CHP CENTER FOR HEALTH POLICY

August 2015 IMPROVING COMMUNITY HEALTH THROUGH POLICY RESEARCH 15-H69

INDIANA SYRINGE EXCHANGE PROGRAM

Background on HIV Outbreak in Scott County, Indiana

On May 5, 2015, Governor Michael Pence signed into law Senate Bill 461 (Public Law 208), which set forth conditions under which a local syringe exchange program (SEP) may be created in Indiana.[1] On May 21, 2015, Indiana State Department of Health Commissioner Dr. Jerome Adams, by declaring a public health emergency in Scott County, Indiana, approved the state's first SEP under this law, permitting the community to run a SEP through May 24, 2016.[2] These events followed the establishment of a "limited and focused short-term" SEP in Scott County following a March 26, 2015 Executive Order that declared as a 30 day public health emergency an epidemic of seventy-nine (79) confirmed positive HIV cases in the county, the vast majority of which were found in the town of Austin, Indiana (population: 4200), and were directly related to intravenous drug use.[3] The Executive Order, which was renewed for an additional 30 days, provided for immunity from criminal liability for persons or entities participating in the short-term syringe exchange program.[3] Scott County typically sees less than five new HIV cases annually;[4] as of June 4, 2015, there were 166 HIV cases (163 confirmed and 3 preliminary positive diagnoses) in southeastern Indiana.[5]

According to the Centers for Disease Control and Prevention (CDC), "syringe exchange programs provide free sterile syringes and collect used syringes from injection-drug users to reduce transmission of blood borne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus."[6] Such an approach falls under the category of public health prevention known as "harm reduction," which aim to minimize disease spread and injury (to the individual and to others) associated with high risk behaviors. The CDC recommends SEPs be used as part of a comprehensive approach to address the prevalence of HIV in adults.[7] These comprehensive efforts often also include health, medical insurance coverage initiatives, HIV screening, and engagement of drug treatment programs.[7] New Indiana law will allow communities to establish SEPs, and many places around the state faced with similar HIV outbreak risk factors,[8] as those found in Scott County, are considering how to proceed. To ensure these communities are informed by the best evidence available, it is important they examine how other states have implemented such programs.

Syringe Exchange Programs in Other States

Thirty-one states, the District of Columbia, and Puerto Rico have SEPs.[9,10,11] All of Indiana's border states, Illinois, Michigan, Ohio and, as of March 25, 2015, Kentucky, have enacted syringe exchange legislation.[9,10,11] Kentucky law allows local health departments, with the approval of city and county government, to establish sSEPs[11] while Illinois, Michigan, and Ohio have already implemented programs.[9,10] One of the larger SEPs in Illinois operates out of TPAN (Test Positive Aware Network) in Chicago.[12] Along with the sterile needle exchange, TPAN also offers harm reduction counseling and rehabilitation programs for narcotic addicts.[12] In Ohio, The Free Medical Clinic of Greater Cleveland offers their SEP at three different locations on a weekly basis.[13] Needles are exchanged one-for-one and the program has an educational component for injection-drug users.[13] Similar to the CDC's recommended comprehensive approach, the exchange program is a subset of the clinic's HIV Services department, which also offers HIV testing, an intervention program for people diagnosed with HIV/AIDS, and overdose prevention and education.[13]

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Indiana's law allows local health departments, municipalities, or approved nonprofit organizations to operate a SEP within a county in which a public health emergency has been declared by the state health commissioner.[1] The SEP must be overseen by a physician, registered nurse, or a physician assistant.[1] The law adopts the CDC comprehensive approach by requiring a SEP provide education and training on drug overdose response and treatment, as well as provide drug addiction treatment information and referrals to drug treatment programs.[1] The law prohibits law enforcement officers from stopping, searching, or seizing an individual because they have utilized SEP services and SEP attendance may not be the basis for probable cause.[1] Furthermore, the law recommends that the state reexamine how criminal law addresses drug paraphernalia possession laws and drug offense laws, including the establishment and use of drug courts, in light of the availability of these new public health programs.[1]

The preventive strength of the law could be increased if the legislature would allow new SEPs when public health data demonstrate early warning signs of a possible epidemic in a community such as increase in use of heroin, prescription pain medications, and/or methamphetamines (the most likely drugs to be used by injection drug users).

The law requires robust communication between public health officials, local officials, and the public prior to implementation of the local SEP. As part of the SEP approval process, prior to allowing a local jurisdiction to seek a public health emergency declaration, local health officers must find there is a local epidemic of hepatitis C or HIV primarily transmitted through intravenous drug use and that a comprehensive, medically appropriate public health response would include a SEP.[1] Before local officials may file the request for a public health emergency declaration with the state health department, the local legislative or executive body must hold a public hearing, adopt the findings of the local health official, and report on the nature of prior efforts to address the area's drug use and infection control concerns.[1] A public health emergency will be valid for a one year period, and communities can renew their declaration request to extend the SEP for a longer period of time.[1] The law does not provide state funding for SEPs.[1,14] Moreover, there is a ban on the use of federal funds to finance SEPs.[1,15]

Recommendations

To prevent the further spread of HIV and Hepatitis C through significant portions of vulnerable populations in the state, Indiana's highest-risk counties with significant rates of Hepatitis C need SEPs. After studying numerous reviews, the CDC concluded SEPs reduce risk behaviors among injection-drug users.[6] The programs minimize needle sharing and, as a result, reduce the spread of blood borne diseases, including Hepatitis C and HIV.[6] Thus, it is important that local communities consider developing area SEPs as authorized under Indiana's new law.

The Free Medical Clinic of Greater Cleveland's SEP provides a potential model for qualified entities operating in Indiana to follow.[13] Although the Indiana bill requires that syringe exchange recipients are informed of local treatment centers and are provided with information regarding addiction treatment, The Free Medical Clinic of Greater Cleveland offers more intervention programs.[13] Similar to The Free Clinic, Indiana qualified entities could provide HIV Testing, educate those diagnosed with Hepatitis C or HIV about methods to prevent spreading the disease to another person, and educate intravenous drug users about the risks of overdose.

Indiana's new SEP law requires Hepatitis C or HIV rates reach epidemic levels – rates of new disease diagnosis above the expected rate in the community – before a community may propose an SEP program. The preventive strength of the law could be increased if the legislature would allow new SEPs when public health data demonstrate early warning signs of a possible epidemic in a community, such as an increase in use of heroin, prescription pain medications, and/or methamphetamines (the most likely drugs to be used by injection drug users). The State Epidemiology and Outcomes Workgroup (SEOW) publishes county-level information on consequences of drug use in reports published annually.[16] While the data in the reports are delayed, generally by one or two years, evidence of high incidences may identify potential areas of concern for local agencies.

State legislators and local law enforcement officials must clarify through legislative action and appropriate protocols that participation in local SEP would not be subject to criminal prosecution. Failure to coordinate efforts between health care providers, public health and social service agencies, and the law enforcement community would render such programs largely ineffective, as the populations at risk would likely conclude their attempt to reduce their medical and public health risk would increase their risk of arrest, and consequently not participate in the SEP or seek the related services.

SEPs would offer communities facing rising rates of dangerous infectious diseases transmitted via intravenous drug use an effective, evidence informed medical and public health interventions to combat the current HIV epidemic as well as intravenous drug use in the state. As a drug policy, exchange programs and outreach would provide Hoosiers with substance abuse addiction interventions that will help to protect their health and reduce risk to public health. Much of the political opposition to SEPs and other drug policies is based on the theory that these harm reduction programs enable drug users.[17] While it is important to continue efforts to reduce intravenous drug use in our communities, SEPs coupled with wrap-around social services and widespread community support offer the opportunity to intercede on behalf of some of the state's most vulnerable populations and reduce the chance for the costly spread of harmful diseases throughout the state.

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