



MECKLENBURG COUNTY
North Carolina

Public Health

HARM REDUCTION IN MECKLENBURG COUNTY

Prepared by

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Overdose Data to Action
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A Baseline -----

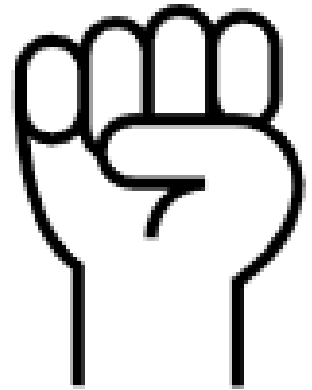
Harm reduction is a practical and transformative approach that incorporates community-driven public health strategies – including prevention, risk reduction, and health promotion.

Key public health approach to integrate harm reduction in community initiatives to reduce HIV and Hepatitis C among people who inject drugs, reduce overdose risk, and enhance health and safety.

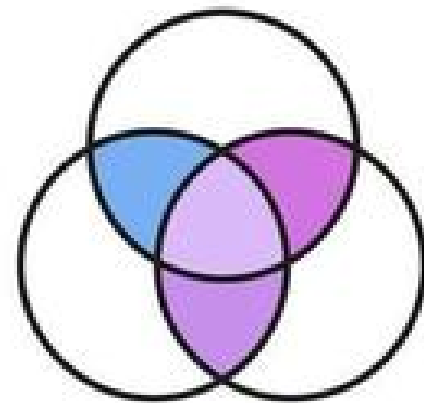
Innovative strategies include but are not limited to the expansion of

- syringe exchange or access programs
- supervised consumption sites
- access to naloxone for opioid overdose prevention

Harm Reduction is also...



Empowering



Intersectional



Healthcare



Evidenced-based

The Shift

There were 356 deaths in Mecklenburg County in 2023.

Mecklenburg County has 1 syringe access program as of 2024.

Mecklenburg County saw a 127% increase in naloxone distribution from 2023-2024.

States with more comprehensive harm reduction strategies saw **smaller increases in overdose rates** compared to those with less support.

Syringe exchange and access can **reduce HIV transmission by up to 80%** among people who inject drugs.

Naloxone has been associated with a **26% reduction in opioid overdose mortality** in communities that implement distribution programs.

Challenges and Barriers

Stigma

- Ongoing societal stigma surrounding drug use hampers program support

Health inequities in overdoses

- The rate of opioid-related overdose ED visits in Black, non-Hispanic residents more than doubled

Policy and Funding Challenges

- Variability in state and national policies
- Need for sustainable funding for harm reduction initiatives



The Marathon Continues!

Stigma Reduction – **Language** matters

Advancements in Legislation - Advocacy for supportive legislation and **integration into healthcare systems for all.**

Research and Innovation - The continued need for **evidence-based approaches to adapt harm reduction strategies** to emerging substance use trends.

Community Engagement - **Involving affected communities** in program development and implementation.

Continued Collaboration – Cross-collaboration of partners to advance **community-wide initiatives.**





Request your FREE Naloxone

To request naloxone for yourself or someone who you know,
complete the survey below.



For questions please e-mail us at:

HLT-OverdoseDatatoAction@mecklenburgcountync.gov





MECKLENBURG COUNTY

North Carolina

Public Health

Thanks!

Founded in 1957, Anuvia is a nonprofit 501(c)(3) behavioral health and substance use disorder treatment center. We promote wellness in our community by providing compassionate treatment and prevention services of the highest quality.

Anuvia Programs & Services

Outpatient Programs

Outpatient Group

Outpatient Group Mental Health Counseling

Youth and Family Services (YFS) Outpatient Group

Outpatient Individual Mental Health Counseling

Short-Term Treatment Outpatient Program 20 (STTOP 20)

ADETS

Short-Term Treatment Outpatient Program 40 (STTOP 40)

Prime for Life

Day Programs

Substance Abuse Intensive Outpatient Treatment (SAIOP)

Substance Abuse Comprehensive Outpatient Treatment (SACOT)

Psychosocial Rehabilitation (PSR)

Assertive Community Treatment Team (ACT)

Adolescent Programs

Adolescent Outpatient Treatment

School-Based Mental Health (SBMH) Program

Adolescent Aftercare Program



Residential Programs

Group Living Moderate (GLM)

Group Living High (GLH) or Medically Monitored Community Residential Treatment (MMCRT)

Detox Program

Social Setting Detox

Additional Services

Youth and Family Services (YFS)

Shelter Medication Management

S.T.E.P. Program (Recovery Court)

Across All Programs

Peer Support

Medication Assisted Treatment (MAT)

Assessments

Medication Management (E&M)

Case Management

McKinsey Grant

Anuvia has been selected to become a Certified Clinical Behavioral Health Clinic

CCBHCs Provide Nine Core Services Directly or Through Formal Partnerships

Crisis Services



Outpatient Mental Health & Substance Use Services



Screening, Diagnosis & Risk Assessment



Person- & Family-Centered Treatment Planning



Psychiatric Rehabilitation Services



Community-Based Mental Health Care for Veterans



Outpatient Primary Care Screening & Monitoring



Peer, Family Support & Counselor Services



Targeted Case Management



Carolinas CARE Partnership

CONTINUING EFFORTS IN HARM REDUCTION

Patrice Brown

5855 Executive Center Dr. Ste 200

Charlotte, NC 28212



CCP'S HARM REDUCTION ENGAGEMENT



HARM REDUCTION TODAY AND BEYOND

Challenges and Barriers

Change in leadership within the organization.

Stigma surrounding harm reduction

- Encourages individuals to misuse substances

Lack of trust in people who use drugs (PWUD)

- Fear of incarceration/Fear of losing custody of children

Successes in 2024

Participated in over 45 Community events

Successfully led over 16 Trainings

- Effective Narcan Use
- Lock your Meds Campaign
- Reducing Stigma
- HIV A to Z

Distributed over 2500 Narcan to community partners

Successfully partner with MCPH in maintaining the PHVM

Distributed 1,881 Medicine Lock Boxes

The State of Harm Reduction

Meeting people where they are

Peer Support Specialists

Housing resources

Laws surrounding harm reduction efforts

- Syringe Services Program Law (GS § 90-113.27) allows syringe services Programs (SSP's) registered with the NC Division of Public Health to distribute syringes to participants. SSP employees, volunteers, and participants cannot be charged with possession of needles, syringes, or other injection supplies.
- Good Samaritan Law (GS § 90-96.2; GS § 18B-302.2) provides immunity for people who call for assistance for a person experiencing an overdose and for the person experiencing the overdose.
- "Tell an Officer" Law (GS § 90-113.22(c)) protects a person that alerts an officer that they have a needle or sharp object on their person, on their premises, or in their car prior to a search, they cannot be prosecuted.
- Drug Testing Equipment Law (GS § 90-113.22(d)) decriminalizes possession of drug testing equipment.
- Naloxone Law (GS § 90-12.7) allows organizations to distribute naloxone.

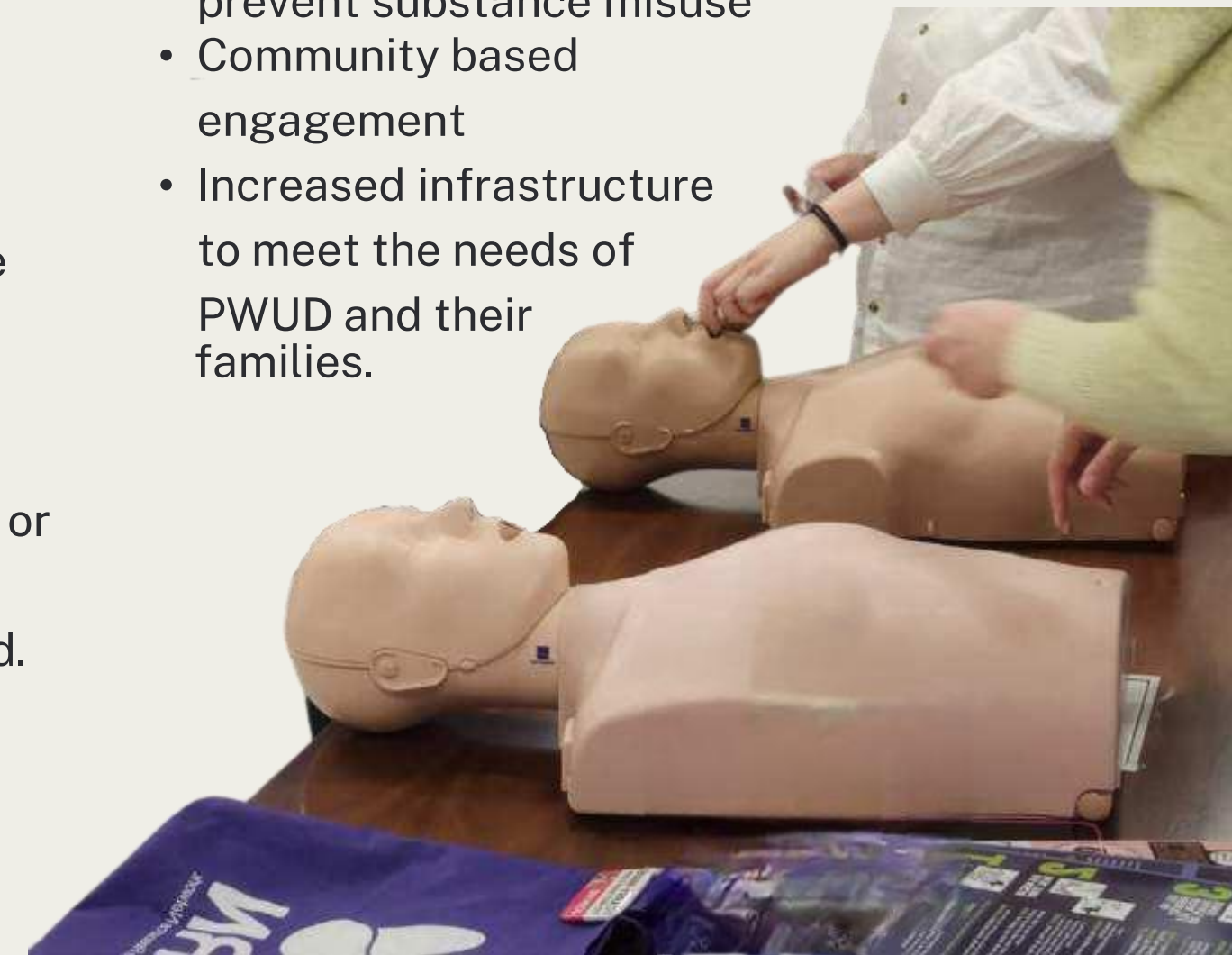
The Future of Harm Reduction

Youth Led Engagement

Increased resources for PWUD

Decreased stigma surrounding harm reduction

- Advocating for greater legislative support
- Trainings surrounding what harm reduction is (Harm Reduction 101)
- Trainings on increasing protective factors to prevent substance misuse
- Community based engagement
- Increased infrastructure to meet the needs of PWUD and their families.



HARM REDUCTION TODAY AND BEYOND

Good Samaritan Law and Naloxone Access Law

Victim of an overdose and caller are protected from prosecution for:

- Possession of small amounts of most drugs
- Possession of drug paraphernalia
- Underage possession/consumption of alcohol
- Violating conditions of parole, post release, or probation.

Importance of Peers in Harm Reduction

Peers provide a heightened level of insight into the communities of PWUD and on trends and needs within the community.

“Nothing about us without us”

Barriers for Individuals who Smoke as Their Preference

- Perception of risk of PWUD (smoking safer than needle injection)
- Lack of culturally relevant services
 - Participants facing gendered, race-based, and structural violence
- Abstinence-only support/legislature against harm reduction services
- Majority focus of harm reduction on PWID



How We Support the Whole Person (SDOH)

- Education Access and Quality
 - trainings surrounding substance misuse, stigma, and harm reduction
- Health Care and Quality
 - STI prevention and testing
- Neighborhood and Built Environment
 - Housing resources
- Social and Community Context
 - Social support groups
- Economic Stability
 - Rental assistance and economic resources

Opioid Crisis Trends

Decrease in fatal and non-fatal overdoses statewide

- Still higher than pre-COVID 19 pandemic

275 suspected overdose deaths in June 2024 compared to 368 in June 2023.

NC Office of the Chief Medical Examiner (OCME)

HARM REDUCTION TODAY AND BEYOND



Thank You



Overdose Data to Action (OD2A)

Travis Hales, PhD, MSW

UNC Charlotte, School of Social Work

OD2A

- CDC Co-Operative Agreement to Reduce Drug Overdoses
- Purpose
 - Develop overdose surveillance infrastructure for Mecklenburg County
 - Linkage to and retention in care and services
 - Harm reduction
 - Clinician and health systems best practices in opioid prescribing

Overdose Surveillance Infrastructure

- Key data elements and sources
 - Overdose emergency department visits (NC-DETECT)
 - Overdose deaths (NC-OCME)
 - Overdose responses (MEDIC)
 - Naloxone distribution (Survey)
 - Prescribing (NC-CSRS)

Data Dashboard

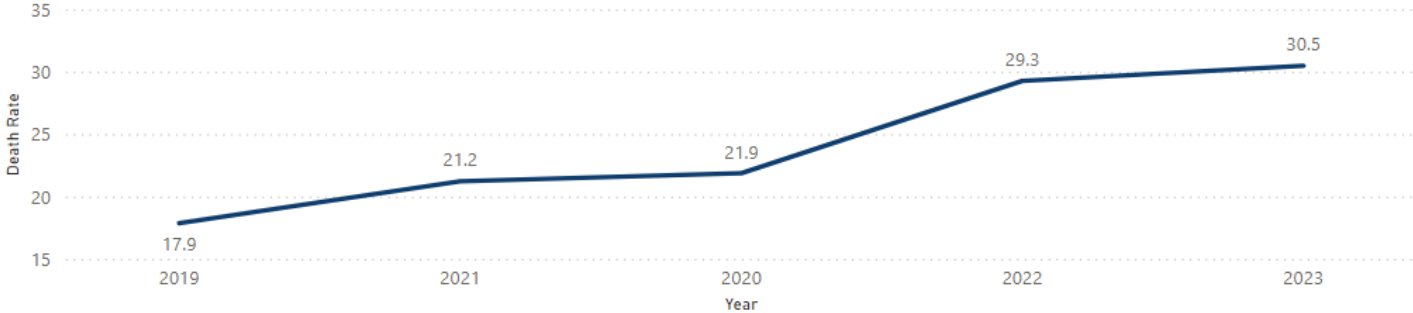


Overdose Death Trends

Total Deaths due to Overdose
1387

Death Rate per 100,000 persons
24.21

Death Rate by Year



Year

- 2019
- 2020
- 2021
- 2022
- 2023

Opioid Death Rate by Substance per Year

● Opioid Death Rate ● Stimulant-Associated Death Rate ● Heroin Death Rate ● Fentanyl Death Rate ● Common Opioid Death Rate ● Cocaine Death Rate

