Understanding and Addressing Opioid and Substance Use Among American Indians in North Carolina

NIHB Webinar
May 26, 2022
Presentation Outline

• Overview of American Indians in NC
• Overdose among American Indians in NC
• NC American Indian Collaborations
• Syringe Services Programs (SSPs) in NC
• Tsalagi Syringe Services Program
• Q&A
Overview of NC American Indian Populations

Ronny Bell, PhD, MS
Professor, Department of Social Sciences and Health Policy
Wake Forest School of Medicine
Chair, NC American Indian Health Board
N.C. Tribal and Urban Communities

State and Federally Recognized Tribes
- Coharie (Harnett and Sampson)
- Eastern Band Of Cherokee Nation (Cherokee, Clay, Graham, Jackson, Macon and Swain)
- Haliwa-Saponi (Halifax and Warren)
- Lumbee (Hoke, Robeson and Scotland)
- Meherrin (Hertford)
- Occaneechi Band of the Saponi Nation (Alamance and Orange)
- Sappony (Person)
- Waccamaw Siouan (Bladen and Columbus)

Urban Indian Organizations
- Cumberland County Association for Indian People
- Guilford Native American Association
- Metrolina Native American Association
- Triangle Native American Society

Areas in Color indicate counties where the eight Recognized Tribes of North Carolina reside.

Counties in yellow (Mecklenburg, Guilford, Cumberland and Wake)

Location of American Indian Associations

Map published by the North Carolina Commission of Indian Affairs.

2015
North Carolina Population by Race/Ethnicity, 2019

NC State Center for Health Statistics, NC Population Health Data by Race/Ethnicity
## Social Determinants of Health Among North Carolina Adults, 2019

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic White</th>
<th>African American</th>
<th>American Indian</th>
<th>Other Races</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with HS Diploma or GED</td>
<td>92.2</td>
<td>86.5</td>
<td>78.4</td>
<td>87.3</td>
<td>62.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2.2</td>
<td>4.5</td>
<td>3.2</td>
<td>1.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>9.4</td>
<td>21.6</td>
<td>26.5</td>
<td>7.4</td>
<td>22.1</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$65,244</td>
<td>$41,100</td>
<td>$40,038</td>
<td>$91.490</td>
<td>$46.933</td>
</tr>
<tr>
<td>Uninsured</td>
<td>8.2</td>
<td>11.4</td>
<td>14.4</td>
<td>8.9</td>
<td>31.3</td>
</tr>
<tr>
<td>Disability</td>
<td>14.3</td>
<td>14.2</td>
<td>20.4</td>
<td>6.5</td>
<td>6.2</td>
</tr>
</tbody>
</table>

NC State Center for Health Statistics, NC Population Health Data by Race/Ethnicity
# Health Risk Factors Among North Carolina Adults, 2019

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic White</th>
<th>African American</th>
<th>American Indian</th>
<th>Other Races</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smoker</td>
<td>18.9</td>
<td>19.4</td>
<td>24.5</td>
<td>21.6</td>
<td>10.3</td>
</tr>
<tr>
<td>Obese</td>
<td>30.0</td>
<td>47.7</td>
<td>35.0</td>
<td>33.1</td>
<td>31.4</td>
</tr>
<tr>
<td>Fair/Poor Health</td>
<td>18.0</td>
<td>22.0</td>
<td>31.0</td>
<td>18.0</td>
<td>26.0</td>
</tr>
<tr>
<td>2+ Chronic Health Conditions</td>
<td>30.7</td>
<td>23.4</td>
<td>44.3</td>
<td>22.1</td>
<td>8.5</td>
</tr>
</tbody>
</table>

NC State Center for Health Statistics, NC Population Health Data by Race/Ethnicity
Mortality Rates Among North Carolina Adults, 2015 - 2019

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Non-Hispanic White</th>
<th>African American</th>
<th>American Indian</th>
<th>Other Races</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Causes</td>
<td>775.2</td>
<td>890.1</td>
<td>855.8</td>
<td>416.5</td>
<td>368.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>155.4</td>
<td>180.1</td>
<td>183.4</td>
<td>76.6</td>
<td>63.7</td>
</tr>
<tr>
<td>Stroke</td>
<td>40.4</td>
<td>55.1</td>
<td>39.4</td>
<td>34.9</td>
<td>23.2</td>
</tr>
<tr>
<td>Cancer</td>
<td>156.7</td>
<td>180.5</td>
<td>156.5</td>
<td>98.7</td>
<td>82.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>19.8</td>
<td>43.8</td>
<td>36.6</td>
<td>13.1</td>
<td>12.6</td>
</tr>
<tr>
<td>Motor Vehicular Accidents</td>
<td>14.1</td>
<td>17.4</td>
<td>29.3</td>
<td>6.1</td>
<td>12.8</td>
</tr>
<tr>
<td>Homicide</td>
<td>3.0</td>
<td>18.1</td>
<td>17.7</td>
<td>2.6</td>
<td>3.9</td>
</tr>
</tbody>
</table>

NC State Center for Health Statistics, NC Population Health Data by Race/Ethnicity
Overdose among American Indians in NC

Mary Beth Cox, MPH (she/her)
Substance Use Epidemiology Team Lead
Injury and Violence Prevention Branch
NC Division of Public Health
Over 100,000 overdose deaths, nationally

**U.S. Drug Overdose Deaths Spike Amid the Pandemic**

Number of drug overdose deaths in the United States*

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>17,415</td>
</tr>
<tr>
<td>2005</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>72,151</td>
</tr>
<tr>
<td>2021</td>
<td>100,306</td>
</tr>
</tbody>
</table>

+39% increase from 2019

* Estimates for 2020 and 2021 are based on provisional data.
** 2021 estimate refers to 12-month period ending April 2021

Source: Centers for Disease Control and Prevention
North Carolina experienced a similar increase

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1,071</td>
<td>+14%</td>
</tr>
<tr>
<td>2011</td>
<td>1,222</td>
<td>+5%</td>
</tr>
<tr>
<td>2012</td>
<td>1,278</td>
<td>+5%</td>
</tr>
<tr>
<td>2013</td>
<td>1,229</td>
<td>-4%</td>
</tr>
<tr>
<td>2014</td>
<td>1,355</td>
<td>+10%</td>
</tr>
<tr>
<td>2015</td>
<td>1,566</td>
<td>+25%</td>
</tr>
<tr>
<td>2016</td>
<td>1,965</td>
<td>+26%</td>
</tr>
<tr>
<td>2017</td>
<td>2,474</td>
<td>+26%</td>
</tr>
<tr>
<td>2018</td>
<td>2,301</td>
<td>-7%</td>
</tr>
<tr>
<td>2019</td>
<td>2,352</td>
<td>+2%</td>
</tr>
<tr>
<td>2020</td>
<td>3,304</td>
<td>+40%</td>
</tr>
</tbody>
</table>

Technical Notes: Medication and drug poisoning, all intents;
Analysis by Injury Epidemiology and Surveillance Unit
Increases continued into 2021

Med/Drug^ Overdose ED visits by Year:
2016-2021*

Full Year  YTD (Dec)

<table>
<thead>
<tr>
<th>Year</th>
<th>Full Year</th>
<th>YTD (Dec)</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>10,735</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>13,063</td>
<td></td>
<td>+22%</td>
</tr>
<tr>
<td>2018</td>
<td>12,012</td>
<td></td>
<td>-8%</td>
</tr>
<tr>
<td>2019</td>
<td>12,163</td>
<td></td>
<td>+1%</td>
</tr>
<tr>
<td>2020*</td>
<td>14,959</td>
<td></td>
<td>+23%</td>
</tr>
<tr>
<td>2021*</td>
<td>15,933</td>
<td></td>
<td>+7%</td>
</tr>
</tbody>
</table>

Percent change: YTD (year to date) total compared to YTD total of previous year. *There are known data quality gaps for May-June 2021 that are impacting the shown trends. Interpret the data for these months with caution. *Provisional Data: 2020-2021 ED Visits
In NC, the epidemic is still driven by fentanyl*, but stimulants are also on the rise

A growing number of deaths involve multiple substances in combination (i.e., polysubstance use)

*Other synthetic narcotic overdose (T40.4), most cases due to illicitly manufactured fentanyl; this category may also include prescription fentanyl and other synthetic narcotics like Tramadol

Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances it can be counted on multiple lines;
Medication/drug and alcohol poisonings: with any mention of specific T-codes by drug type; limited to N.C. residents
Analysis by Injury Epidemiology and Surveillance Unit
Why the American overdose epidemic is primarily affecting white people

Is the Prescription Opioid Epidemic a White Problem?

When a drug epidemic's victims are white

The disease killing white Americans goes way deeper than opioids

Opioids are a bipartisan issue because they've become a mainstream, white one

The opioid epidemic: For whites only?
NC Overdose Death Counts

Analysis by Injury Epidemiology and Surveillance Unit

*Non-Hispanic
NC Overdose Death Rates

*Non-Hispanic; Rates per 100,000 NC Residents

Analysis by Injury Epidemiology and Surveillance Unit
# Overdose Death Rates 2000-2020
Per 100,000 North Carolina Residents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian*</td>
<td>20.1</td>
</tr>
<tr>
<td>White*</td>
<td>18.0</td>
</tr>
<tr>
<td>Black*</td>
<td>7.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.7</td>
</tr>
<tr>
<td>Asian*</td>
<td>1.9</td>
</tr>
</tbody>
</table>

*Non-Hispanic

Analysis by Injury Epidemiology and Surveillance Unit
Demographics of Medication and Drug Overdose Deaths per 100,000, 2000-2019

<table>
<thead>
<tr>
<th>Age Group</th>
<th>American Indian</th>
<th>Total NC Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>11.7</td>
<td>8.5</td>
</tr>
<tr>
<td>25-34</td>
<td>25.4</td>
<td>20.8</td>
</tr>
<tr>
<td>35-44</td>
<td>24.3</td>
<td>21.6</td>
</tr>
<tr>
<td>45-54</td>
<td>26.1</td>
<td>20.8</td>
</tr>
<tr>
<td>55-64</td>
<td>11.9</td>
<td>10.4</td>
</tr>
</tbody>
</table>

Analysis by Injury Epidemiology and Surveillance Unit
Rates of Newly Diagnosed Acute HBV and HCV per 100,000 NC Residents, 2014-2018

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 1, 2019).
NC Opioid and Substance Use Action Plan

Why Equity? Rates, Counts, and Trends
In acknowledging that systems have disproportionately harmed historically marginalized people, we must first take a critical look at the data and the narratives we create about substance use through these data.

The overdose epidemic has predominantly been seen as an issue impacting white communities. In 2020, non-Hispanic white North Carolinians had the second highest rate of overdoses (36.1 per 100,000 people) in the state's precision data. The number of overdose deaths decreased in 2020, but there was a substantial increase in 2019.

While the overall rate for non-Hispanic white (AI/AN) individuals is 36.1 per 100,000 people, AI/AN individuals who are rural and from marginalized backgrounds, such as those of non-Hispanic black and Hispanic North Carolinians, have a higher rate of overdose deaths. The rate of overdose deaths for non-Hispanic white North Carolinians increased by 56% from 2019 to 2020, while the rate for non-Hispanic black North Carolinians increased by 66% from 2019 to 2020.

Why Lived Experience?
Drug use and drug using communities are not monolithic. Additionally, the drug market is continually changing. Often by the time the data reflect these trends, communities of people have changed even years. To stay the most up-to-date about trends and needs, we must center our data and narratives including people currently using drugs.

Prevent
- Reduce inappropriate prescribing and expand pain management
- Prevent future addiction by supporting children and families

Measure our Impact
- Advance harm reduction
- Address social determinants of health and eliminate stigma

Connect to Care
- Expand access to SUD treatment and related supports
- Address the needs of justice-involved populations

Reduce Harm
- Monitor Emerging Trends
- Track Progress
North Carolina Reports 40% Increase in Overdose Deaths in 2020 Compared to 2019; NCDHHS Continues Fight Against Overdose Epidemic

Raleigh

Mar 21, 2022

The North Carolina Department of Health and Human Services (NCDHHS) announced today that the overdose death rate per 100,000 residents for non-Hispanic Americans in North Carolina increased by 40% in 2020 compared to 2019. The overdose death rate for non-Hispanic Americans in North Carolina in 2019 was 43.3 per 100,000 residents, while in 2020 it increased to 83.6 per 100,000 residents, marking a 93% increase.

### Overdose Death Rates by Year and Race

<table>
<thead>
<tr>
<th>Race</th>
<th>2019 Rate</th>
<th>2020 Rate</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Indigenous</td>
<td>43.3</td>
<td>83.6</td>
<td>93%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>16.1</td>
<td>26.7</td>
<td>66%</td>
</tr>
<tr>
<td>White</td>
<td>27.4</td>
<td>36.1</td>
<td>32%</td>
</tr>
</tbody>
</table>

The increase in overdose deaths is a concern and underscores the need for continued efforts to combat the opioid epidemic. NCDHHS is working closely with local and federal partners to address the issue and develop effective interventions to reduce overdose deaths.

The table above shows the overdose death rates for non-Hispanic residents by race in North Carolina for the years 2019 and 2020. The data indicates a significant increase in overdose deaths for all races, with the highest increase observed among American Indian/Indigenous individuals.
## Local Equity

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>43.3 (n=54)</td>
<td>83.6 (n=104)</td>
<td>UP (+93%)</td>
</tr>
<tr>
<td>Asian</td>
<td>4.0 (n=14)</td>
<td>4.6 (n=17)</td>
<td>UP (+15%)</td>
</tr>
<tr>
<td>Black</td>
<td>16.1 (n=374)</td>
<td>26.7 (n=627)</td>
<td>UP (+66%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.5 (n=67)</td>
<td>10.7 (n=113)</td>
<td>UP (+64%)</td>
</tr>
<tr>
<td>White nH</td>
<td>27.4 (n=1,830)</td>
<td>36.1 (n=2,424)</td>
<td>UP (+32%)</td>
</tr>
</tbody>
</table>

### 5 Year Rate Graphs

- **Deaths (AI/AN)**: Shows a dramatic increase from 2015 to 2020.
- **Deaths (Asian)**: Slight increase from 2015 to 2020.
- **Deaths (Black)**: Steady increase from 2015 to 2020.
- **Deaths (Hispanic)**: Moderate increase from 2015 to 2020.
- **Deaths (White nH)**: Moderate increase from 2015 to 2020.

*Rate graph line widths proportional to number of deaths.*

*% change uncalculable for counts of zero.*
Impact of the Overdose Epidemic on American Indians in North Carolina, 2000-2017

Mary Beth Cox, MPH1, Nicole Dzialow, MSc2, Lillie Armstrong, MPH3 and Scott Preescholdbell, MPH1
North Carolina Division of Public Health, ‘Chronic Disease and Injury Section, Injury and Violence Prevention Branch’, ‘NIH’/‘NIH’ Hepatitis Section, Overtreatable Disease Branch

Background
- North Carolina (NC) is home to the largest population of American Indians (AI) east of the Mississippi River. There are eight AI tribes recognized by the state of NC, but only one of the NC tribes is federally recognized.
- Disparities among minorities, including AI, are well documented for chronic diseases, but the impacts of the overdose epidemic are less known.
- The overdose epidemic has been described as a white male crisis, but in NC, AI have rates of unintentional medication and drug overdose death similar to rates among whites.

Rates1 of Unintentional Medication & Drug Overdose By Race/Ethnicity, NC Residents, 2000-2017

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate per 100,000 NC Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>White</td>
</tr>
<tr>
<td>Male</td>
<td>13.2</td>
</tr>
<tr>
<td>Female</td>
<td>10.6</td>
</tr>
</tbody>
</table>

- Among both the overall population and AI, unintentional overdose rates are highest among males and ages 25-54.
- AI females overdose rate is 1.5 times higher than the overall female population rate.

Results

Rates1 of Unintentional Medication & Drug Overdose NC American Indians vs Overall NC Population, 2000-2017

<table>
<thead>
<tr>
<th>Sex</th>
<th>American Indian</th>
<th>Total NC Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>13.2</td>
<td>10.0</td>
</tr>
<tr>
<td>Female</td>
<td>10.6</td>
<td>7.4</td>
</tr>
</tbody>
</table>

- Increasing rates of new infections of bloodstream illnesses, through injection drug use, are another consequence of the overdose epidemic.
- Over the last five years, AI had the highest rate of new acute Hepatitis C infections.

Rates1 of Newly Diagnosed Hepatitis B and Hepatitis C By Race/Ethnicity, NC Residents, 2013-2017

Conclusions

American Indians have the second highest unintentional overdose mortality rates. Culturally appropriate prevention efforts are needed in NC.
- Despite headlines implying that the opioid and heroin epidemic are a white male problem, the data show that in NC, AI are also significantly impacted by this epidemic.
- Efforts should focus on both male and female AI; unlike the overall NC population with lower rates among females, male and female AI have similarly high rates of overdose death.
- Interventions should also take care to include prevention of infectious disease through inclusion of harm reduction practices and through the NC Safer Syringe Initiative.

Acknowledgements: We acknowledge the NC Office of the Chief Medical Examiner and the NC OHS for their work in processing and making the NC death data available for injury surveillance. We also thank the NC Local Health Department nurses and the Viral Hepatitis Program for their dedication to providing hepatitis surveillance data.

Contact Information
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Mary Beth Cox: MaryBeth.Cox@dhhs.nc.gov

Dissemination is key.
It moves data to action!
NC American Indian Collaborations

Ronny Bell, PhD, MS
Professor, Department of Social Sciences and Health Policy
Wake Forest School of Medicine
Chair, NC American Indian Health Board
We are focused on promoting quality health care and healthy lifestyles within American Indian families and communities in North Carolina through research, education and advocacy.

https://ncaihb.org/
Raising Awareness of Overdose Risk Within Native Communities

NC American Indian Opioid Fact Sheet
North Carolina Tribal Health Assessments

Native Pathways to Health Report

EBCI Tribal Health Assessment
State and Tribal Injury Data Sharing Summit

June 24, 2019
Raleigh, North Carolina
Summit Attendees

Representatives from:

– NC Tribal Governments
– NC Commission on Indian Affairs
– NC Department of Health and Human Services
– North Carolina American Indian Health Board
– Wake Forest Maya Angelou Center for Health Equity
– UNC American Indian Center
– UNC Pembroke
– Tribal Communities
Summit Objectives

1. Facilitate the development of relationships and connections between state and tribal partners;
2. Learn directly from tribal partners about the health problems impacting those communities;
3. Share the most current data resources on the overdose epidemic, suicide, and other injury topics; and
4. Encourage tribal leaders to use state data more and for state partners to provide more data tailored to the needs of tribal communities.
Summit Agenda

• Welcome, Introductions and Land Blessing
• Meeting Objectives
• Data Landscape: What data are currently available, how is the state using it, and what are its limitations?
• Presentations by state data partners
• Data Needs: What data and information is desired by tribes?
• Roundtable discussion with a focus on suicide and opioid use as emerging threats to tribal populations
Summit Agenda

• Areas of Convergence: What are new and innovative ways the state may be able to better prepare data for tribal partners to advance tribal disease surveillance?

• Small group sessions with report-out

• Identifying Action Steps: How Can We Build a Strategy for Improved Health Outcomes?

• Developing tribal-specific plans for data dissemination and use to address injury and prevention using existing tribal health assessment models
Summit Action Steps

• Assist NC Commission on Indian Affairs in developing data priorities; Coordinate with NC DHHS in implementing policy
• Incorporate issues of native culture, historical trauma, kinship networks, relationship to land to understand health issues
• Create a Task Force to continue the conversation
• Tribal governments need to be involved in tribal health assessments
• Start working on tribal IDs and ensuring accuracy of data on tribal records.
• Look at NC counties where there may not be a syringe access program or drug courts and how our communities can access those programs and ensure tribal councils are aware of them.
Syringe Services Programs (SSPs) in NC

Alyssa Kitlas
Community Overdose Prevention Coordinator
Injury and Violence Prevention Branch
NC Division of Public Health
2016: Syringe Services Programs Legalized

• NCGS § 90-113.27 legalized “syringe exchange programs” (also known as syringe services programs or SSPs), effective July 2016

• 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 an SSP

• Limited immunity for employees, volunteer, and participants
Syringe Services Programs are an opportunity to engage with active drug users about their health.

Syringe Exchange Overview

- Legalized in NC July 11, 2016
- NC’s law is broad and permissive; provides latitude for diverse programs.
- DPH (IVPB) responsible for registration & reporting under the law
- IVPB goes beyond the letter of the law - Coordination, TA, best practices, support, engagement with people who use drugs

People who use SSPs care about their health and their friends’ health.
NC Safer Syringe Initiative: 2020-2021 Data

• 42 registered SSPs
  – Since then, we are now at 46 SSPs

• 56 of 100 NC counties directly served

• 1 federally recognized tribe (Tsalagi SSP with Eastern Band of Cherokee Indians)

• Residents from:
  – an additional 27 counties served
  – 3 states (GA, SC, TN)

NC Counties Served or Reached by Registered Syringe Services Programs, 2020-2021

SSPs 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 continuously updated list of registered SSPs, visit https://tinyurl.com/NCSSIList
The number of unique individuals served across all programs was **26,596** -- an increase of **73%** since the last reporting year.

Programs had **82,071** total contacts* with participants in the 2020-2021 reporting year. This represents an increase of **32%** from the previous year.

*A contact can be any interaction with a participant that provides connection to harm reduction or overdose prevention services.
North Carolina Safer Syringe Initiative
2020-2021 Supply Distribution

SSPs distributed over **8 million** syringes in the 2020-2021 reporting year. This is an **increase of over 52%** from the previous year.

- '20-'21: 8.0M (+52%)
- '19-'20: 5.3M (+60%)
- '18-'19: 3.3M (+108%)
- '17-'18: 1.6M (+37%)
- '16-'17: 1.2M

(Percent change from previous year)

SSPs distributed **over 89,500** naloxone kits in the 2020-2021 reporting year. This is an **increase of over 69%** from the previous year.

- Naloxone Kits
- Overdose Reversals

12,392 reported reversals is an **increase of over 43%** from the previous year. This number is also likely an underestimate of the total overdose reversals done by SSP participants, as many are never reported.

NCDHHS, Division of Public Health | NIHB Webinar | May 26, 2022
Tsalagi Syringe Services Program

Ginger Parker-Southard RN, MSN
Tsalagi Public Health Manager
Eastern Band of Cherokee Indians
Tsalaigi Syringe Services Program

Syringe Service Program is a community-based public health program for people who use drugs by injection. The program provides comprehensive harm reduction services such as providing participants with sterile syringes and clean injection equipment.

Syringe service programs help to ensure that syringes and needles are disposed of safely, thereby reducing the number of discarded syringes in our playgrounds, parks, and community gathering spaces.

**WHAT WE OFFER**
- Syringes
- Safer injection supplies
- Biohazard containers / Sharpe containers
- HIV/STD testing & referrals for care
- Naloxone by referral
- Safer injection education
- Referrals for drug treatment, medical care, and community resources per request
- Community syringe disposal

**WHY HAVE A SYRINGE SERVICE PROGRAM?** Communities with syringe service programs have a reduction in the number of improperly discarded used syringes, decreased transmission of HIV, Hepatitis C, and other blood borne diseases. Preventing transmission of blood borne diseases in people who inject drugs also helps to prevent transmission to pregnant women and newborn children.

Because staff and volunteers develop meaningful relationships with participants, they connect them with evidence-based practice resources such as: counseling, treatment, housing, food assistance, blood borne disease testing, education and harms associated with drug use and how to minimize them.

Our goals are to provide a safe, non-judgmental environment for anyone participating in the program, and to develop meaningful relationships with our participants in hopes of nurturing the need to recover.
Council approves needle exchange program

By SCOTT MCKIE B.P.
ONE FEATHER STAFF

Last month, Vickie Bradford, EBCI Secretary of Public Health and Human Services, told Tribal Council that over 130 people in the Cherokee community have been diagnosed with the Hepatitis C virus (HCV). Council took action to help curb the spread of disease from dirty needles and passed a clean needle exchange program during its regular session on Thursday, Aug. 3.

The program itself will be administered by the EBCI Public Health and Human Services division.

“It is the only evidence-based program to be effective in reducing the incidence and prevalence of disease,” Secretary Bradford told Council. “The World Health Organization has monitored syringes exchange programs, or what we call harm reduction programs, worldwide, and they’ve been successful in almost eradicating HCV or Hepatitis in Scandinavian countries. And, so, it is the only proven method to be effective in reducing the incidence of disease.”

She said harm reduction is not just about the exchange program itself, but the education component is very important. “It’s about teaching people how to be safe and saving lives. Law enforcement really endorses this program because the incidents of needle sticks in our public safety workers is decreased an average of 65 percent with an exchange program.”

Bradford relayed that the state of North Carolina spent $50 million on Hep C treatment and $100 million for HIV treatment last year alone.

Big Cove Rep. Teresa McCoy introduced Res. No. 654 (2017), which was passed during the June session of Tribal Council, that called for an ordinance to be drawn up (Ord. No. 519 – 2017) that would codify the clean needle exchange program. Ord. No. 654 received unanimous support on Thursday.

“Right now, we are in trouble with the drugs, and it’s not just us,” said Rep. McCoy. “It’s everybody. It’s everywhere.”

She noted that the needle exchanges everywhere is needed badly due to the prevalence of dirty, discarded

Tribe’s Syringe Services Program working on ‘harm reduction’

By SCOTT MCKIE B.P.
ONE FEATHER STAFF

Several years ago, tribal officials declared an epidemic level of Hepatitis C (Hep C) in the Cherokee community. Now, staff at a small, yellow building overlooking the EBCI Public Health and Human Services administration building is working diligently to help curb that dilemma.

The Tsalagi Public Health Syringe Services Program was approved by Tribal Council a year ago and opened its doors on Feb. 1. There are currently 166 people enrolled in the anonymous program.

Vickie Bradley, EBCI Secretary of Public Health and Human Services, said the main goal of the program is harm reduction. “We have an epidemic of Hep C in this community, and ultimately the goal of the Syringe Services Program is to reduce the incidence or new cases of Hep C. But, more than that, people who use syringes services programs are known as liaisons to get into treatment and there are 60 percent less syringes on the street and less needle stick to EMS personnel and other first responders. So, our overall goal is to reduce disease, but it’s also to instill hope and connect people with services.”

Information from the North Carolina Harm Reduction Coalition states, “Decades of research shows that

Syringe kiosks installed around Cherokee tribal lands

By SCOTT MCKIE B.P.
ONE FEATHER STAFF

Health officials with the Eastern Band of Cherokee Indians are hoping the installation of syringe kiosks in various locations will help reduce the amount of discarded syringes and needles or sharps. The kiosks, which are painted red, emblazoned with the logo of the EBCI Public Health and Human Services program, include a slogan stating “Dedicated to seven generations of wellness...by promoting a clean and safe community”, and are placed around the Qualla Boundary as well as in Cherokee County and the Snowbird Community.

The kiosks can be found at the following locations:
- Snowbird Clinic, beside the police department
- Cherokee County, beside the J.B. Welch Senior Center Building sign
- Birdova Gym
- Valleymo Gym
- Paintstown Gym
- Big Cove Community Club Building
- By the recreation in front of the EMS building on Arapemsi Road
- Open Air Market parking lot
- Cherokee Visitor Center parking lot
- Anthony Edward Loesch Justice Center, next to the front door
- Restrooms near the old Barclays building
- Downtown restrooms by the...
Tribal Syringe Services Program Helps Reduce Harm from Injection Drug Use

EASTERN BAND OF CHEROKEE INDIANS PUBLIC HEALTH AND HUMAN SERVICES

The Eastern Band of Cherokee Indians’ syringe services program aims to decrease the spread of bloodborne infections while helping people who inject drugs access referrals for substance use disorder treatment, medical care, and other community services.

January 30, 2020

The opioid overdose epidemic in the United States has led to a dramatic increase in infections associated with injection drug use, particularly hepatitis C virus (HCV) infection. The Eastern Band of Cherokee Indians (EBCI) in North Carolina is one of many communities experiencing this surge in hepatitis C. After conducting a tribal health assessment, in 2018, EBCI made hepatitis C prevention one of the tribe’s top 10 public health priorities.

The rising rate of hepatitis C, coupled with an increase in injection drug use, prompted EBCI health officials to create the Tsali (Public Health Syringe Services Program) in 2018. This comprehensive harm reduction initiative aims to decrease the spread of bloodborne infections while also enabling people who inject drugs to access referrals for substance use disorder treatment, medical care, and other community services.

The program offers a variety of public health services, resources, and supplies to participants—

- Sterile syringes and other equipment for safer injection, such as tourniquets, alcohol pads, sterile water, anti-bacterial ointment, and sharps containers to store used syringes
- 20 syringe-return kiosks placed across the tribal lands
- Education on safer injection practices
- HIV and HCV testing
- Referrals for substance use disorder treatment, medical care, and community resources
- Distribution of naloxone for opioid overdose reversal

A priority of the program is to build trusting, meaningful relationships with participants by providing a safe environment that is anonymous and free of judgement. Outreach workers foster this relationship by answering questions about recovery and making sure participants are aware of the many services the program provides. This connection and trust are formed between staff and participants with the hope that they will seek treatment for substance use disorder and other health conditions.

The program is already having a positive impact on the EBCI community, with—

- 570 participants and counting
- 400+ referrals made for various services throughout the community, including an estimated 40 participants who have accessed treatment for substance use disorder
- More than 2,500 naloxone injections or nasal sprays dispensed, and 406 opioid overdose reversals reported

For more information
Vickie L. Bradley, Secretary, Public Health and Human Services, Eastern Band of Cherokee Indians
Suspected Overdoses per month

Data from ODMAP
Overdose Details

From May 1, 2021, to April 30th, 2022:

- 87 Total Overdoses
  - 13 were Fatal Overdoses
  - 70 received Naloxone

- Out of the 87 Overdoses
  - 25 had suspected Fentanyl as primary drug
  - 40 had suspected Heroin as primary drug*
  - 5 had suspected prescription drugs as primary drug*
  - 5 had oxycodone as a suspected primary drug (different from prescription)*
  - 3 had suspected Methamphetamine as primary drug*
  - 3 had suspected cocaine as primary drug*
  - 3 had alcohol listed as primary drug
  - 1 had suboxone
  - 1 had synthetic marijuana
  - 1 nothing listed

*Could have also been spiked with something like Fentanyl
Naloxone Administration

Non-Fatal

- No Naloxone: 10
- Single Dose Naloxone: 11
- Multiple Doses Naloxone: 52
- Naloxone Unknown: 1

Fatal

- No Naloxone: 3
- Single Dose Naloxone: 0
- Multiple Doses Naloxone: 7
- Naloxone Unknown: 3
AI/AN Living on 5-County Area Newly Diagnosed HCV at CIHA

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Providing Services During COVID-19
Thank you!
Questions?

- [https://ncaihb.org/](https://ncaihb.org/)
- [https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm](https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm)