



2019

**INJURY-FREE NC ACADEMY
ESTABLISHING SYRINGE EXCHANGE PROGRAMS**



WHAT IS THE

INJURY-FREE NC ACADEMY?

The Injury-Free NC Academy is a training and program development resource for injury and violence prevention practitioners in North Carolina. Each cycle of the IFNC Academy focuses on a timely topic affecting North Carolinians.

The IFNC Academy on Establishing Syringe Exchange Programs will focus on planning, establishing, and operating syringe exchange programs (SEPs) to serve people who inject or otherwise use drugs.

What is a syringe exchange program?

Based in harm reduction philosophy and practice, SEPs are evidence-based, compassionate, and cost-effective channels for engaging with people who use drugs (PWUD). SEPs can provide education on safer use practices, prevent infections through access to syringes and injection supplies, and reduce overdose deaths. By primarily and nonjudgmentally addressing PWUD's conditions of use—rather than drug use itself—SEPs foster trust, dialogue, and access to other medical and social services, including substance use disorder treatment.

Over the 3-day training, county-based teams will work together to learn how to establish and operate SEPs in their communities. Each participating team will be matched with the leader of an active SEP who will provide first-hand knowledge, guidance, and technical assistance.

ACADEMY LEARNING OBJECTIVES

HARM REDUCTION

Present the philosophy and practice of harm reduction-based health services for people who use drugs

DISCUSS EVIDENCE + BEST PRACTICES

Discuss the evidence and best practices behind syringe exchange and harm reduction services

USE AVAILABLE DATA

Find and use relevant local, state, and national data to guide program development

LEGAL COMPLIANCE

Ensure that SEPs understand and comply with NC laws around syringe exchange and drug user health

DEVELOP EVALUATION PLAN

Select measures and internal data-tracking processes to measure and evaluate programs

IDENTIFY FUNDING

Identify funding and supply sources, including agency partnerships and public and private grants

INTEGRATE INTO BROADER SERVICES

Work with SEP leaders, IVPB and IPRC staff, and other partners to inform development and to integrate SEPs into broader systems of care and services

DEVELOP ACTION PLAN

Develop a work plan and identify actionable next steps to pursue after the Academy session

You are encouraged to apply if you...

ARE BASED IN NORTH CAROLINA

Are a North Carolina county, district, region, community organization, or coalition focusing on drug user health issues, including but not limited to: overdose prevention and response; prevention and treatment of HIV/AIDS, hepatitis C, and/or other infections; resources for people who have been incarcerated; and/or healthcare access for underserved populations, including mental healthcare

WANT TO ESTABLISH AN SEP

Are planning or have taken steps to establish a syringe exchange program in your community

CAN BUILD A TEAM OF 3-5

Have a committed, core team of three to five members, with an identified local health department representative

CAN BUILD A DIVERSE TEAM

Are ready to build a team whose members represent multiple organizations, backgrounds, or disciplines

AND/OR

HAVE LIVED EXPERIENCE

Are a person with lived experience of drug use, homelessness, incarceration, and/or sex work and are interested in learning about harm reduction and working with people who use drugs (PWUD)*

Recommended team members:

- People with lived experience interested in providing/supporting SEP services
- Organizations with experience serving PWUD or other underserved populations (including AIDS service organizations)
- Healthcare providers, including primary care, mental health, substance use disorder treatment, and pharmacists
- Social service providers, including housing and employment support, reentry services, family support services, and recovery support
- First responders with experience or interest in working with PWUD, including emergency medical services, fire departments, and law enforcement agencies
- Faith communities with experience or interest in working with PWUD

People interested in learning more about harm reduction and drug user health are warmly invited to apply independently.

*If you are an individual interested in participating the Academy but do not have a team to work with, please contact SyringeExchangeNC@dhhs.nc.gov.

WHERE & WHEN

**Greenville,
NC**

**Choose the
location in your
region**

**Wilkesboro,
NC**

February 20-22, 2019

April 10-12, 2019

INJURY-FREE NC ACADEMY COSTS

- No cost for registration, tuition, meeting space, or materials
- No cost for breakfast, lunch, drinks, and snacks during in-person sessions
- Each team will be responsible for accommodations (if necessary), dinners, and travel costs

APPLY VIA ONLINE FORM [HERE](#)

APPLICATIONS DUE: MONDAY, DECEMBER 3

Teams will receive a response from IFNC by mid-December

Need more information?
Visit iprc.unc.edu or email SyringeExchangeNC@dhhs.nc.gov

2019 Injury-Free NC Academy on Establishing Syringe Exchange Programs

Team Application Form

(Note: This word document is for reference only, all applicants must apply through [this online form.](#))

Thank you for applying to the 2019 Injury-Free NC Academy: Establishing Syringe Exchange Programs. Only one application should be filled out per team by the team leader. If you are applying as an individual, please fill out the application and we will do our best to match you with a participating team.

All information you provide will be kept confidential.

Team Lead Information

Please fill in the following information if you are the team lead (for example, a health department employee) applying on behalf of an identified team.

First/Last Name	County
Title	Street Address
Organization Name	City, State, Zip
Email	Phone
Please describe your background or interest in drug user health (2,000-character maximum).	

Team Member Information

First/Last Name (#2)	County
Title	Street Address
Organization Name	City, State, Zip
Email	Phone
Please describe your background or interest in drug user health (2,000-character maximum).	

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First/Last Name (#3)	County
Title	Street Address
Organization Name	City, State, Zip
Email	Phone
Please describe your background or interest in drug user health (2,000-character maximum).	

First/Last Name (#4)	County
Title	Street Address
Organization Name	City, State, Zip
Email	Phone
Please describe your background or interest in drug user health (2,000-character maximum).	

First/Last Name (#5)	County
Title	Street Address
Organization Name	City, State, Zip
Email	Phone
Please describe your background or interest in drug user health (2,000-character maximum).	

Application Narrative

In which NC county (or counties) is your team active?

Which, if any, syringe exchange program(s) currently serve your community? A list of active SEPs are available [here](#).

Please describe your team.

Be sure to include:

- Length of time the team/coalition has existed
- Current/proposed activities of the team/coalition
- What your team hopes to achieve through the Academy
- Challenges your team/coalition has experienced/anticipates experiencing

(4,000 characters maximum)

Please check the partners/local organizations with which your team is currently working on overdose crisis response/drug user health.

Local health department	Local management entities/managed care organizations (LME/MCOs)
Social services	Local housing authority
Local judicial system	Local law enforcement
Harm reduction organization (incl. NCHRC)	Local EMS
Exchange clubs or civic organizations	Employment commission/job training programs
Community child protection team/foster care	Clinics/health systems/hospitals
Homeless shelters	Prisons/jails
Substance use disorder treatment centers	Pharmacies
Mental healthcare providers	Colleges/universities
Ys/YMCAs/recreation and community centers	County services
County administrators/commissioners	City administrators
Faith communities	Local transportation services
Recovery communities/advocates	Other:
Other:	Not applicable

Please list **potential** individuals/groups/organizations you would like to involve in your community work and how you plan to include them:

Please describe any work in your community that is currently happening in response to the overdose crisis. If you selected partners above, please include how they affect that work.

How would you describe local law enforcement’s awareness and support of plans to establish a syringe exchange program?

What is your team’s experience working with people with lived experience of drug use, homelessness, incarceration, and/or sex work?

What is your team’s current understanding of harm reduction?

What does your team hope to accomplish by establishing a syringe exchange program?

Letters of Commitment

INSTRUCTIONS: On letterhead from your respective agencies (as appropriate), each team member must provide the text below along with your signatures. Electronic signatures are acceptable and will be considered as binding as a handwritten signature. A letter of commitment from each team member must be uploaded as part of this application to be considered complete.

Text to include:

"I agree to serve as an active participant in the 2019 Injury-Free NC Academy: Establishing Syringe Exchange Programs. By providing my signature below, I commit to participating in all Injury-Free NC Academy activities, which include:

- Completing all assigned individual and team-related work associated with the Injury-Free NC Academy, including a pre-Academy SEP site visit
- Attending and participating in the full 3-day session of the Academy (eastern or western location)
- Participating in a process evaluation with NC Injury Violence Prevention Branch and UNC Injury Prevention Research Center, which may include completing surveys, interviews, or participating in focus groups"

Letters of Support

INSTRUCTIONS: Each team member must submit a letter of support with this application. Letters of support should be provided by the leader/supervisor (as appropriate) of each team member's agency and should be written on agency letterhead. These letters are to ensure that team members have institutional support and permission to participate in the three-day IFNC training.

The letter should include:

- Confirmation that the direct supervisor (and/or agency) of the team member supports his or her participation in the Injury-Free NC Academy; and
- Confirmation that the organization will provide the support necessary for the team member's coalition to conduct related activities leading up to, during, and following the Injury-Free NC Academy

The application deadline is Friday, December 14, 5:00pm.

2019 Injury-Free NC Academy on Establishing Syringe Exchange Programs

Individual Application Form

(Note: This word document is for reference only, all applicants must apply through [this online form.](#))

Thank you for applying to the 2019 Injury-Free NC Academy: Establishing Syringe Exchange Programs. Only one application should be filled out per team by the team leader. If you are applying as an individual, please fill out the application and we will do our best to match you with a participating team.

All information you provide will be kept confidential.

Individual Applicant Information

Please fill in the following information if you are a person with lived experience (including drug use, homelessness, incarceration, and/or sex work) interested in participating in the SEP Academy independently.

Again, all information you provide will be kept confidential.

First/Last Name	County
Title	Street Address
Organization Name	City, State, Zip
Email	Phone
Please describe your background or interest in drug user health (2,000-character maximum).	

Application Narrative

Which, if any, syringe exchange program(s) currently serve your community? A list of active SEPs are available [here](#).

Please check the partners/local organizations with whom you are currently involved, if any.

Local health department	Local management entities/managed care organizations (LME/MCOs)
Social services	Local housing authority
Local judicial system	Local law enforcement
Harm reduction organization (incl. NCHRC)	Local EMS
Exchange clubs or civic organizations	Employment commission/job training programs
Community child protection team/foster care	Clinics/health systems/hospitals
Homeless shelters	Prisons/jails
Substance use disorder treatment centers	Pharmacies
Mental healthcare providers	Colleges/universities
Ys/YMCAs/recreation and community centers	County services
County administrators/commissioners	City administrators
Faith communities	Local transportation services
Recovery communities/advocates	Other:
Other:	Not applicable

Please list **potential** individuals/groups/organizations you would like to involve in your community work and how you plan to include them:

Please describe any work in your community that is currently happening in response to the overdose crisis. If you selected partners above, please include how they affect that work.

How would you describe local law enforcement’s awareness and support of plans to establish a syringe exchange program in your community?

What is your experience working with people with lived experience of drug use, homelessness, incarceration, and/or sex work?

What is your current understanding of harm reduction?

What do you hope to accomplish by establishing a syringe exchange program?

Letter of Commitment

INSTRUCTIONS: Please upload a letter of commitment agreeing to participate in the 2019 Syringe Exchange Program Academy.

Electronic signatures are acceptable and will be considered as binding as a handwritten signature. A letter of commitment must be uploaded as part of this application to be considered complete.

Text to include:

"I agree to serve as an active participant in the 2019 Injury-Free NC Academy: Establishing Syringe Exchange Programs. By providing my signature below, I commit to participating in all Injury-Free NC Academy activities, which include:

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