In the early part of 2015, an outbreak of HIV began spreading quickly in the small, southeast Indiana town of Austin. By the end of April, the number of confirmed cases had reached nearly 150, with many of them linked to use of the opioid painkiller Opana via needle injection.

Gov. Mike Pence declared a public health emergency in Scott County to deal with the outbreak and to allow for a temporary needle-exchange program, but Sen. Patricia Miller says it was important for the legislature to act as well.

“This is a severe epidemic,” she notes, “and it came up very suddenly.”

On the last day of session, the Indiana House and Senate passed SB 461. The bill, Miller says, sought to find the right policy balance on the most contentious issue of all — the extent to which needle exchanges should be authorized under state law.

Under SB 461, Indiana’s health commissioner must first declare a public health emergency in a specific city or county. (The local government can request the declaration.) A local health department, a city or a nonprofit group can then initiate a needle-exchange program in the targeted area.

“This is about helping people not get infected,” says Miller, adding that she has not traditionally been a proponent of needle exchanges.

Under the new law, providers of any local program must give individuals information on drug treatment and provide referrals to treatment programs. The state will also launch a pilot program that beefs up enforcement of drug-related crimes in targeted areas of Indiana.

Meanwhile, over the summer, a legislative committee will study the efficacy of needle-exchange programs in helping reduce disease transmission due to intravenous drug use. As part of their study, lawmakers will review Indiana’s criminal penalties for drug offenses and drug paraphernalia. They also plan to explore the role of “problem-solving courts,” which seek to better accommodate offenders with specific needs and problems, including drug abuse.

According to the Robert Wood Johnson Foundation’s Public Health Law Research program, no Midwestern state explicitly authorizes needle and syringe exchanges. However, Illinois, Minnesota and Wisconsin are among the 28 U.S. states that have removed or limited barriers to syringe distribution.
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