

# North Carolina Syringe Exchange Annual Reporting Form

**Complete and submit to [SyringeExchangeNC@dhhs.nc.gov](mailto:SyringeExchangeNC@dhhs.nc.gov) by July 31<sup>st</sup> annually.**

Please save your completed form and submit as an email attachment to [SyringeExchangeNC@dhhs.nc.gov](mailto:SyringeExchangeNC@dhhs.nc.gov). Visit [www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative](http://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative) for more information.

**Thank you!**

## 1. Legal name of the organization or agency operating the Syringe Exchange Program:

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### 1a. Name of the Syringe Exchange Program, if different:

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## 2. Contact Information

### Primary Contact

### Secondary Contact

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## 3. Type of Syringe Exchange Program (check all that apply):

Fixed site: Exchange run from a permanent, fixed location

Mobile: Exchange run from a mobile vehicle

Peer-based: Exchange run through peer networks distributing in the community

Integrated: Exchange built into an existing agency/program, such as a drug treatment program or pharmacy

## 4. County(ies) served by the Syringe Exchange Program (check all that apply):

Note: North Carolina syringe exchange law only legalizes programs within North Carolina

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
Davison	Davie	Duplin	Durham
Edgecombe	Forsyth	Franklin	Gaston
Gates	Graham	Granville	Greene
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
Tyrrell	Union	Vance	Wake
Warren	Washington	Watauga	Wayne
Wilkes	Wilson	Yadkin	Yancey
County outside of NC	Eastern Band of the Cherokee Nation		

**5. List physical address(es) of Syringe Exchange Program:**

**Location 1**

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Location 2**

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Location 3**

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you have more than three program locations, please submit additional address information with this form.

**6. Special population(s) served by the program (check all that apply):**

Injection drug users (people who inject or otherwise use illicit drugs or drugs not as prescribed)

Diabetic insulin users

Sex hormone/hormonal therapy injection users

HIV/HCV injection medication users

HGH, steroid users

Other: \_\_\_\_\_

**7. How does the Syringe Exchange Program dispose of used syringes and/or needles? (Check all that apply.)**

Biohazard company (please list): \_\_\_\_\_

Clinic or hospital partnership (please list): \_\_\_\_\_

Local health department (please list): \_\_\_\_\_

Waste disposal site (i.e. dump or transfer station)

Other (please list): \_\_\_\_\_

**8. On which of the following topics does the Syringe Exchange Program offer information and educational materials?**

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

**9. Number of unique individuals** served by the Syringe Exchange Program in the past year: \_\_\_\_\_

**10. Number of total contacts** the Syringe Exchange Program had 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: \_\_\_\_\_

**13. Number of injection supplies dispensed** by the program in the past year: \_\_\_\_\_

**14. Number of injection supplies returned** to the program in the past year: \_\_\_\_\_

**15. Number of naloxone kits distributed by the program** in the past year (leave blank if not applicable): \_\_\_\_\_

**16. Number of referrals made to obtain naloxone from another source** in the past year: \_\_\_\_\_

**16a.** Where were people referred? \_\_\_\_\_

**17. How many overdose reversals have been reported to the program?** \_\_\_\_\_

**18. Number of people the program referred to substance use disorder treatment:** \_\_\_\_\_

**18a.** Where did you refer them? (Please list multiple referral sites as necessary.)

**19. Number of people the program referred to mental health services or treatment:** \_\_\_\_\_

**19a.** Where did you refer them? (Please list multiple referral sites as necessary.)

**20. Do you offer HIV testing?**            Yes            No

**20a.** If yes, what kind of test(s) do you offer? (Check all that apply.)    Rapid test            Blood

**20b.** How many unique individuals have you tested in the last year? \_\_\_\_\_

**20c.** How many tests have you conducted in the last year? \_\_\_\_\_

**20d.** How many tests were positive for HIV in the last year? \_\_\_\_\_

**20e.** Where did you refer individuals who tested positive for treatment?

**21. Do you make referrals for HIV testing?**      Yes      No

**21a.** If yes, where do you refer people for testing? \_\_\_\_\_

**22. Do you offer hepatitis C (HCV) testing?**      Yes      No

**22a.** If yes, what kind of test(s) do you offer? (Check all that apply.)      Rapid test      Blood

**22b.** How many unique individuals have you tested in the last year? \_\_\_\_\_

**22c.** How many tests have you conducted in the last year? \_\_\_\_\_

**22d.** How many tests were positive for HCV in the last year? \_\_\_\_\_

**22e.** Where did you refer individuals who tested positive for treatment?

**23. Do you make referrals for HCV testing?**      Yes      No

**23a.** If yes, where do you refer people for testing? \_\_\_\_\_

NC law protects SEP employees, volunteers, 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 SEP must provide written verification (such as a participant card) to the arresting officer or law enforcement agency to be granted limited immunity. The SEP law does not specify verification format or content.

**24. Please submit an example of the written verification the Syringe Exchange Program distributes with this completed form. If you are not distributing written verification of participation in a Syringe Exchange Program, please provide details below on how the program educates participants about limited immunity.**

**25. Have you updated your security plan in the past year?**      Yes      No

**26. Have you shared your updated security plan with the local law enforcement agencies with jurisdiction over your program area(s)?**      Yes      No

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

***Please submit completed form and any additional information to [SyringeExchangeNC@dhhs.nc.gov](mailto:SyringeExchangeNC@dhhs.nc.gov). Thank you!***