FYI: Needle Exchange Programs in Indiana

When trying to improve the health of those who use injection drugs, the focus has been on breaking the addiction, yet today we see rates of infectious diseases in the injection drug community that are of growing public health concern. The Centers for Disease Control and Prevention estimates as many as 6,612,488 adults and adolescents have injected drugs at least once, in the United States, indicating that a potential health crisis could erupt at any point within that population. Skin infections and blood borne pathogens, such as HIV and Hepatitis C are spread among injection drug users via shared or repeatedly used needles. The CDC identifies that continued sharing of needles, syringes and other injection related materials is common among those using injection drugs and specifically, in cities with high HIV rates, greater than 40% new injection drug users have shared needles. Safe syringe practices including sterilization or replacement of a used syringe with a new clean one are recommended to reduce risk of infection. Programs providing these services are called needle exchange programs (NEP) and according to the World Health Organization the benefits of NEPs include reduced rates of transmission for HIV and Hepatitis C, reduced number of needles discarded in the community, and increased number of persons entering a treatment facility. Its important to note that NEPs may also include a myriad of other services, including HIV testing, health care/physical check-ups, resources for recovery and mental health services.

An Example Close to Home:
Scott County is now a well-known example for the need of NEPs in Indiana after an outbreak of HIV was observed in 2015. Nearly 30 new cases of HIV were confirmed between December of 2014 and February of 2015, most cases being injection drug users, using a specific opioid named Opana. By the end of March, 4 months after the initial rise in HIV cases, former governor, now Vice President Pence declared a state of emergency for Scott County and an executive order was issued allowing a needle exchange program. With pressure from communities and health officials Governor Pence signed legislation in May of 2015 (now 143 new HIV cases confirmed) which allowed for NEPs to be established only after a state of emergency was declared and permission from the state is granted, with no funding from the state.

Where do we go from now?
Scott County was granted permission from the state to continue their NEP program through May 2017. Since the implementation of the NEP in Scott County, the number of those newly diagnosed with HIV has dropped significantly going from as many as 22 new cases a week, to 14 cases in about 9 months. Due to the severity of the outbreak in Scotty County and the surrounding area, newly elected Governor Holcomb has made NEPs a priority. Addressing NEPs in his State of the State Address Governor Holcomb plans for local health departments to have the power to implement NEPs versus the state. Republican Cindy Kirchhofer is the author for House Bill 1438 which would do just that. Bill 1438 was passed through the House and now moves to the senate for approval. This bill will allow a community (county or municipality) to make the decision for themselves about establishing an NEP when they see a potential outbreak related to injection drug use. Allowing local communities to decide for themselves whether an NEP would be an appropriate plan of action would translate to both time of implementation and constricting approval processes being reduced. Depending on the services partnered with the NEP, other potential health benefits include STI testing/treatment, HIV treatment, mental health services including addiction treatment and recovery services plus potential efforts to assist in employment and housing available to those in need. Governor Holcomb still has a long road ahead of him as Attorney General Hill is pushing back against the implementation of NEPs and there is still little mention of how NEPs will be funded yet it would benefit all of Indiana’s residents to continue the fight for community control over needle exchange programs.
References


