

# **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

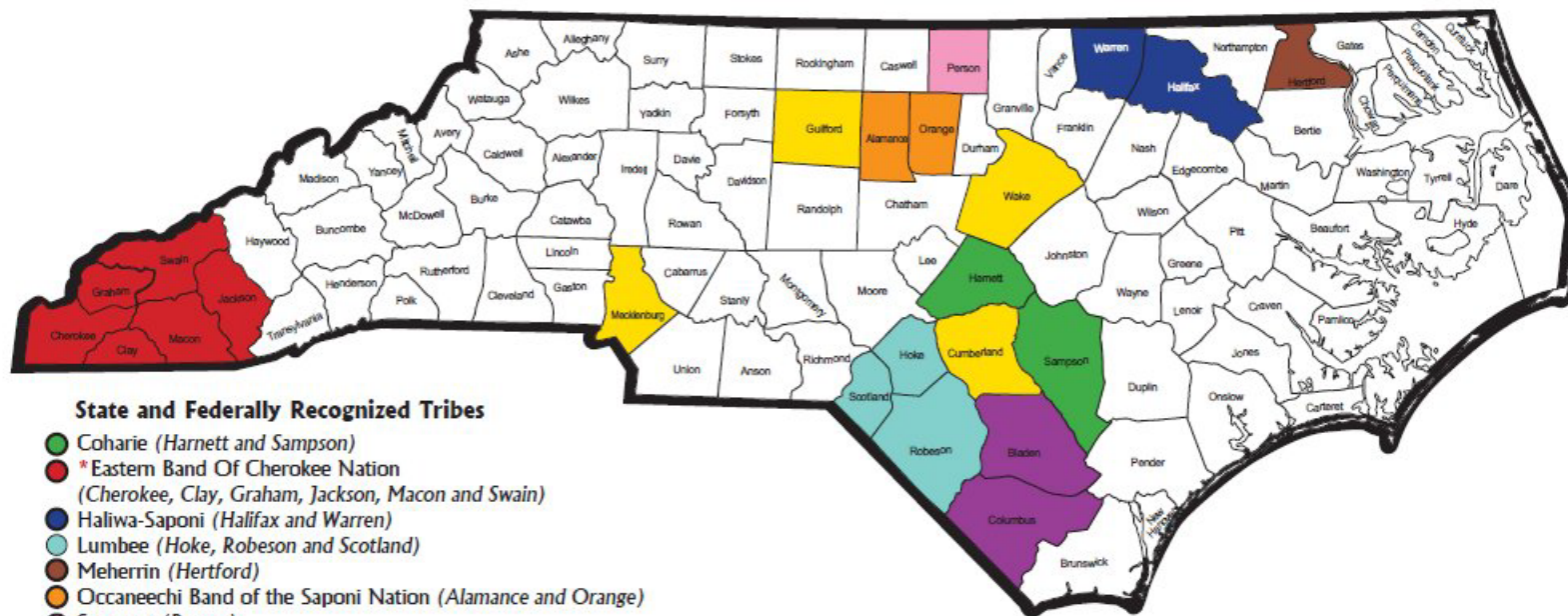
**Ronny Bell, PhD, MS**

**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)
- \* Federally Recognized

## Urban Indian Organizations

(Holding membership on the NC Commission of Indian Affairs):  
 Cumberland County Association for Indian People  
 Guilford Native American Association  
 Metrolina Native American Association  
 Triangle Native American Society

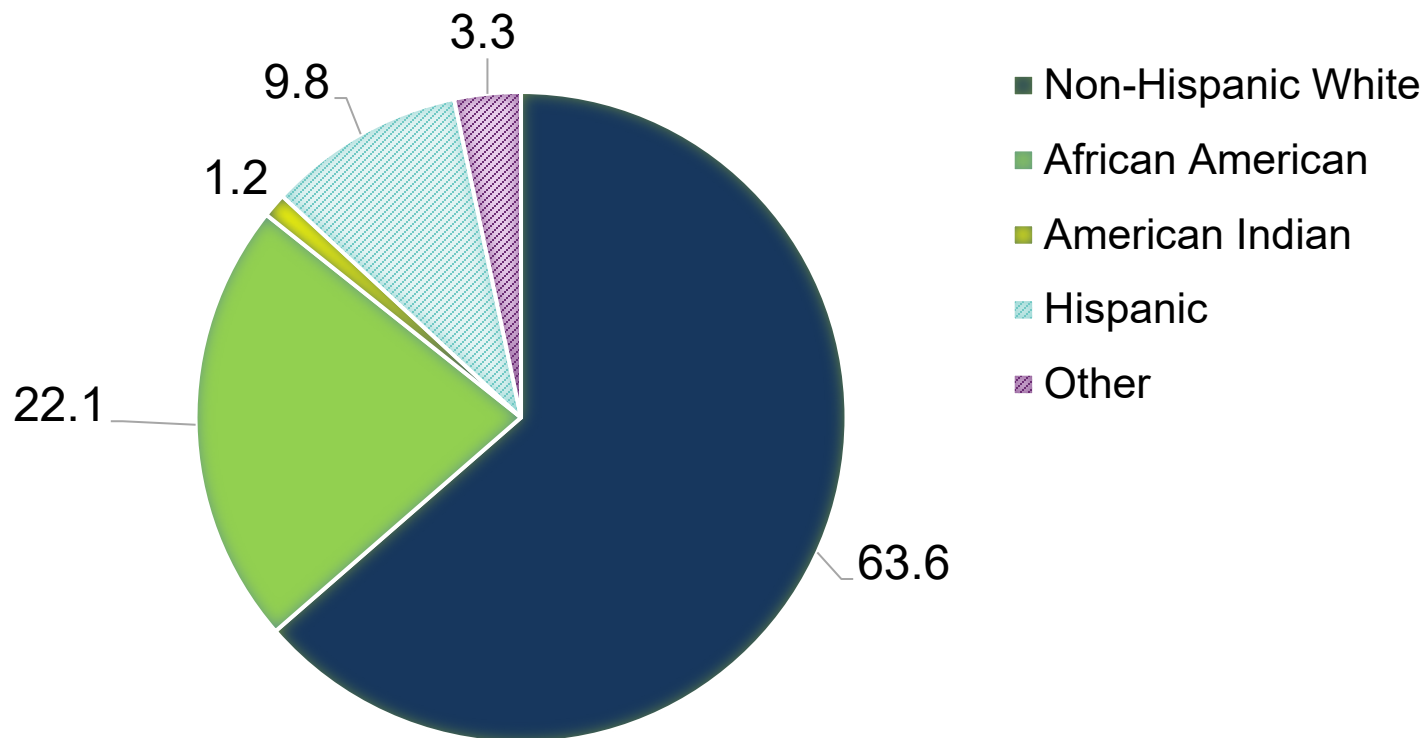
Areas in Color indicate counties where the eight Recognized Tribes of North Carolina reside.

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

	Non-Hispanic White	African American	American Indian	Other Races	Hispanic/Latino
Adults with HS Diploma or GED	92.2	86.5	78.4	87.3	62.8
Unemployed	2.2	4.5	3.2	1.7	3.2
Poverty Rate	9.4	21.6	26.5	7.4	22.1
Median Household Income	\$65,244	\$41,100	\$40,038	\$91,490	\$46,933
Uninsured	8.2	11.4	14.4	8.9	31.3
Disability	14.3	14.2	20.4	6.5	6.2

[NC State Center for Health Statistics, NC Population Health Data by Race/Ethnicity](#)

# Health Risk Factors Among North Carolina Adults, 2019

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

[NC State Center for Health Statistics, NC Population Health Data by Race/Ethnicity](#)

# Mortality Rates Among North Carolina Adults, 2015 - 2019

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

[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

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Drug Ov

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For Imm

Contact: CDC, Nat  
E-mail: [paoquery@cdc.gov](mailto:paoquery@cdc.gov)

Provisional data for  
overdose deaths in  
deaths during the

The new data doc  
in April 2021, up f  
psychostimulants  
also increased, as

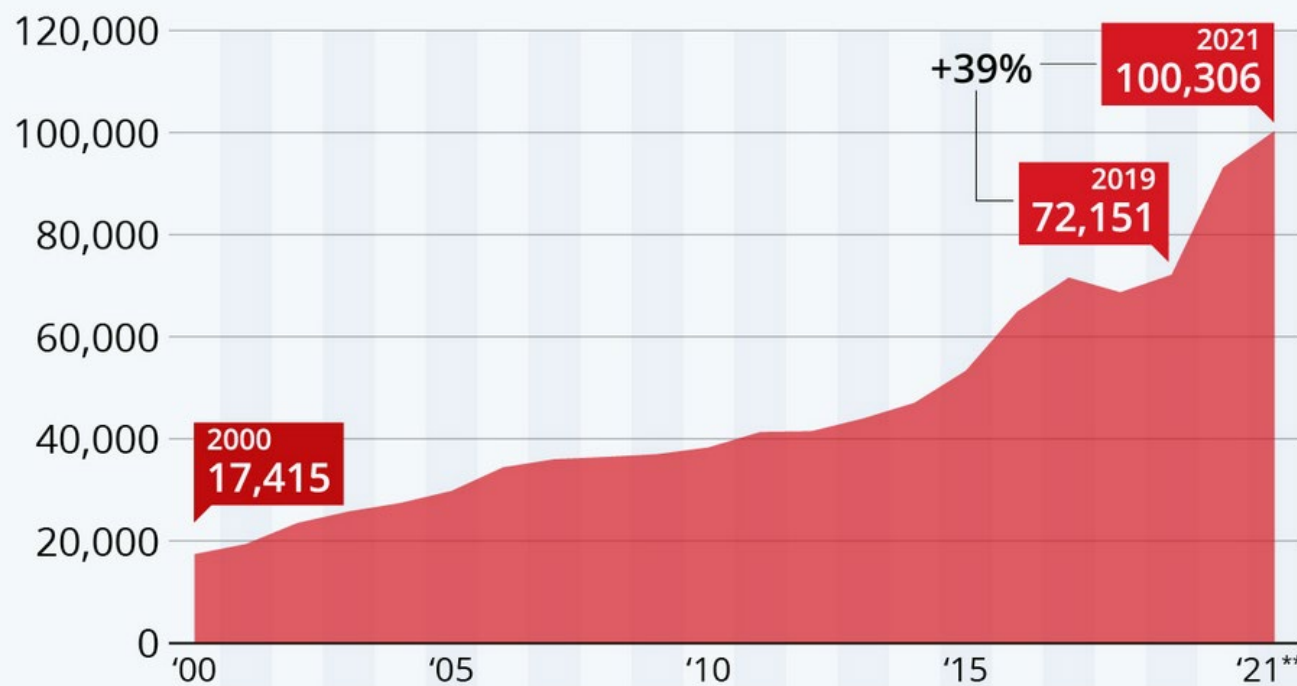
drug  
the 78,056

period ending

ne deaths

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

Number of drug overdose deaths in the United States\*

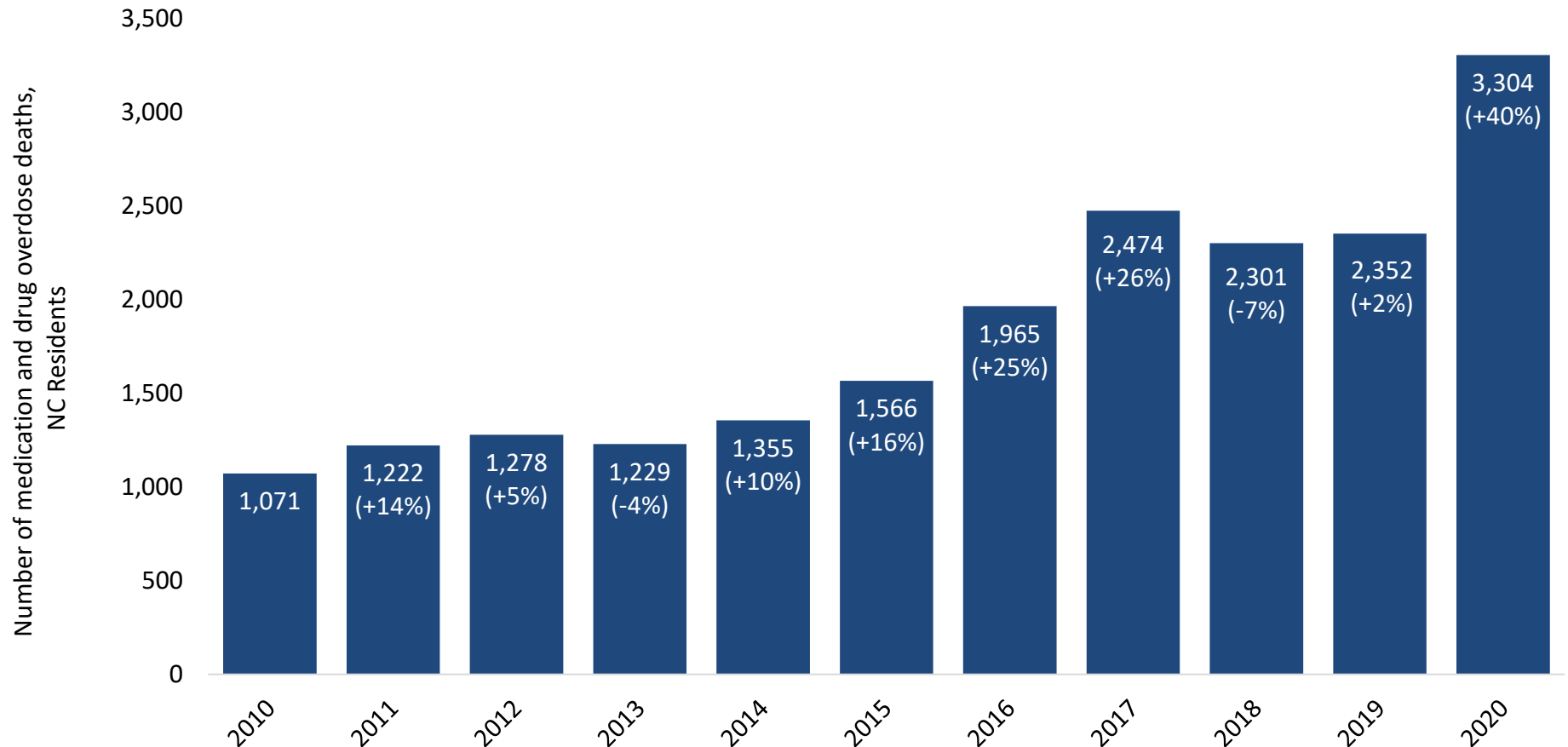


\* Estimates for 2020 and 2021 are based on provisional data.

\*\* 2021 estimate refers to 12-month period ending April 2021

Source: Centers for Disease Control and Prevention

# North Carolina experienced a similar increase



**Technical Notes:** Medication and drug poisoning, all intents;

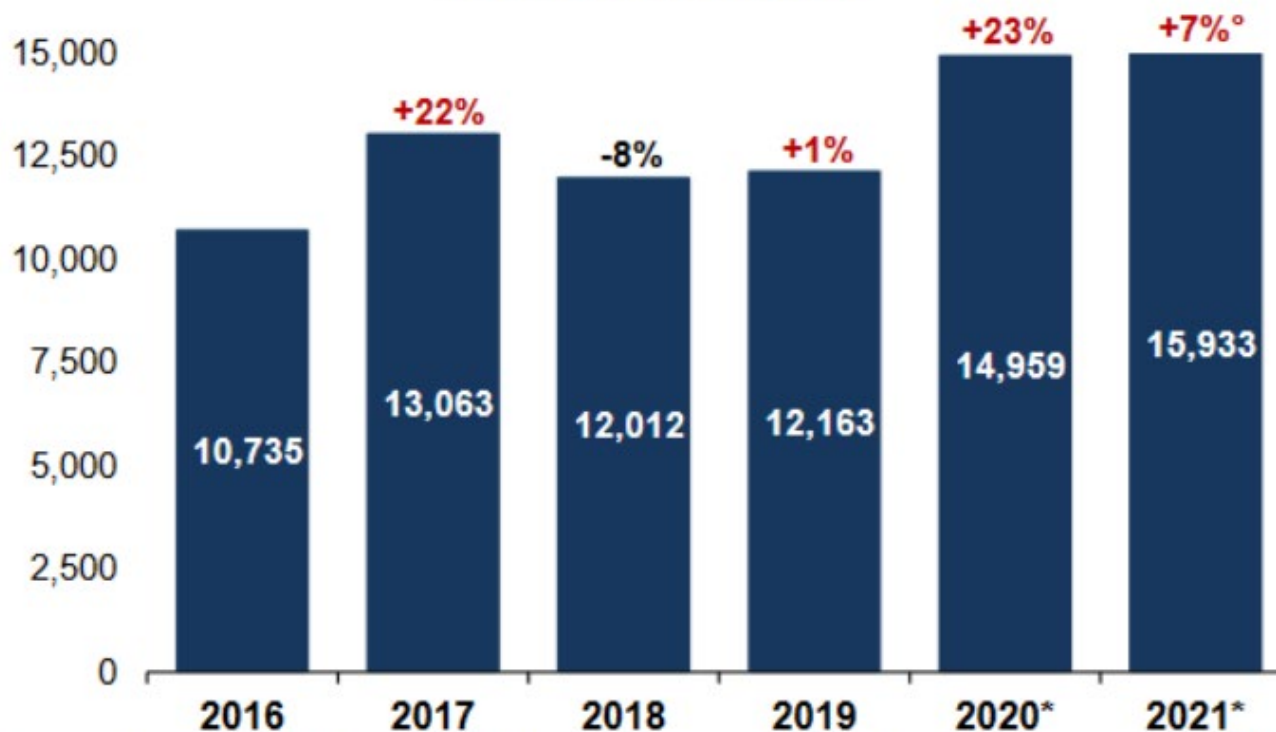
**Source:** Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2010-2020

Analysis by Injury Epidemiology and Surveillance Unit

# Increases continued into 2021

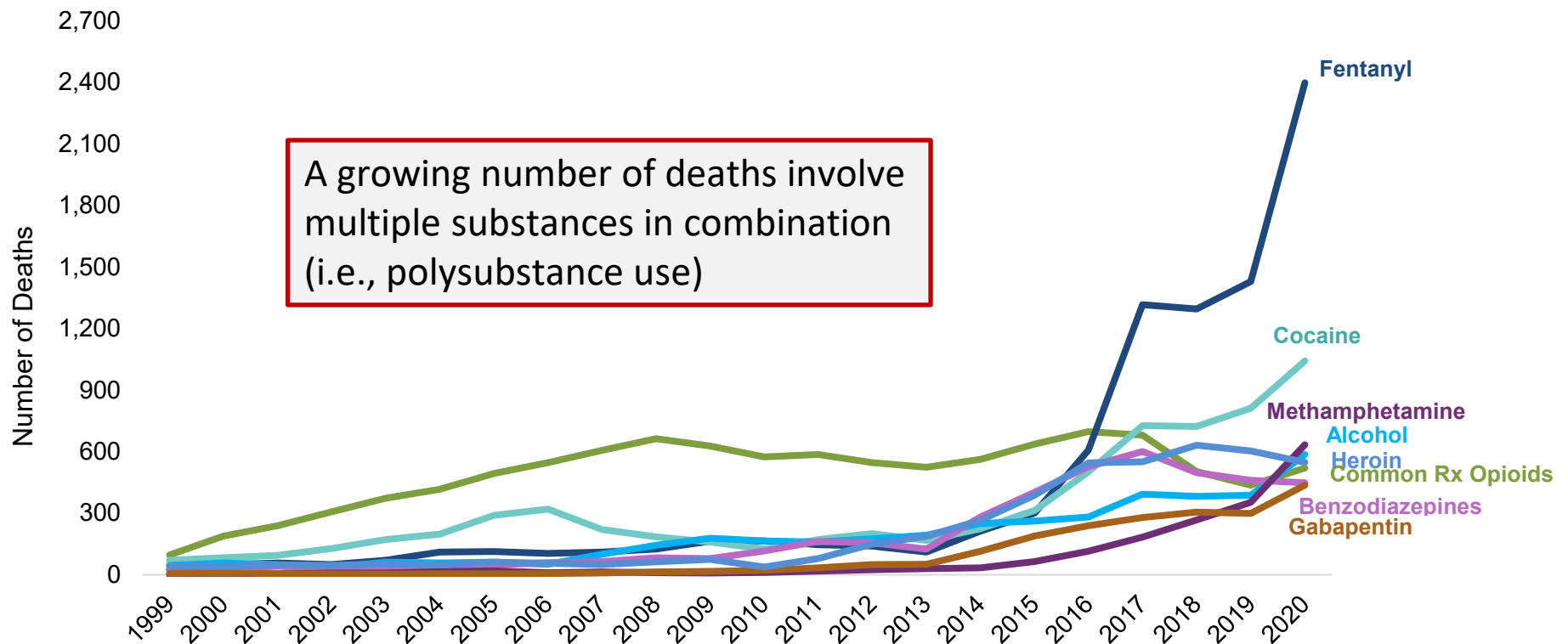
## Med/Drug^ Overdose ED visits by Year: 2016-2021\*

■ Full Year ■ YTD (Dec)



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



\*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

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2020

Analysis by Injury Epidemiology and Surveillance Unit



INDEPENDENT

## Why the American overdose epidemic is primarily affecting white people

American Journal of Public Health

Is the Prescription Opioid Epidemic a White Problem?

The Washington Post

Vox

When a drug epidemic's victims are white

The disease killing white Americans goes way deeper than opioids

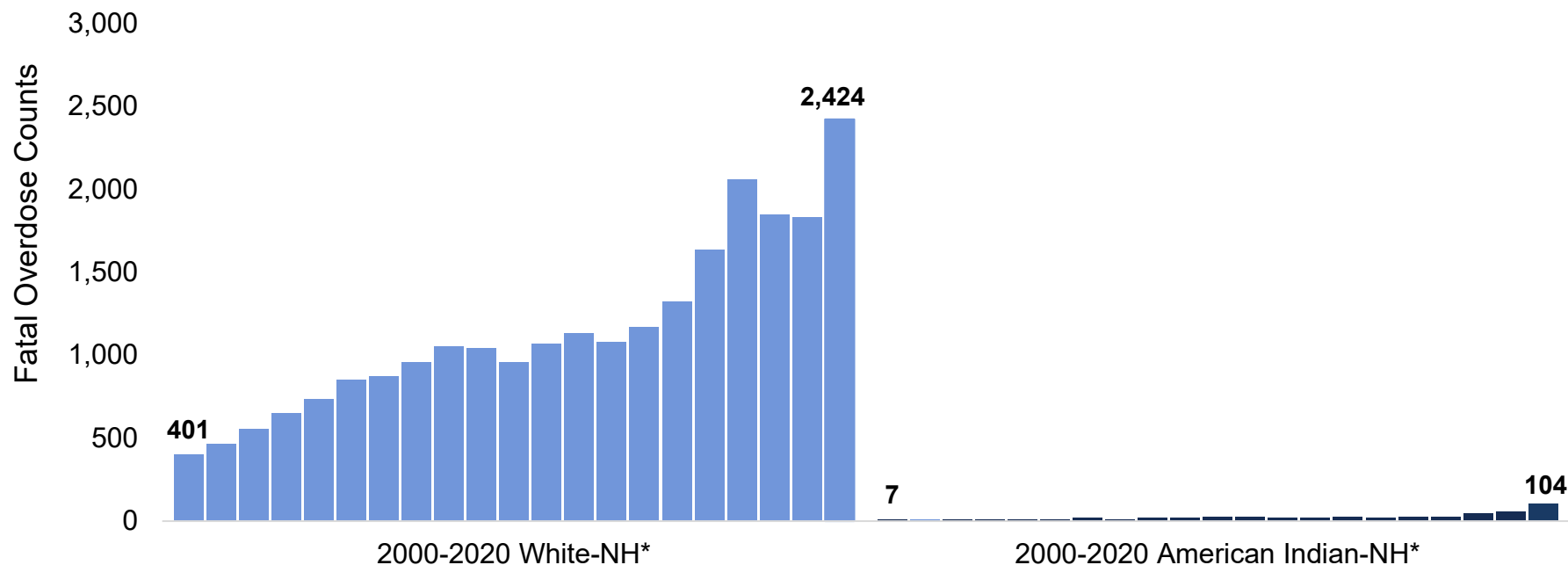
theguardian

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

The Washington Post

The opioid epidemic: For whites only?

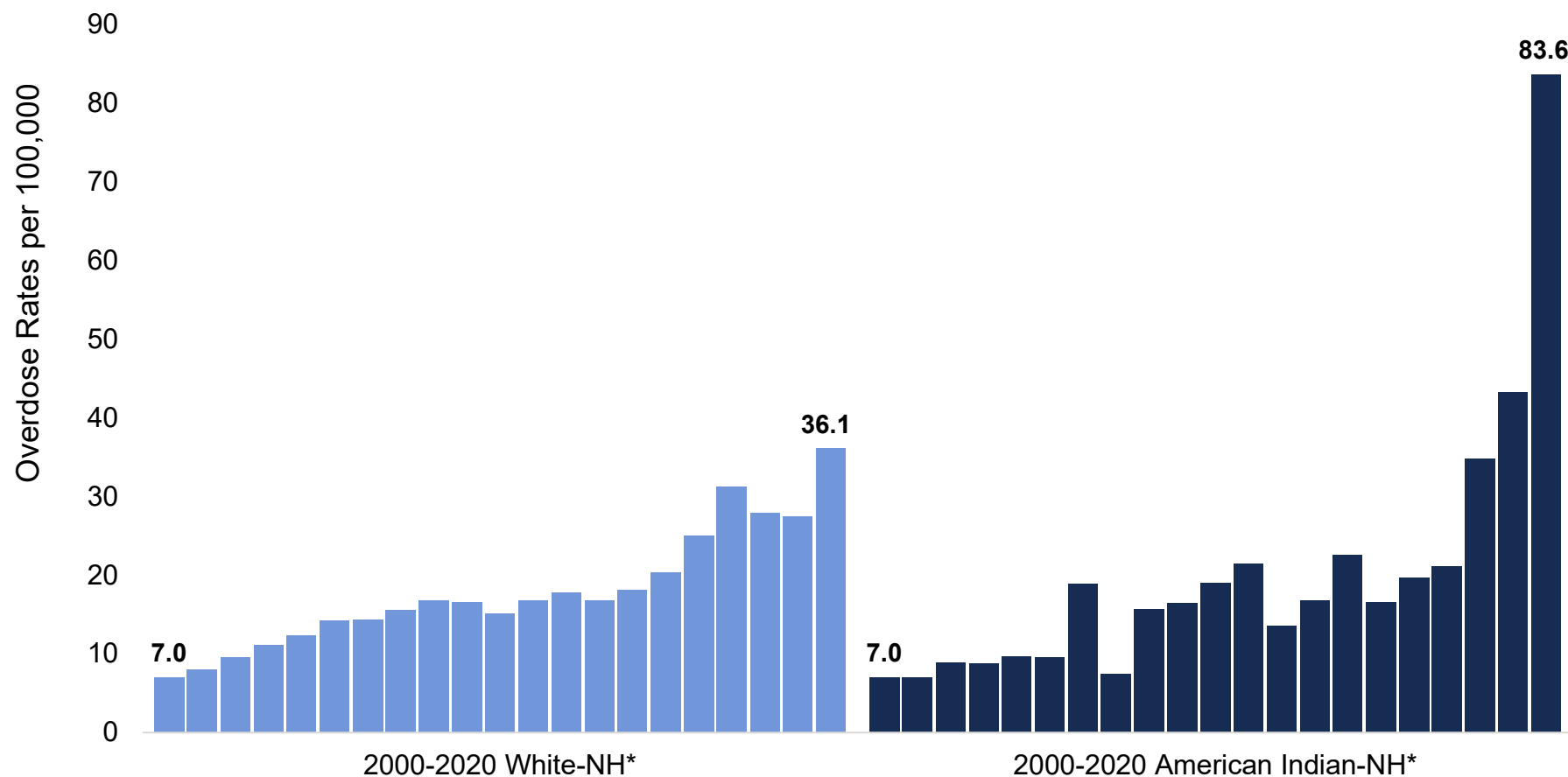
# NC Overdose Death *Counts*



\*Non-Hispanic

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2000-2020  
Analysis by Injury Epidemiology and Surveillance Unit

# NC Overdose Death *Rates*



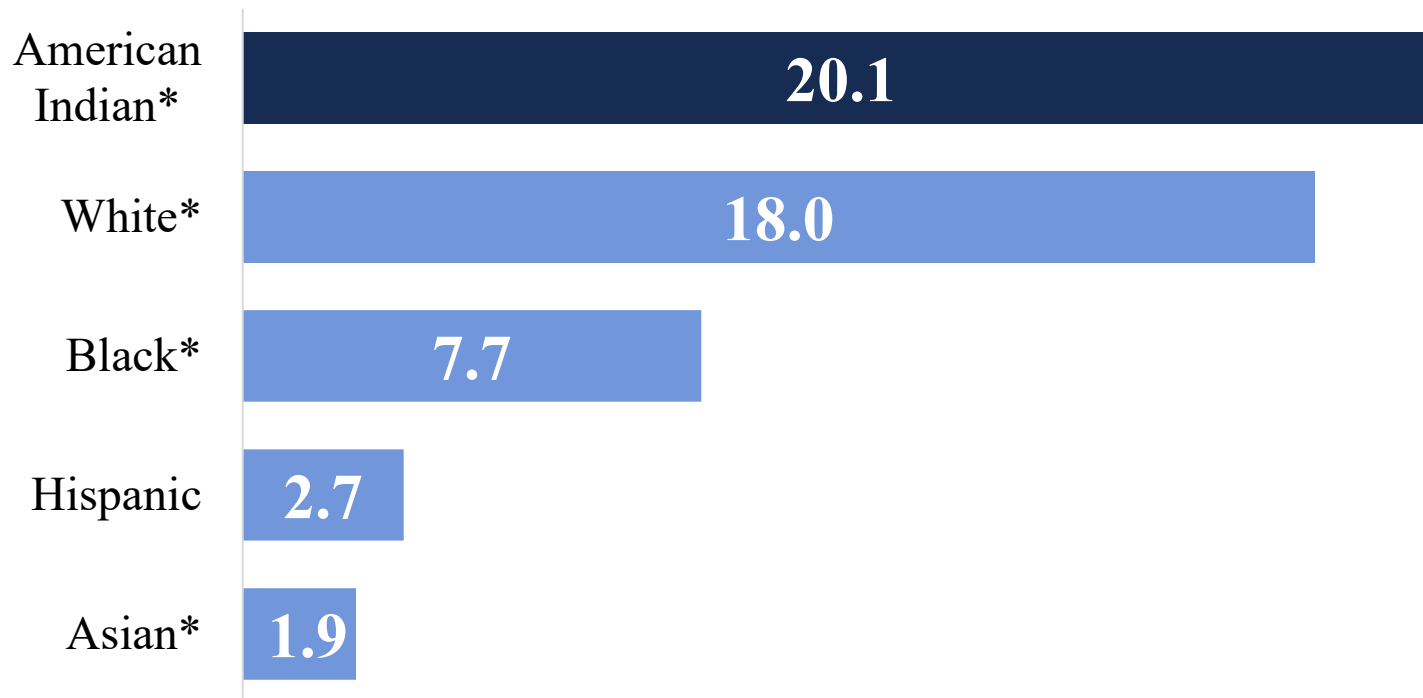
\*Non-Hispanic; Rates per 100,000 NC Residents

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2000-2020  
Analysis by Injury Epidemiology and Surveillance Unit



# Overdose Death Rates 2000-2020

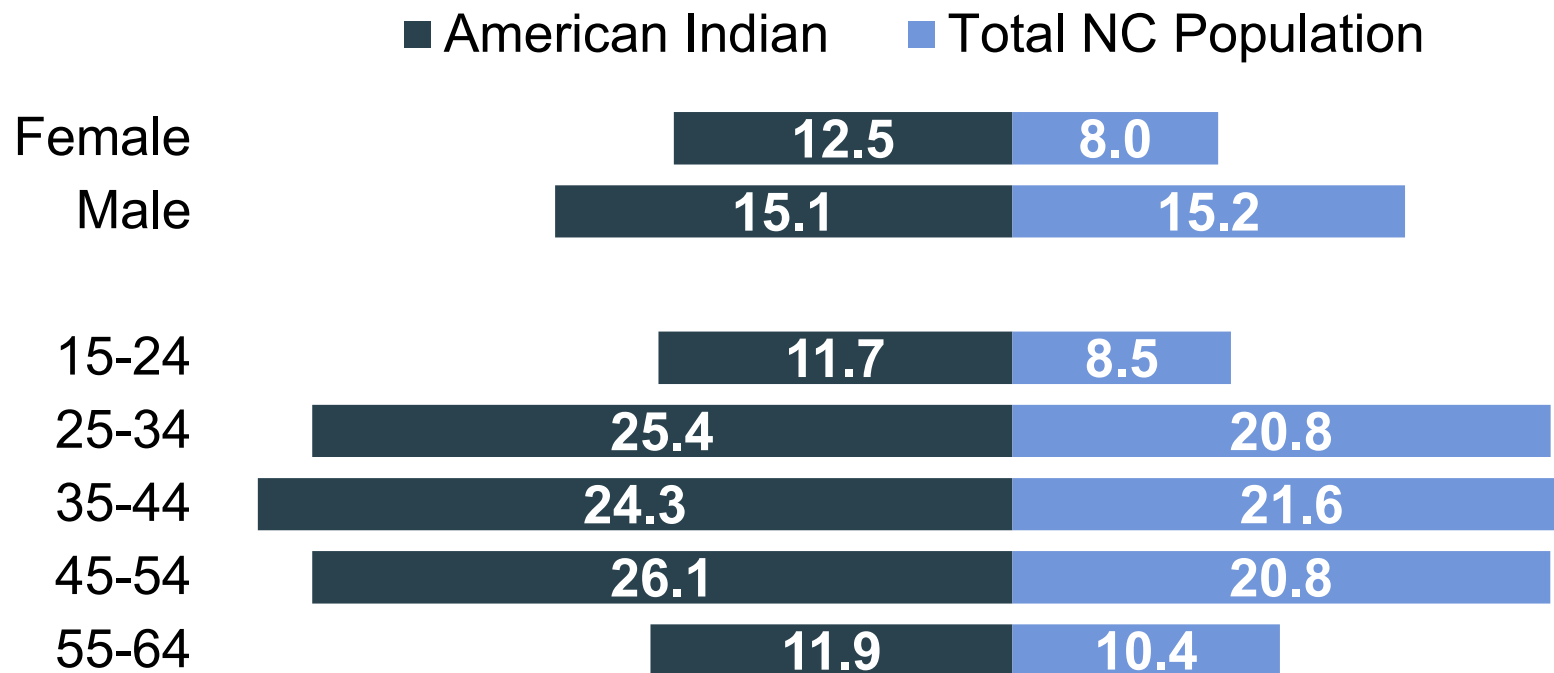
## Per 100,000 North Carolina Residents



\*Non-Hispanic

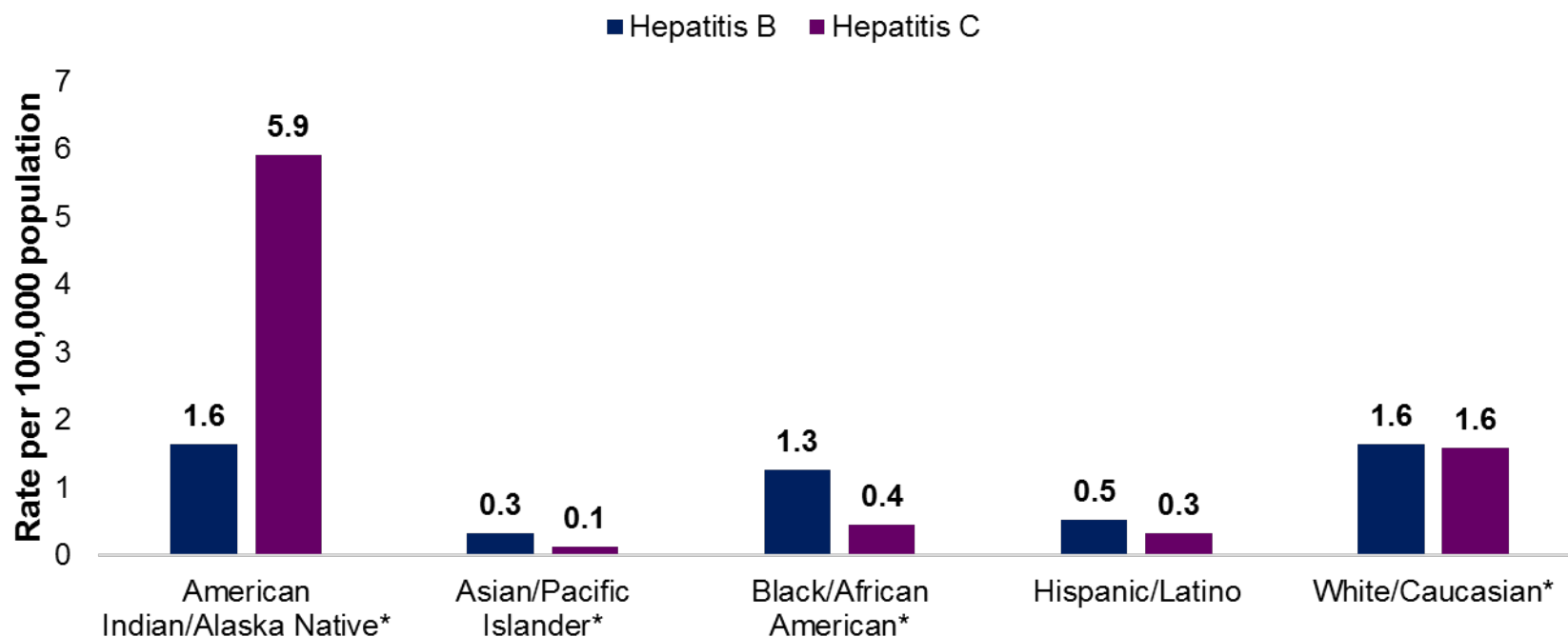
Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2000-2020  
Analysis by Injury Epidemiology and Surveillance Unit

# Demographics of Medication and Drug Overdose Deaths per 100,000, 2000-2019



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2000-2019  
 Analysis by Injury Epidemiology and Surveillance Unit

# Rates of Newly Diagnosed Acute HBV and HCV per 100,000 NC Residents, 2014-2018



\*Non-Hispanic/Latino.

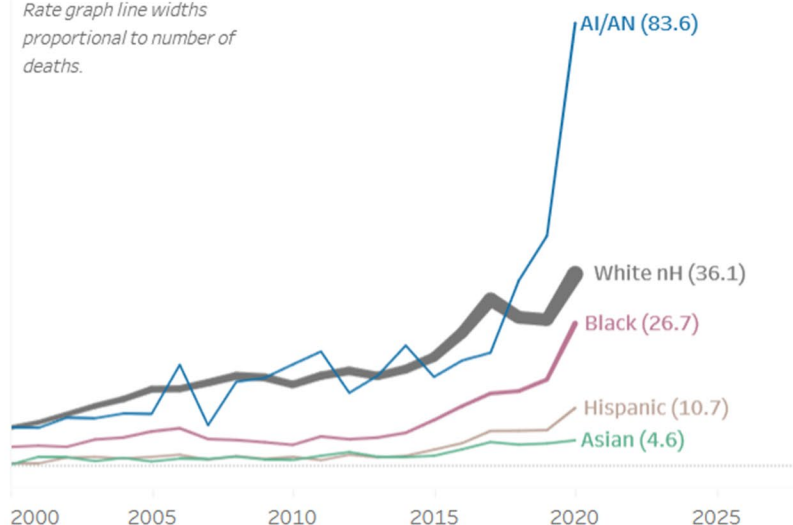
Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 1, 2019).

# 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.

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

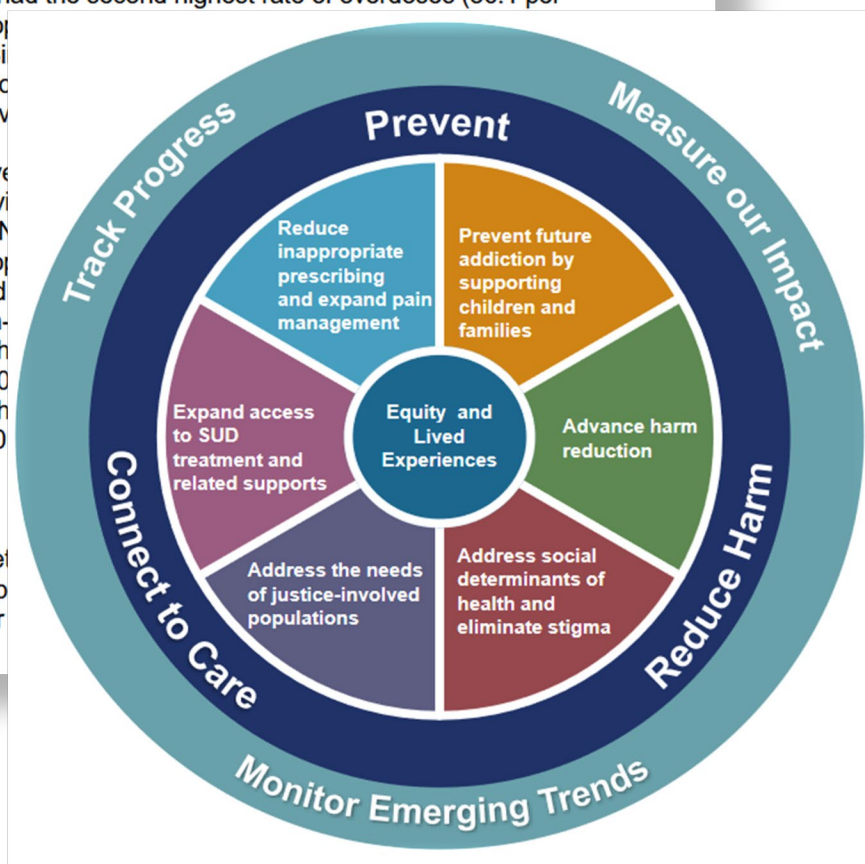


The overdose epidemic has predominantly been seen as an issue impacting white communities. In 2020, non-Hispanic white North Carolinians had the second highest rate of overdoses (36.1 per 100,000 people) compared to the 2019 rate. Since 2019, the state's per capita number of overdoses has increased by 66% from 2019 to 2020.

While the overdose rate for AI/AN individuals is the highest (83.6 per 100,000 people), it is still lower than those of non-Hispanic white North Carolinians who had a 36.1 rate in 2019 to 2020. Carolinians have a 66% increase 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 already changed. **To stay the most up-to-date about trends and needs, we must center lived experience including people currently using drugs.**



# 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) today announced that over 10,000 North Carolinians died from overdoses in 2020, an increase of 40% from 2019. On average, nine North Carolinians died each day from a drug overdose in 2020, compared to eight in the previous year.

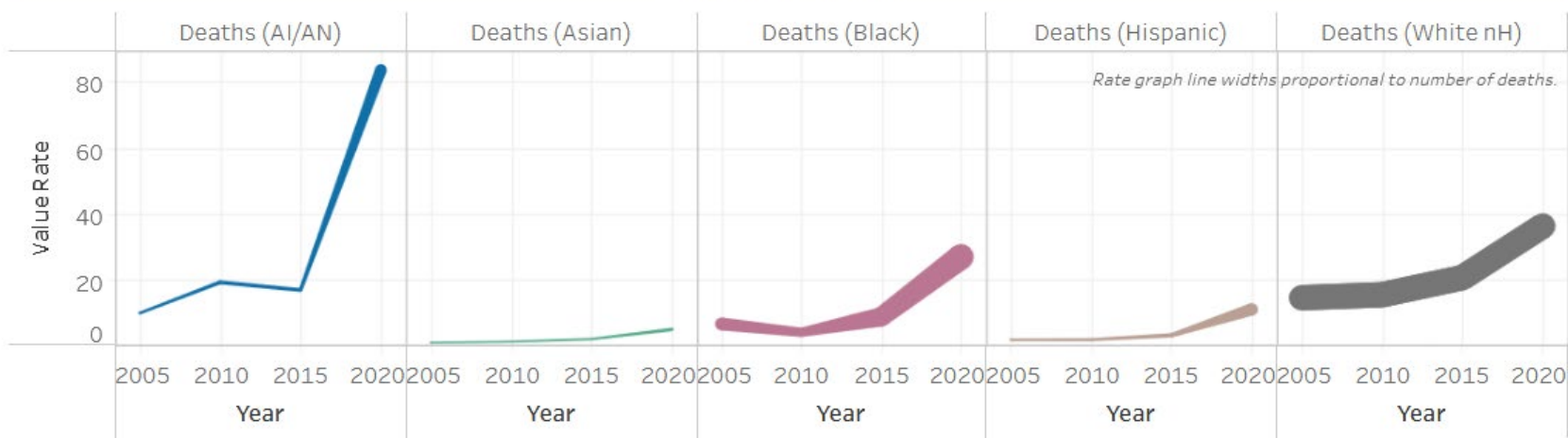
Overdose Death Rates by Year and Race. *\*Deaths per 100,000 residents; Non-Hispanic*

	2019 rate	2020 rate	Increase
American Indian/Indigenous	43.3	83.6	93%
Black/African American	16.1	26.7	66%
White	27.4	36.1	32%

# Local Equity

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

5 YEAR RATE GRAPHS



\* % change uncalculable for counts of zero.

# Impact of the Overdose Epidemic on American Indians in North Carolina, 2000-2017

Mary Beth Cox, MPH<sup>1</sup>, Nicole Dzialowy, MSc<sup>2</sup>, Lillie Armstrong, MPH<sup>1</sup> and Scott Proescholdbell, MPH<sup>1</sup>

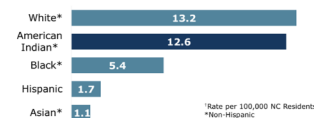
North Carolina Division of Public Health; <sup>1</sup>Chronic Disease and Injury Section, Injury and Violence Prevention Branch, <sup>2</sup>HIV/Viral Hepatitis Section, Communicable Disease Branch



## 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.

## Rates<sup>1</sup> of Unintentional Medication & Drug Overdose By Race/Ethnicity, NC Residents, 2000-2017

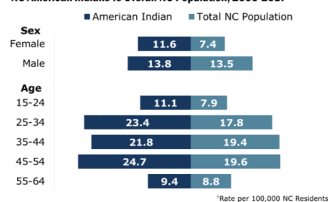


## Methods

- NC State Center for Health Statistics (SCHS) Vital Records death certificate data were used to identify unintentional medication and drug overdose deaths with an ICD-10 primary cause-of-death code of X40-X44; data were limited to NC resident deaths which occurred in NC.
- Deaths involving specific drugs were identified using underlying cause-of-death codes for cocaine, benzodiazepines, psychostimulants, commonly prescribed opioids, other synthetic narcotics (e.g. fentanyl, fentanyl analogues), and heroin.
- Acute Hepatitis B and acute Hepatitis C cases were pulled from the North Carolina Electronic Disease Surveillance System (NC EDSS). Cases met both the clinical and serologic case definitions set by the Centers for Disease Control and Prevention (CDC).

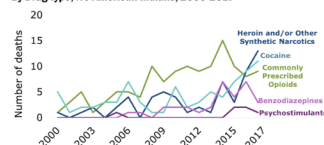
## Results

### Rates<sup>1</sup> of Unintentional Medication & Drug Overdose NC American Indians vs Overall NC Population, 2000-2017



- 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.

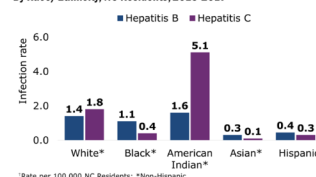
### Unintentional Medication & Drug Overdose Deaths\* By Drug Type, NC American Indians, 2000-2017



- From 2000-2017 unintentional medication and drug overdose deaths among AI have increased more than 266%.
- Commonly prescribed opioids historically contributed to the majority of these deaths.
- In recent years, deaths involving cocaine and/or illicit opioids, like heroin and other synthetic narcotics, have been increasing.

- Increasing rates of new infections of bloodborne 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.

### Rates<sup>1</sup> of Newly Diagnosed Hepatitis B and Hepatitis C By Race/Ethnicity, NC Residents, 2013-2017



\*Rate per 100,000 NC Residents; \*\*Non-Hispanic

## 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 SCHS 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.



North Carolina  
Injury & Violence  
PREVENTION Branch

Contact Information

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**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**



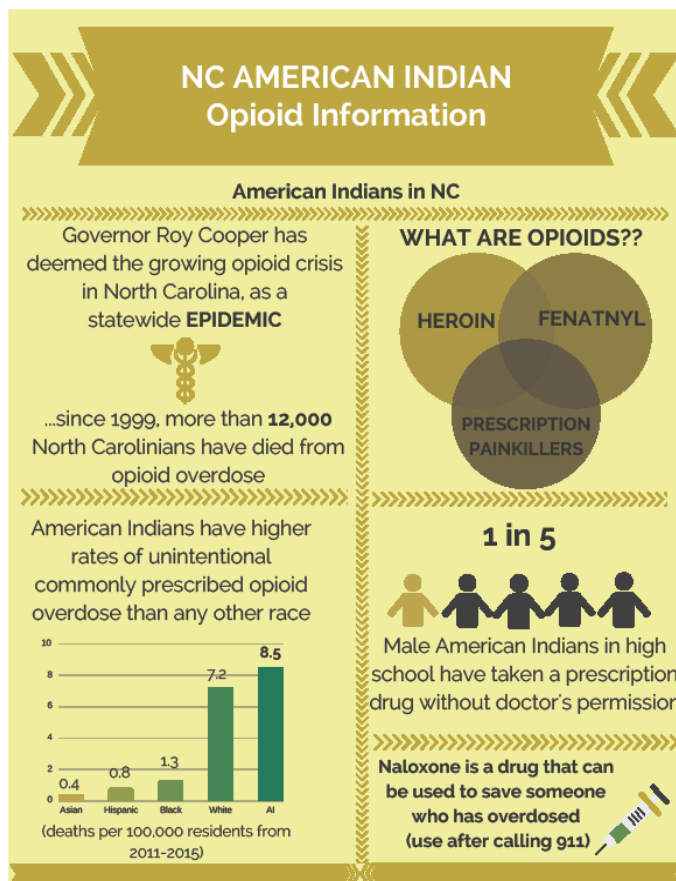


# NORTH CAROLINA *American Indian Health Board*



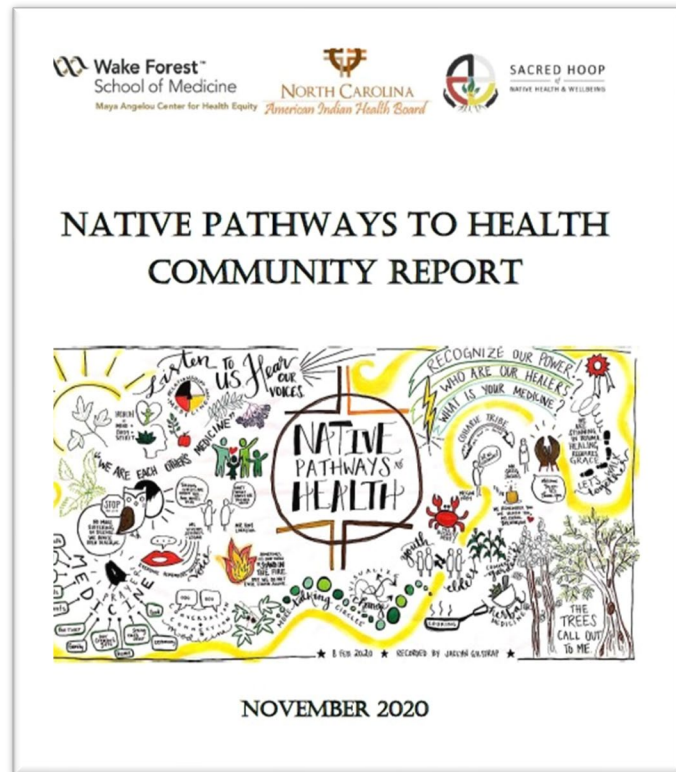
**We are focused on promoting quality health care and healthy lifestyles within American Indian families and communities in North Carolina through **research, education and advocacy.****

<https://ncaih.org/>

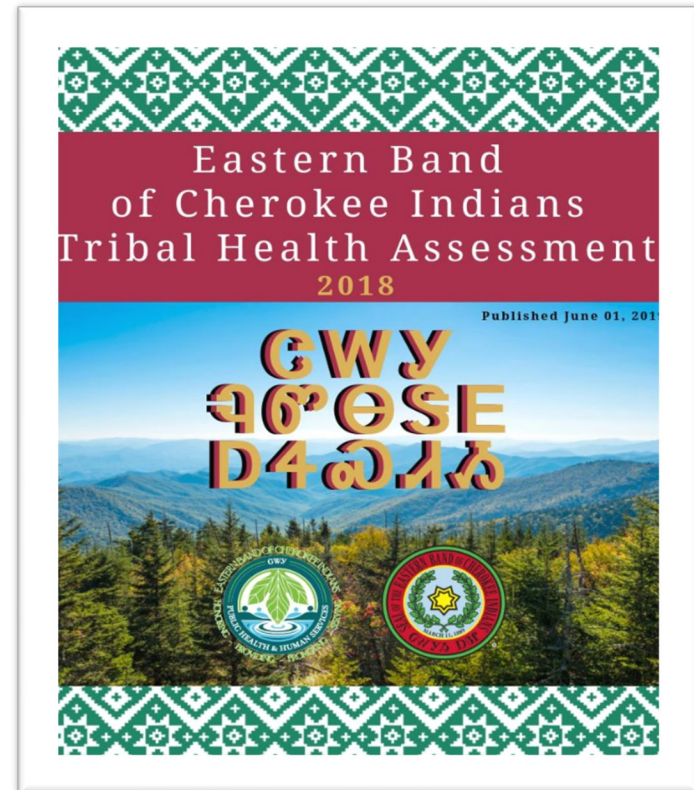


# Raising Awareness of Overdose Risk Within Native Communities

# North Carolina Tribal Health Assessments



[Native Pathways to Health Report](#)



[EBCI Tribal Health Assessment](#)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# 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.*

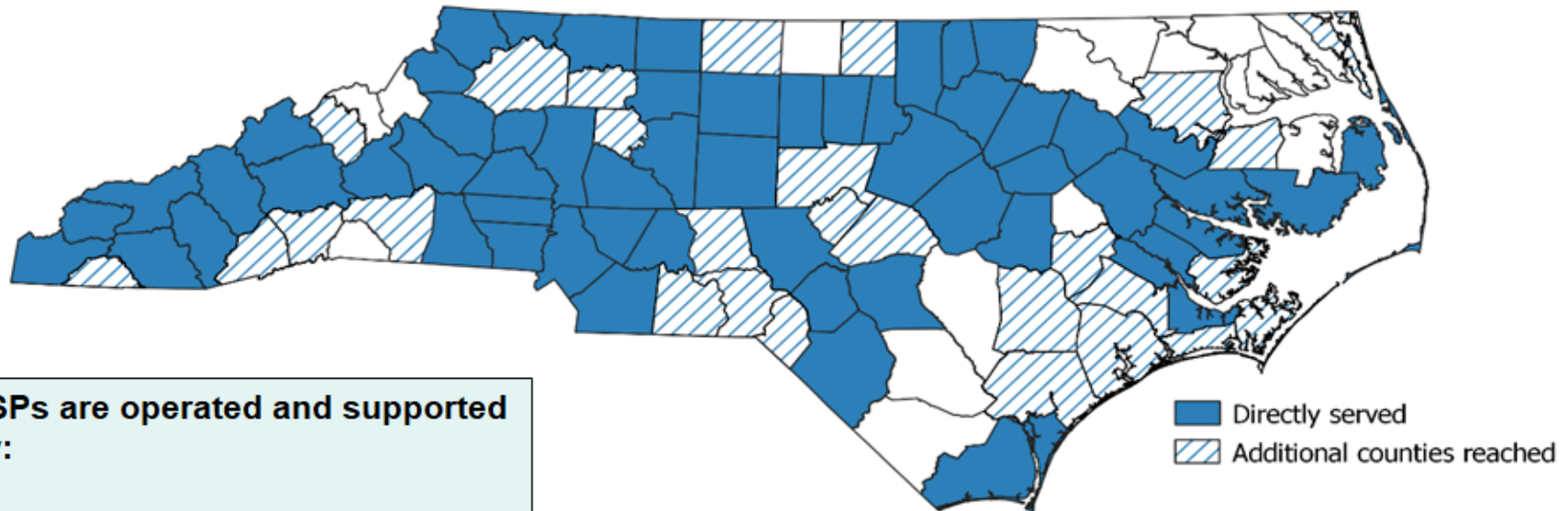


# NC Safer Syringe Initiative: 2020-2021 Data

- **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)

<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>

# 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

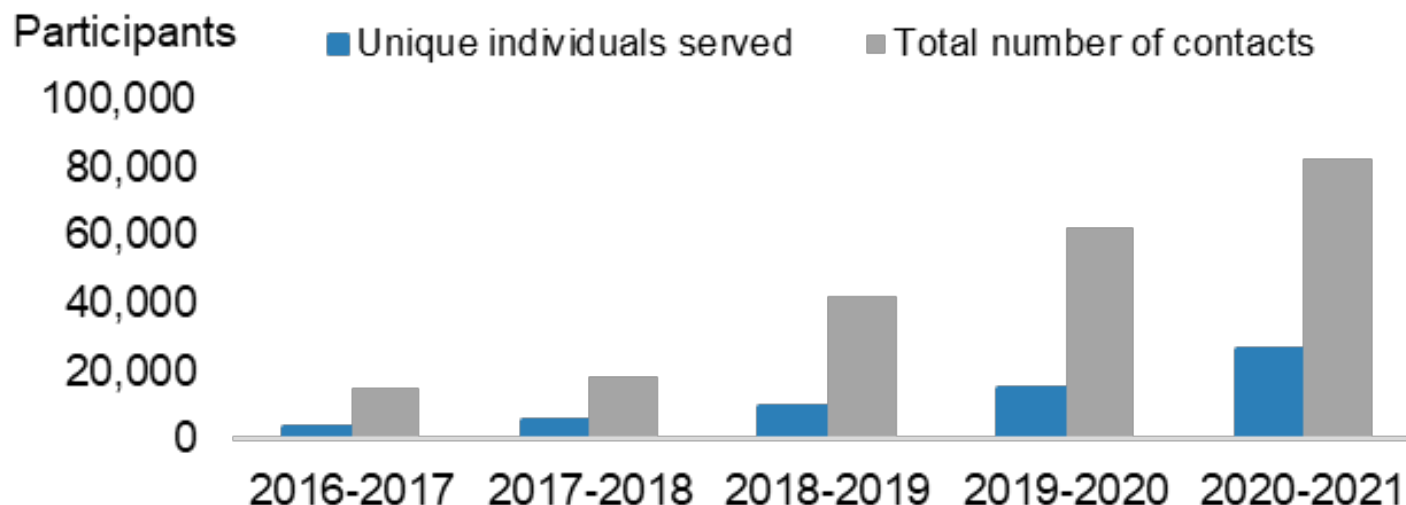
For a continuously updated list of registered SSPs, visit

<https://tinyurl.com/NCSSIList>

# North Carolina Safer Syringe Initiative

## 2020-2021 SSP Participants

### Individuals Served and Total Contacts by SSPs



- 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.

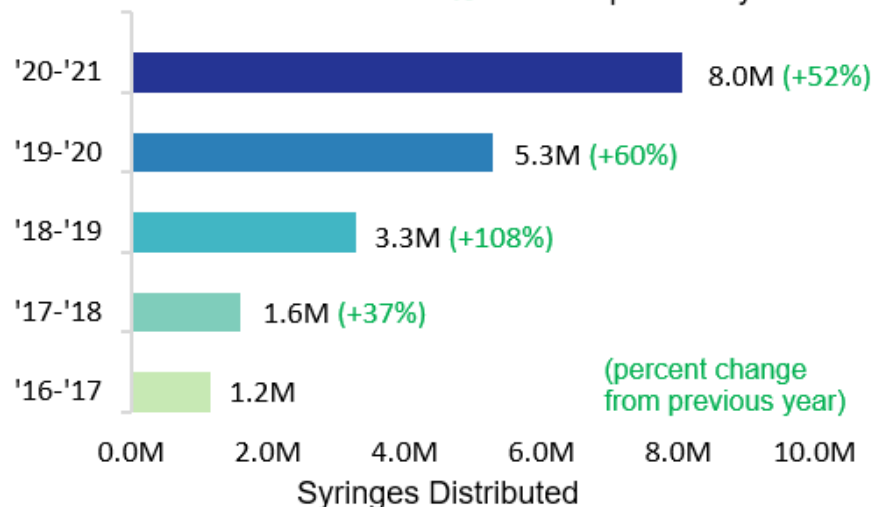


# North Carolina Safer Syringe Initiative

## 2020-2021 Supply Distribution

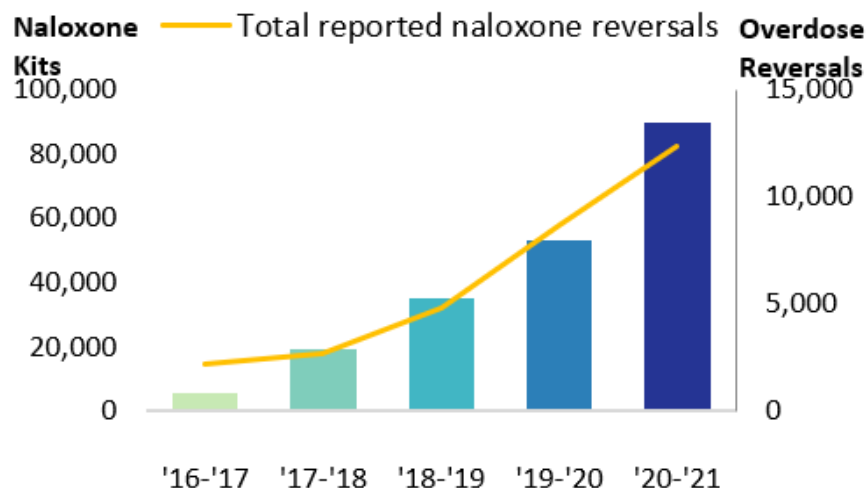
SSPs distributed over **8 million** syringes in the 2020-2021 reporting year.

This is an **increase of over 52%** from the previous year.



SSPs distributed over **89,500** naloxone kits in the 2020-2021 reporting year.

This is an **increase of over 69%** from the previous year.



**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.



# **Tsalagi Syringe Services Program**

**Ginger Parker-Southard RN, MSN  
Tsalagi Public Health Manager  
Eastern Band of Cherokee Indians**

# Tsalagi Syringe Services Program

Eastern Band of Cherokee Indians • Public Health & Human Services



**SYRINGE SERVICES PROGRAM**

*Safe Disposal & Counseling*



Welcome

About Us

News / Calendar

Cherokee Choices

Children's Dental

Domestic Violence

Family Safety

Family Support Services

Head Start and

Early Head Start

Heart To Heart

Home Health/Tribal

In-Home Care Services

Juvenile Services

Medical Institutional

Review Board

Nurse-Family Partnership

Preparedness

Public Relations

Regulatory & Compliance

Senior Citizens

Supplemental Insurance

Syringe Services

T.A.N.F.

Tribal Food Distribution Program

Tsalagi Public Health

Tsali Care

Veteran Services

WIC Program

Employment

Food Resource Guide

Health Resource Guide

Our Community

Contact Us

**A** **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 therefore reducing the number of discarded syringes in our playgrounds, parks, and community gathering spaces.

**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.



**WHAT WE OFFER**

- Syringes
- Safer injection supplies
- Biohazard containers / Sharps containers
- HIV/HCV testing & referrals for care
- Naloxone by referral
- Safer injection education
- Referrals for drug treatment, medical care, and community resources per request
- Community syringe disposal



SYRINGE SERVICES

**Supporting Culturally Engaged Public Health Response**

NCDHHS, Division of Public Health | NIHB Webinar | May 26, 2022

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# Coverage in Cherokee One Feather



## Council approves needle exchange program

By SCOTT MCKIE B.P.

ONE FEATHER STAFF

Last month, Vickie Bradley, EBCI Secretary of Public Health and Human Services, told Tribal Council that over 600 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 Bradley told Council on Thursday. "The World Health Organization has monitored syringe 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 67 percent with an exchange program."

Secretary Bradley related that the State of North Carolina spent \$50 million on Hep C treatment and \$190 million on HIV treatment last year alone.

Big Cove Rep. Teresa McCoy introduced Res. No. 611 (2017), which was passed during the June session of Tribal Council, that called for an ordinance to be drawn up (Ord. No. 621 ~ 2017) that would codify the clean needle exchange program. Ord. No. 621 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 exchange program is needed badly due to the prevalence of dirty, discarded

## Tribe's Syringe Services Program working on 'harm reduction'



DEDICATION: Ginger Parker-Southern, Syringe Services Program supervisor, shows some of the supplies they provide for free through their program – all in an effort to curb the transmission of HIV and Hep C. (SCOTT MCKIE B.P./One Feather photos)

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 266 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 incidences or new cases of Hep C. But, more than that, people who use syringe services programs are twice as likely to get into treatment and there are 60 percent less syringes on the street and less needle sticks 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 Council 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 lancets or sharps. The kiosks, 17 in all, 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 John Welch Senior Center Building sign
- › Birdtown Gym
- › Wolfstown Gym
- › Painttown Gym
- › Big Cove Community Club Building
- › By the restrooms in front of the EMS building on Acquoni Road
- › Open Air Market parking lot
- › Cherokee Visitor Center parking lot
- › Anthony Edward Lossiah Justice Center, next to the front door
- › Restrooms near the old Barclay building
- › Downtown restrooms by the



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

# Coverage by CDC



## Public Health Professionals Gateway

### Tribal Syringe Services Program Helps Reduce Harm from Injection Drug Use

EASTERN BAND OF CHEROKEE INDIANS PUBLIC HEALTH AND HUMAN SERVICES

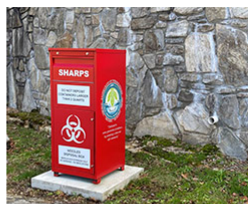
The Eastern Band of Cherokee Indians' syringe services program aims to decrease the spread of bloodborne infections while helping people who inject drugs access referrals for substance use disorder treatment, medical care, and other community services.



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](#) [PDF - 5MB] 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 [Tsalagi 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.

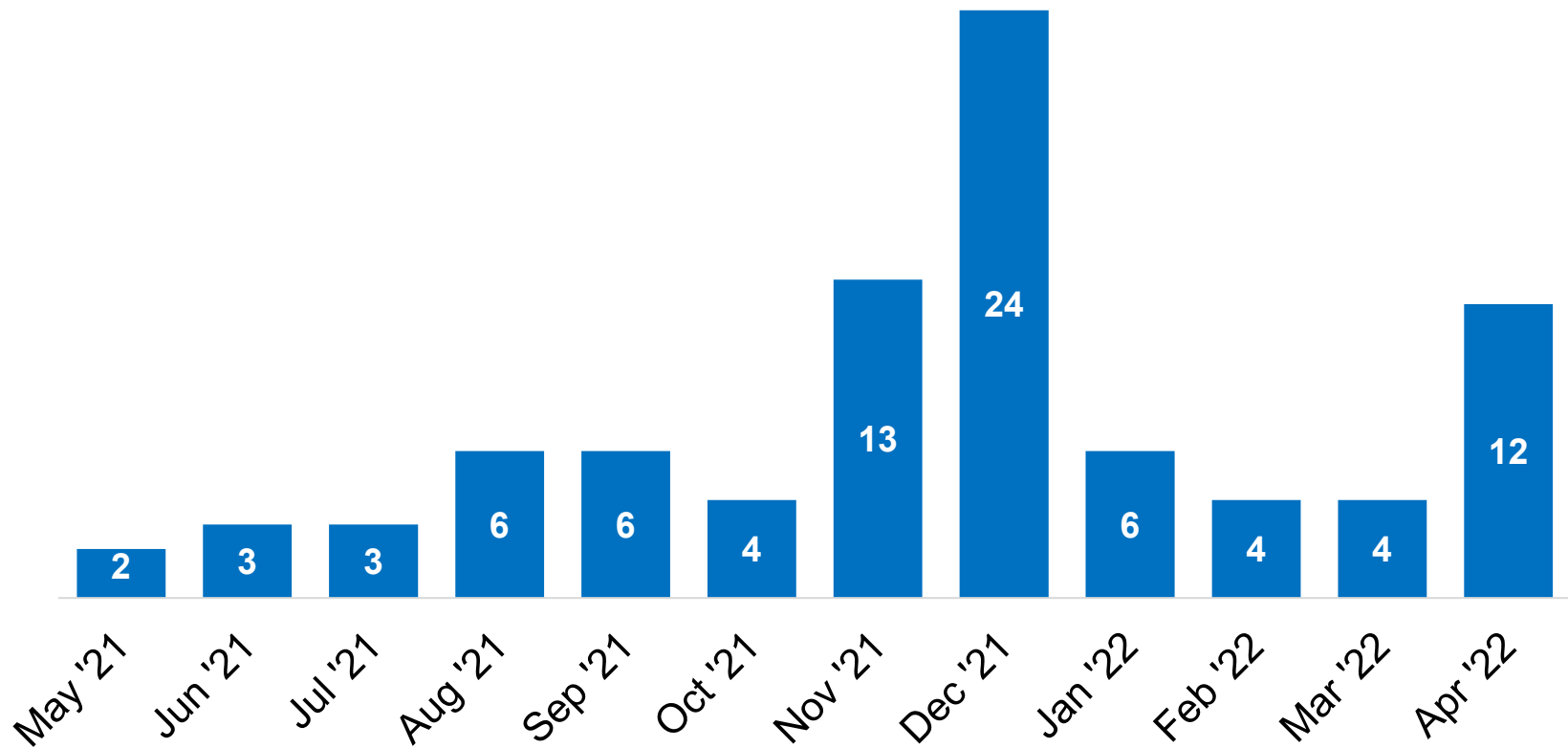
The program is already having a positive impact on the EBCI community, with—

- 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

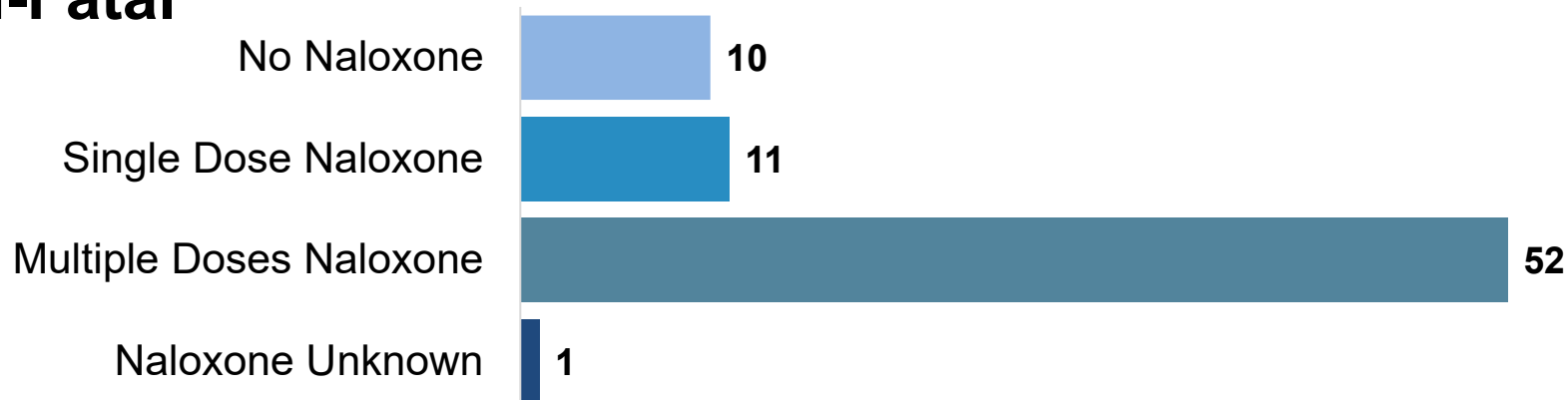
From May 1, 2021, to April 30<sup>th</sup>, 2022:

- 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

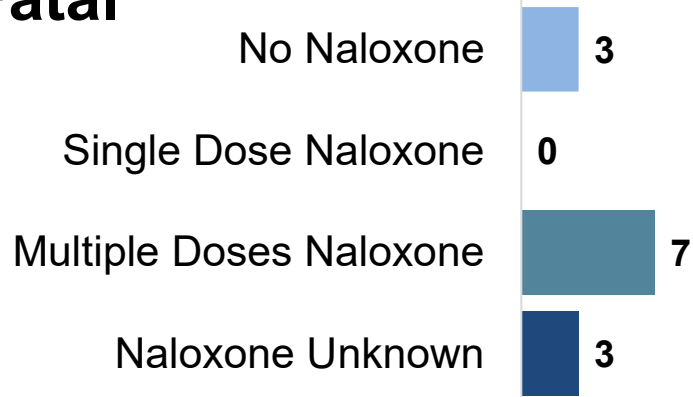
\*Could have also been spiked with something like Fentanyl

# Naloxone Administration

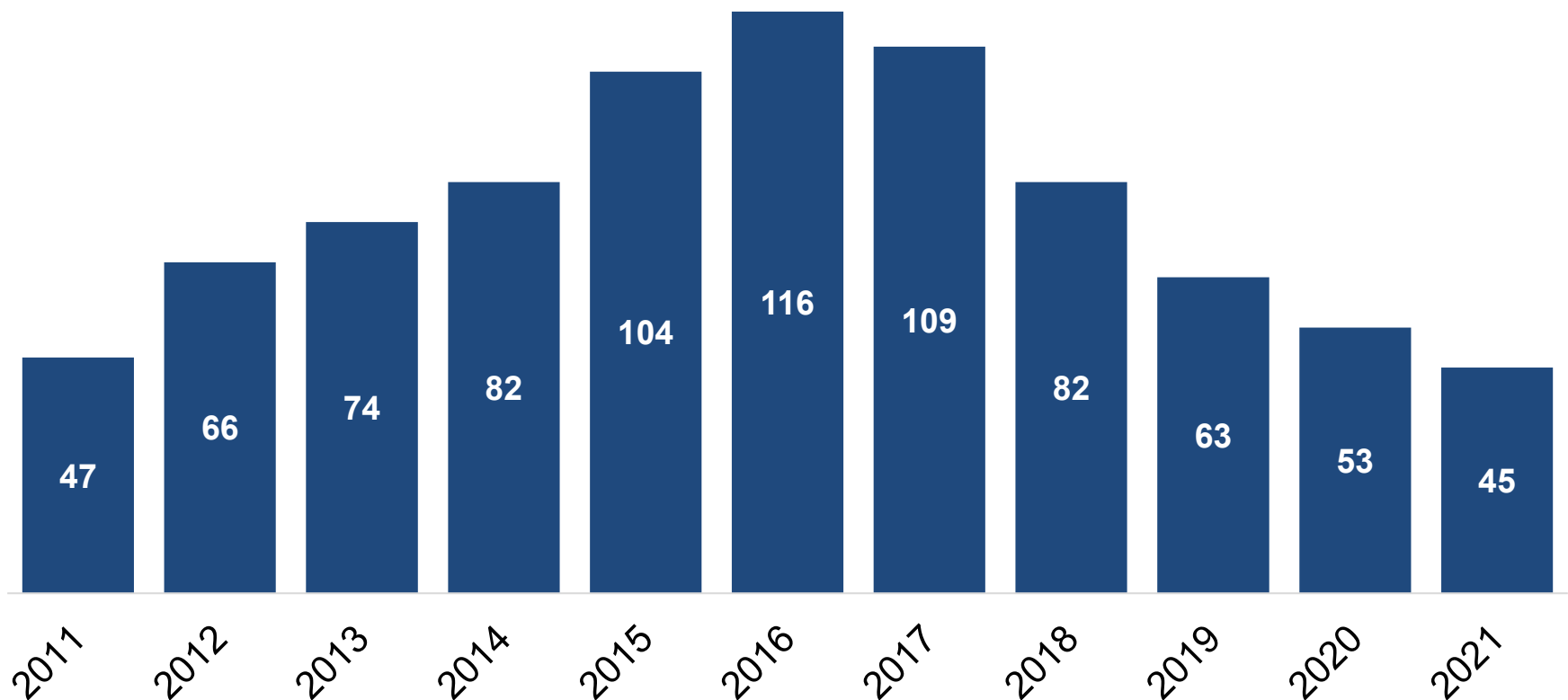
## Non-Fatal



## Fatal

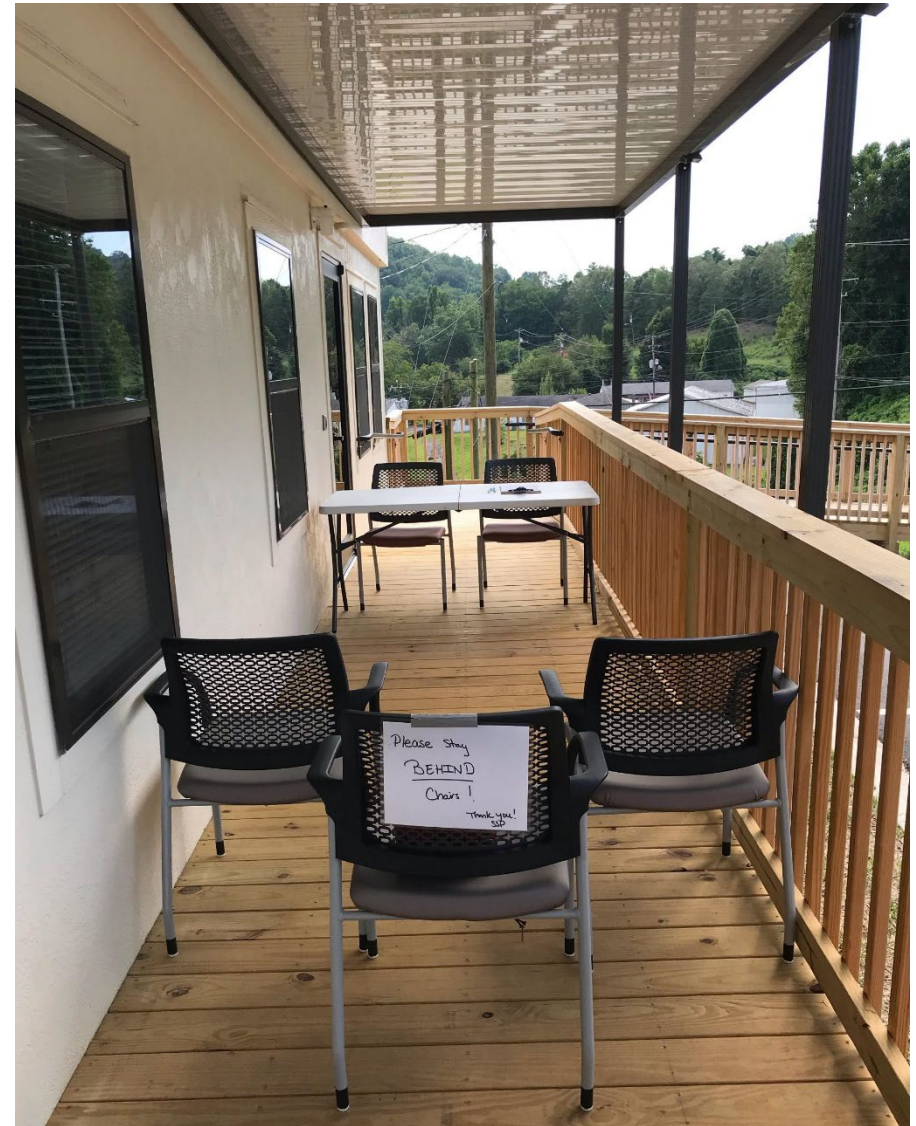


# AI/AN Living on 5-County Area Newly Diagnosed HCV at CIHA





# Providing Services During COVID-19



# Thank you!

## Questions?

- <https://ncaihib.org/>
- <https://phhs.ebci-nsn.gov/tsalagi-public-health/>
- <https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm>
- <https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>