

January 1, 2022 – June 30, 2022

What are Syringe Service Programs?

Syringe service programs (SSPs) are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes, and provide comprehensive disease prevention and linkage to care and treatment for persons who inject drugs.

Syringe service programs are an effective component of a comprehensive, integrated approach to HIV and hepatitis C prevention among persons who inject drugs.

Reporting Requirements

As required by NDCC 23-01-44, all authorized sites are required to report twice per year on the status and services provided by their programs. These reports contain information about the demographics of the persons served by syringe service programs and the services they received during the reporting period.

It is not recommended that sites document persons by identifiable information, however they must be tracked longitudinally by a SSP created identifier. This allows for clients to receive services at appropriate intervals and to document referrals, education and other services provided on the individual level.

The biannual report required sites to document the following data points.

Demographics:

- Gender of Participants
- Race/Ethnicity
- Current Living Status
- County of Residence
- Substances Used Within the Last 30 Days

Services:

- Number of Participants Served
- Number of New Participants Enrolled
- Number of Syringes Distributed
- Number of Syringes Collected

- Number of Persons Tested/Referred for Testing Services
- Number of Persons Who Received Education
- Number of Condoms Distributed
- Number of Doses of Naloxone Distributed
- Number of Persons Referred to Treatment Services

These data points are captured to track the successes and areas of improvement for each individual site and for NDDoH to describe the ancillary services that SSPs are able to provide in their communities.

Benefits and Goals of SSPs

SSPs are shown to reduce drug use by increasing entry into substance use treatment programs. People who inject drugs are 5 times more likely to enter treatment for substance abuse disorder than people who do not utilize these programs. Sites are encouraged to develop partnerships with treatment centers in their area to establish a referral network. Education and referrals to treatment services are also discussed with clients at nearly every encounter within the SSP.

Persons who inject drugs are at high-risk for HIV and hepatitis C infection. SSPs provide or refer for HIV, hepatitis C and STD testing. SSPs also provide linkage to care services, education and prevention tools to reduce the risk new HIV and hepatitis C infections.

Overdose deaths can also be reduced by providing education and training to clients on how to administer naloxone in the event of overdose on an opioid. Programs are encouraged to provide naloxone to clients who use opioids free of charge, if available.

These types of services are also shown to save on long term costs of health care. By preventing infections, it is estimated that the lifetime cost of treating one case of HIV is \$400,000 and prompt linkage to treatment of people with hepatitis C can save 320,000 deaths in the United States (Source: CDC).

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Programs in North Dakota

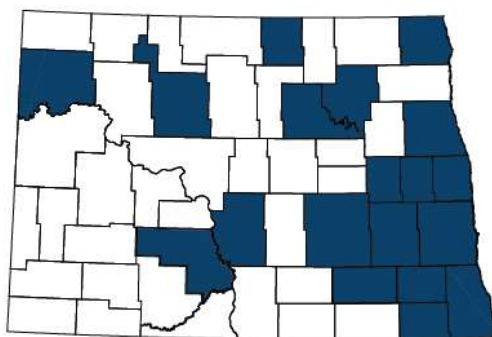
As of July 2019, there are five authorized programs operating in North Dakota.

- Mandan Good Neighbor Project
 - Operated by Custer Health, Mandan
- Harm Reduction Center
 - Operated by Fargo Cass Public Health, Fargo
- Minot Good Neighbor Project
 - Operated by First District Health Unit, Minot
- Any Positive Change (APC)
 - Operated by Grand Forks Public Health
- The ROPES Project
 - Operated by ROPES/City-County Health District

962 individuals were served in total by the programs in the reporting period. This is a **5%** increase from the previous reporting period.

Demographic Information

Of the 962 individuals that received services, they were from **20** known counties. Those counties include Barnes, Burleigh, Cass, Grand Forks, Pembina, Ransom, Richland, Steele, Sargent, Rolette, Stutsman, Towner, McLean, Lamoure, Williams, Griggs, Benson, Morton, Sioux, and Ward. There were two hundred clients from Minnesota.



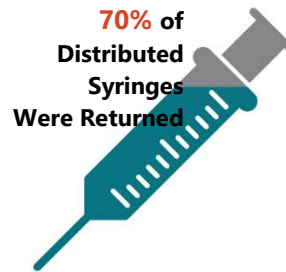
55% of persons served identified as male and **42%** identified as female. The remaining

3% either are unknown or identify as another gender.

Services Information

There were **252** individuals who received testing services (HIV, hepatitis C or STDs).

Harm reduction education was provided to 379 individuals, and 8,348 condoms were distributed.



169 clients requested and received referral to substance abuse treatment services.

During the reporting period, there were **271,356** syringes distributed and approximately **189,664** collected. The number of syringes collected could be underreported. An actual count of syringes does not take place, rather they are estimated by the participants and workers by weight or sight within a biohazard container. SSP workers are instructed to not handle syringes or to dig within biohazard containers as this is when an accidental needlestick could occur.

Information collected on the substances reported by participants in the 30 days prior to enrollment at the SSP are described below. Prescription meds, suboxone and methadone responses indicated that these substances were used not as prescribed. Meth was the primary substance reported with **40%** of participants indicating use.

Naloxone is available for distribution at all SSP locations. **4,212** doses of naloxone were distributed to participants to use when needed to help save the life of a person experiencing overdose due to opioid use.

