

Indiana State Department of Health
Syringe Exchange Program Guidance for Local Health Departments

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Introduction

Syringe exchange programs (SEP), also known as syringe access (SAP) or needle exchange (NEP) programs are a harm reduction intervention that has been in existence since the late 1980s and has been scientifically proven to reduce transmission of HIV, hepatitis B and C, and other blood-borne pathogens in people who inject (PWI). The primary objectives of SEPs are to:

- Provide a clean syringe for each injection instance to:
 - o Reduce the potential for transmission of HIV, hepatitis B and C, and other blood-borne pathogens.
- Provide an entry point for substance abuse treatment and care and other resources as appropriate to the individual.

There are a number of considerations that communities should examine as they consider establishing an SEP. As each community is different, each SEP will reflect the needs of the community while taking into account local culture and resources. This guidance is designed to provide a starting point for communities seeking information about SEPs or considering this intervention for their own community.

Syringe Exchange Programs in Indiana

Syringe Access Programs became legal in the state of Indiana, under certain circumstances, when Senate Enrolled Act 461 (SEA 461) was signed into law in May 2015.

Prior to the passage of SEA 461, in January 2015, the Indiana State Department of Health (ISDH) began the process of identifying an outbreak of HIV disease in PWI in southeastern Indiana. In response to the outbreak, the Governor issued Executive Order 15-05, declaring a public health emergency in Scott County and allowing Scott County to request an SEP as part of a broad disease control and prevention plan for a period of 30 days. Scott County officials completed this request and opened the first legal SEP in the state of Indiana on April 4, 2015. The Executive Order was renewed in mid-April and SEA 461 passed both houses later that month. Under the new law, the Scott County Health Department requested the continuation of their SEP and the Indiana State Health Commissioner approved it for a period of one year.

There are no federal or state funds available to support the development, implementation, and/or evaluation of syringe access programs.

Considerations for Local Health Departments

The complete language for the law allowing for the establishment of SEPs in Indiana is provided in the next section of this document. As local health officials read through the requirements in the law and begin to consider if an SEP is appropriate for their county, there are a number of questions to consider. It is important to remember that although a county may have an HIV or hepatitis C epidemic in their area, they are not required to operate a SEP in their county. This determination should be made after careful review of the data and consideration of a number of factors. To further assist with this process and act as a guide for those local health departments (LHD) examining the possibility of an SEP in their community, a checklist is provided later in the document and the following are questions to consider:

- Does our county or municipality meet the criteria set forth in the law?
 - o Does the county have an epidemic of HIV or hepatitis C?
 - o If so, is intravenous drug use the primary mode of transmission?
- What other measures has the county taken to control the epidemic?
 - o Have they been effective?
 - o If they have not been effective, what other measures might be considered in place of or in addition to the establishment of a SEP?
- Based on what we know about the epidemic in our jurisdiction, is a SEP a medically appropriate part of a larger public health response to this epidemic?
- How will the SEP be funded, staffed, and which model will work best for our community?
- How and where will the required data be collected and housed?
- Where is the most appropriate place to locate the SEP and related supplies and other components?
- Who are the community partners that provide substance abuse treatment and support, housing, transportation, food, HIV, STD, and/or hepatitis C testing, and other services or referrals that the injecting community may need?
- What view does the community at large have about SEPs? How will we educate the community at large about the potential for an SEP in the area?
- How will law enforcement and public health work together to ensure laws are upheld and public health is being supported?
- How will we work to develop trust and assess needs of injection drug-using community?
- In addition to syringe exchange and substance abuse treatment and support referrals, what other resources and referrals will the SEP offer? For example, will wound care kits be provided? Will sharps containers be provided for safe disposal of used syringes?
- How will used syringes be disposed of, and how will this be paid for?
- Are there local laws or ordinances that should be considered as they relate to SEPs?
- Does our community have any unique characteristics that should be considered (for example; acts as a regional hub or center, access to public transportation, etc.)

Indiana State Syringe Exchange Program Law

Indiana Senate Enrollment Act 461

Chapter 7.5. Communicable Disease: Syringe Exchange Program

<http://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251>

Chapter 7.5. Communicable Disease: Syringe Exchange Program

Sec. 1. As used in this chapter, "local health department" refers to: (1) a local health department established under IC 16-20; or (2) the health and hospital corporation created under IC 16-22-8.

Sec. 2. As used in this chapter, "program" means a syringe exchange program operated under this chapter.

Sec. 3. As used in this chapter, "qualified entity" means any of the following: (1) A local health department. (2) A municipality (as defined by IC 36-1-2-11) that operates a program within the boundaries of the municipality. (3) A nonprofit organization that operates a program and has been approved by official action to operate the program by: (A) the local health department; (B) the executive body of the county; or (C) the legislative body of a municipality for the operation of a program within the boundaries of the municipality.

Sec. 4. (a) A qualified entity may operate a program only in a county where a public health emergency has been declared. However, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity. (b) A qualified entity that meets the requirements in subsection (a) and complies with the requirements of this chapter may operate a program.

Sec. 5. Before a qualified entity may operate a program in a county, the following shall occur: (1) The local health officer or the executive director must declare to the executive body of the county or the legislative body of the municipality the following: (A) There is an epidemic of hepatitis C or HIV. (B) That the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use. (C) That a syringe exchange program is medically appropriate as part of a comprehensive public health response. (2) The legislative body of the municipality or the executive body of the county must do the following: (A) Conduct a public hearing that allows for public testimony. (B) Take official action adopting the declarations under subdivision (1) by the local health officer or the executive director in consideration of the public health for the area that the body represents. (3) The legislative body of the municipality or the executive body of the county that took official action under subdivision (2) notifies the state health commissioner of: (A) the body's actions under subdivision (2); (B) the request that the state health commissioner declare a public health emergency; and (C) other measures taken concerning the epidemic that have proven ineffective. (4) The state health commissioner has declared a public health emergency for the county or municipality.

Sec. 6. A qualified entity that operates a program under this chapter must do the following: (1) Annually register the program in a manner prescribed by the state department with the: (A) state department; and (B) local health department in the county where services will be provided by the qualified entity if the qualified entity is not the local health department. (2) Have one (1) of the following licensed in Indiana provide oversight to the qualified entity's programs: (A) A physician. (B) A registered nurse. (C) A physician assistant. (3) Store and dispose of all syringes and needles collected in a safe and legal manner. (4) Provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug. (5) Provide drug addiction treatment information and

referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence. (6) Provide syringe and needle distribution and collection without collecting or recording personally identifiable information. (7) Operate in a manner consistent with public health and safety. (8) Ensure the program is medically appropriate and part of a comprehensive public health response.

Sec. 7. (a) The following may terminate the approval of a qualified entity: (1) The legislative body of the municipality, the executive body of the county, or the local health department that approved the qualified entity. (2) The state health commissioner, if the state health commissioner determines that the qualified entity has failed to comply with section 6 of this chapter. (b) If a person described in subsection (a)(1) or (a)(2) terminates the approval of a qualified entity, the person shall notify the other person with authority to terminate that is described in subsection (a) of the termination.

Sec. 8. A state agency may not provide funds to a qualified entity to purchase or otherwise acquire hypodermic syringes or needles for a program under this chapter.

Sec. 9. (a) A law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a program under this chapter. (b) The fact an individual has attended a program under this chapter may not be the basis for probable cause by a law enforcement officer.

Sec. 10. A program shall file a quarterly report with the state department. The report must contain the following information listed on a daily basis and by the location, identified by the postal ZIP code, where the program distributed and collected syringes and needles: (1) The number of individuals served. (2) The number of syringes and needles collected. (3) The number of syringes and needles distributed. The state department may request that a qualified entity supply additional information concerning the program operated by the qualified entity.

Sec. 11. (a) If the state health commissioner receives a request to declare a public health emergency under this chapter, the state health commissioner shall approve, deny, or request additional information concerning the request under section 5 of this chapter not later than ten (10) calendar days from the date the request is submitted to the state health commissioner. If additional information is: (1) requested by the state health commissioner; and (2) provided by the entity seeking the declaration; the state health commissioner shall approve or deny the request not later than ten (10) calendar days from the submission date of the additional information. (b) A public health emergency declared under this section may remain in effect for not more than one (1) year from the date the public health emergency is declared. However, the state health commissioner may renew the declaration of a public health emergency upon the request of the executive body of the county or the legislative body of the municipality that requested the initial declaration.

Sec. 12. Before November 1 of each year, the state department shall submit a report concerning syringe exchange programs operated under this chapter to the governor and to the general assembly in an electronic format under IC 5-14-6.

Sec. 13. This chapter may not be construed to preclude the governor from taking any action within the governor's authority.

Sec. 14. This chapter expires July 1, 2019.

National Resources

There are a number of national organizations and resources available to local health departments considering a SEP when determining the most appropriate model for their community.

National Alliance of State and Territorial AIDS Directors (NASTAD) and Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)

~ Syringe Services Program Guidelines for Development and Implementation for State and Local Health Departments

<http://www.uchaps.org/assets/NASTAD-UCHAPS-SSPGuidelines-8-2012.pdf>

Harm Reduction Coalition

~ Harm Reduction Coalition Resource Page

<http://harmreduction.org/our-resources/>

North American Syringe Exchange Network

~ National Directory of Syringe Exchange Programs and Resources

<https://nasen.org/>

New York State Department of Health

~ Syringe Access and Disposal Guidance -

https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/

New Jersey State Department of Health

~ Syringe Access Program Report/Information-

<http://www.nj.gov/health/aids/sapreport.shtml>

Seattle and King County Drug Use and Harm Reduction Resources

~ Access and Disposal Resources and Harm Reduction Materials for Users

<http://www.kingcounty.gov/healthservices/health/communicable/hiv/HarmReduction.aspx>

Indiana State Department of Health Resources

The Indiana State Department of Health has a number of resources available to local communities to assist in determining if an HIV and/or HCV epidemic is occurring in their area and technical assistance is available or those counties and municipalities considering a SEP from program planning to implementation and evaluation.

I.) Spotlight on HIV/STD/Viral Hepatitis Semi-Annual Reports

Semi-annually, the ISDH compiles the Spotlight Report and disseminates it via the ISDH website and presentations at the HIV Community Planning Group and other stakeholders as appropriate.

The most recent Spotlight Report as well as those for previous years is available at the following web address: <http://www.in.gov/isdh/23266.htm>

II.) County Profiles

The ISDH has created a profile of each county's HIV, STD, and hepatitis data for use in better understanding trends of disease over time and support counties and municipalities in determining if they meet the requirements to apply for a SEP program. These profiles have been provided to each county health department and are available online at <http://www.in.gov/isdh/26680.htm>.

III.) Data Requests

As noted, any entity can request data from the ISDH Office of Clinical Data and Research by utilizing the form found at <http://www.in.gov/isdh/23266.htm> or by calling, 317-233-7406.

IV.) ISDH Technical Assistance

ISDH technical assistance is available to local health departments (LHD) through the ISDH to support the establishment of SEPs in local communities. ISDH SEP technical assistance is provided by public health officials with experience in harm reduction interventions, and HIV, STD, and viral hepatitis prevention and testing strategies. Those LHDs requesting technical assistance should contact the ISDH Division of HIV/STD/Viral Hepatitis at 317-233-7499. The needs of the LHD will then be assessed and the appropriate ISDH staff member(s) will be engaged to work with the LHD to meet their needs.

The ISDH technical assistance can assist with all aspects of program planning, implementation, and evaluation however, state employees will not operate or staff syringe access programs. SEPs must be operated by LHDs or entities with which the LHD has a contract.

Syringe Exchange Program (SEP) Menu of Options

The following chart provides a menu of potential options for operating a SEP under Indiana SEA 46.

Citation: Syringe Services Program Guidelines for Development and Implementation for State and Local Health Departments

<http://www.uchaps.org/assets/NASTAD-UCHAPS-SSPGuidelines-8-2012.pdf>

Registration Model

* **Unique Identifier-** At registration participant's provide demographic data for program planning and monitoring purposes. As per SEA461 no personally identifiable information may be collected or maintained. A unique identifier is then provided to the participant which must be presented at the time of exchange.

A registration card may be provided to program participants containing their unique identifier to present at the time of transaction and in the event that law enforcement officials request proof of SEP participation.

Transaction Models

The goal is 100% syringe coverage – 1 clean syringe for every injection of every PWI.

***Negotiation Based** - Work with participant to identify number needed for specified period of use (week, month)

***One for One** – Participants are provided one syringe for every syringe brought in for proper disposal.

***One for One Plus** – Participants are provided one syringe for every syringe brought in for proper disposal and an additional amount negotiated with the SEP.

All SEPs MUST include counseling and/or referral for substance abuse treatment, HIV, STD, and viral hepatitis testing, medical care, and other resources (i.e. food, housing, etc.)

Delivery Methods

* **Storefront** – Transactions take place in an office or storefront.

* **Mobile/Street** – Transactions take place in a mobile unit at prescheduled times and locations.

* **Peer Delivery** – Champion(s) are identified and provide delivery to participants based on a schedule (or are “on call” in some communities.) This option is to be used in conjunction with another model (example; storefront).

* **Pharmacy** – Transactions take place in participating pharmacies. Participants typically pay for the syringes obtained.

* **Pharmacy Voucher** –SEP provides participants with vouchers to obtain syringes from participating pharmacies as a component of multi-stakeholder agreements.

Syringe Exchange Program Development Checklist for Local Health Departments

- The local health officer or executive director has declared to the executive body of the county or municipality that (1) there is an epidemic of HIV and/or hepatitis C, (2) the primary mode of transmission of HIV and/or HCV is intravenous drug use, (3) and that a SEP is a medically appropriate response as part of a comprehensive control and prevention plan.
- The legislative body of the county or municipality has (1) conducted a public hearing allowing public testimony, (2) taken official action to request a public health emergency and request permission to operate a SEP from the Indiana State Health Commissioner, and (3) provided a plan for the implementation and evaluation of the SEP.
 - This request must include the following;
 - The above declaration by the local health officer or executive director.
 - The previous and current efforts taken to control and prevent transmission of disease to date.
- The local health officer or executive director and legislative body of the county or municipality should include the following elements to their syringe access plan to the Indiana State Health Commissioner in order for the proposal to be considered.
 - SEP short and long term goals and objectives.
 - Specify ownership of the SEP.
 - County Health Department.
 - County Commissioners.
 - Other entity.
 - The source of funding for the SEP.
 - Federal and state funds cannot be used for SEPs.
 - The specific population that SEP will serve.
 - The non-identifiable way in which participants will be monitored.
 - The location(s) of the SEP in the community.
 - Indicate if a mobile unit or satellite locations will be used.
 - The method by which participants will receive substance abuse treatment and care referrals, HIV, STD, viral hepatitis testing including any partner entities.
 - The transaction model to be used.

- The method by which sharps and medical waste will be disposed of.
- A list of other resources or materials that will be provided to participants.
 - Wound care kits.
 - Overdose prevention resources.
 - Others identified at the local level.
- The method by which the SEP will provide overdose prevention education and resources.
- Provide an explanation as to the comprehensive public health response that preceded and will accompany the SEP. Potential response activities may include but are not limited to, the following:
 - HIV, STD, viral hepatitis education and outreach,
 - Establishing or increasing counseling and testing for HIV, STDs, viral hepatitis,
 - Providing health navigators to assist with insurance enrollment.
 - Providing access to resources including but not limited to birth certificates, identification cards, and/or vaccinations.
 - Access to behavioral health services.
- The Indiana State Health Commissioner has given permission for the implementation of the SEP.
- The SEP is implemented at the local level.
- Under SEA 461, the operating entity of the SEP must provide quarterly reports to the ISDH including the following listed on a daily basis and by the postal zip code where the SEP operates:
 - The number of participants served.
 - The number of syringes and sharps collected.
 - The number of syringes and sharps distributed.
- Annually, and upon request, the operating entity of the SEP must provide the ISDH with a status report for the evaluation of the SEP.
- Annually or upon expiration of the SEP operating period the operating entity of the SEP will provide the Indiana State Health Commissioner with a request for renewal, if desired, in accordance with the requirements of the law.