Home of 2015 HIV Outbreak, Indiana County Needle Exchange Up for Debate

The Scott County syringe program was associated with a substantial drop in new HIV cases since its legalization.

May 5, 2021 By Heather Boerner

The syringe services program that has been credited in journals including The New England Journal of Medicine with stopping an HIV outbreak in Scott County, Indiana, is facing a public hearing again.

The 2014–2015 outbreak was linked to shared drug injection equipment in the context of the burgeoning opioid epidemic and involved more than 200 cases of HIV. The state, then under the leadership of former Vice President Mike Pence, delayed implementation of programs to provide clean needles and other injection equipment.

At a May 5 County Commissioners meeting in Scott County, the commissioners are hosting an open forum on the program.

Syringe services have been found to be an effective point of entry for people who inject drugs to obtain needed health care, including HIV pre-exposure prophylaxis. The move comes at a time of renewed HIV outbreaks in Ohio, Boston and West Virginia and has local people living with HIV and their care providers concerned, calling for clinicians, local residents and Indiana residents to speak up before the meeting.

To get more information, we reached out to William Cooke, MD, the primary care doctor in Austin, Indiana, who sounded the alarm about rising rates of new HIV cases in 2015.

How have you seen the syringe services program change in terms of HIV cases since it was enacted?

The syringe services program (SSP) has been a vital community partner in reducing new cases of HIV in our community by more than 90%. Needle sharing between dozens of people and repeated usage of needles hundreds of times was common prior to the SSP. Now, most syringes are used once, in a sterile way, and around 95% are safely returned to the SSP.

You previously noted that all the signs of an HIV outbreak were there long before molecular tracing. How would you judge the signs for another outbreak there now, in terms of determinants like rising hepatitis C cases, drug overdose deaths, quality of life and markers of adverse childhood experiences for young people?

They are all still there, but our community has developed the tools to address many of those symptoms of concentrated poverty and toxic stress. My clinic integrates HIV, hepatitis C and addiction care within comprehensive primary care, and it has been overwhelmingly successful in reducing new cases of hepatitis C and HIV. We have an active recovery community organization partner in THRIVE. We have two behavioral health centers doing work in the county. We have access to inpatient detox and treatment that I oversee. But the SSP is a critical piece of the community solution. It helps us keep people alive, decreases the transmission of HIV and hepatitis C and provides an access point that feels safe for people who want help but are not sure what steps to take. In a way, the SSP is a victim of our success. Injection drug use will still exist in Scott County if the SSP closes. The SSP is not the problem; it's part of the solution. It also provides a safe way to return used syringes. Without that access, there would be more syringes discarded in the community.

What role do you think science can play to help inform the commission's decision?

Two things. One, there are more than 30 years of solid evidence that SSPs save lives, decrease transmission of HIV and other infections, save money and increase empowerment and thus economic growth.

Two, no one has ever [acquired] HIV or hepatitis C in the U.S. from a community needle stick. The risk to the community from syringes is essentially zero. This is in contrast to the known ongoing risk to the community from HIV and hepatitis C transmission from shared syringes.

How are your patients who acquired HIV during the 2015 outbreak doing?

Some have died. Many have entered into recovery. The vast majority are maintaining their viral suppression. The [COVID-19] shutdown and pandemic has been hard on them. We've developed mobile teams and are distributing tablets with data plans to better connect with those in the most need.

Click here to see the sign-on letter for clinicians.

Click here to see the sign-on letter for Scott County residents.

Click here to read more about syringe services and HIV.

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