in the past year? _____

20e. Where did the program refer people who tested positive for treatment?

20f. From where does the program get HIV tests? NC DPH Other _____ N/A

21. Does the program make **referrals for HIV testing**? Yes No

21a. If yes, where are people referred for HIV testing? _____

22. Does the program offer **hepatitis C (HCV) testing**? Yes No

If no, please go to Question 23.

22a. What kind of test(s) are offered? (Check all that apply.) Rapid test Blood test

22b. How many **unique individuals** did the program test in the past year? _____

22c. How many **total tests** did the program conduct in the past year? _____

22d. How many **unique individuals** tested positive for HCV in the past year? _____

22e. Where did the program refer people who tested positive for treatment?

22f. From where does the program get HCV tests? NC DPH Other _____ N/A

23. Does the program make **referrals for HCV testing**? Yes No

23a. If yes, where are people referred for HCV testing? _____

NC law protects syringe exchange staff and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of drugs present, if obtained or returned to an SEP. People affiliated with an exchange must provide written verification (such as a participant card) to be granted limited immunity. NC law does not specify verification format or content.

24. Please submit an example of the written verification the syringe exchange program distributes to SyringeExchangeNC@dhhs.nc.gov. If the program is not distributing written verification of participation in a syringe exchange program, please provide details below on how the program educates staff, participants, and law enforcement on limited immunity. (To confirm that a copy of the program’s written verification is already on file, please contact DPH.)

Programs are required to review security plans annually and update them as needed. Programs shall redistribute security plans annually to local law enforcement agencies with jurisdiction over areas of operation. DPH considers programs “active” in a county once the security plan is distributed to appropriate law enforcement agencies.

Please contact DPH with any questions.

25. Has the program **reviewed and made any needed updates to its security plan** in the past year? Yes No

26. Has the program **re-distributed its security plan** to local law enforcement agencies in the past year? Yes No

27. Please share any additional **information about program operations** (including feedback from participants or staff, interactions with community members or law enforcement, program priorities, and requests for technical assistance). Contact DPH to share additional information.