

Establish or Expand Syringe Service Programs (SSPs) in Pitt County



CONTEXT

Pitt County is a suburban county with a population of 180,742. Greenville is the county's seat and a growing city, home to Eastern Carolina University (ECU). There are limited treatment resources in the county and all require significant financial resources to participate. Due to the smaller size of the community, people who use drugs in Pitt County are closely intertwined and most people know each other. This can make it challenging to maintain anonymity when accessing syringe services.

It's a small community and everybody knows everybody. [...] If we were Raleigh, you could use somebody from over here to work over here and it wouldn't be a problem, but here everybody knows everybody, at least [people] that are using. And there might be three or four different groups, and even though they kind of go together, they all intertwine. So, that's really hard [...] to run into people that they know, or somebody who is in recovery that was part of their group.

In 2016, ekiM was incorporated in Greenville, NC. At first, ekiM was solely supported with private and personal funds. In 2018, when they partnered with the Pitt County Health Department, they were awarded additional grant funding to expand ekiM.

PROGRAM

ekiM is a fixed site syringe service program, open weekly on Saturdays. They rely on spaces that are offered to them for free or for small rental fees. This means that they often need to move to maintain services. Although space has been a significant barrier for ekiM, they know that maintaining services is an integral part of maintaining trust in the community.

I paid rent for them for one more month so we could continue looking, because I knew that if we stopped then it would be really hard to gain the trust of people that you were gonna be there to start up again.

Services are largely advertised by word of mouth, given the close knit nature of the community. They have also used flyers at the methadone clinic to promote the program. At the start, there were very few participants, but they have grown as the community learned to trust that the SSP was safe and stable.

SERVICES PROVIDED

ekiM distributes injection supplies and naloxone, conducts HIV and HCV testing (connecting to treatment at ECU), and provides information on community resources and treatment options when solicited. They also provide sandwiches, fruit, and snacks to all participants, along with bus passes and gift cards for gas and food. ekiM also facilitates naloxone distribution throughout the county.

ekiM solicits feedback frequently from its participants to ensure it is providing the services that the community finds most useful. This is often done informally by asking questions conversationally, or asking each person a question and tallying votes. This has allowed

them to tailor their services to the specific needs of the population, spending their funds on the supplies and items most requested.

We did a needs assessment asking people what they wanted or what we didn't have that they did want, and... a lot of them said gas cards, because some of them did work and the gas cards would be helpful. Some of them said food cards, and then later on they asked for bus passes. [...We asked] "if you can only have one [gift] card, which one do you want?" It turned out there were 35 that said they wanted a gas card, there were 40 who said they wanted bus passes, and there were 15 who said they wanted food. A lot of them get food, I guess, in other places.

Being observant and thoughtful about what types of participants show up was important for the program to expand their service offerings, thus diversifying their participant base.

One of the problems that we saw was, everybody was white. And so, we were concerned that maybe there was an issue. Why we didn't have any people from any other ethnic whatever? We thought maybe it was the location. It turned out that that probably wasn't really what it was. [...] Once we started giving out cards, then more and more and more people came, and the African American community grew. What we found was that, not all, but a large percentage of them use crack or cocaine or something besides heroin, so they didn't come for syringes. They came to get passes, they came to get food, and they came to get hygiene kinds of things.

TAKEAWAYS

Investing in smaller communities is important, even if the number of participants reached is far fewer.

Often these programs reach people in the most resource poor settings who may have few other options for support.

It's easy in Raleigh, and Wilmington, and in Charlotte, and Asheville – they're bigger. It's easier, I think, to focus on the big numbers. We could not ever have here the same number – when you do the statistics of 800,000 syringes given out or whatever, we could never do that. But this county and that county and the next county together, could. So, I think it's really important to not forget about small counties with the health departments and syringe exchange programs, everybody that does that kind of work.

Listening to participants' needs and following through with consistency and stability are the foundation of a successful syringe service program.

Don't reinvent the wheel. Ask the people who are doing the work. Listen to what the participants say, because they know what they need, and they'll tell you what they want if they think you'll follow through and do it, the rest will all just come together.

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