Harm Reduction Case Study
Marion County, Indiana

Overview
Marion County, Indiana, is home to Indianapolis, the state capital, and an estimated 2019 population of 964,582. Substance use is a serious problem in the county: alongside rising overdose rates, the county experienced a tenfold increase in Hepatitis C cases from 2012 to 2018, 86 percent of which was directly related to injection drug use. In 2016, Marion County’s rate for opioid-related emergency department visits per 100,000 residents was 192.7, compared with the statewide average of 104.5. In 2017, opioid-specific overdose mortality in the county rose to 33.8 percent, compared with 9.1 percent in 2010; that year, there were 355 deaths caused by drug overdose in the county. The resulting economic and social impacts of opioid use on the county have been devastating—$7.4 billion over the past 15 years, or nearly $7,800 per resident. Statewide, Indiana recorded $4.3 billion in economic costs in 2017 alone: $1 billion in direct costs (e.g., acute hospitalizations, incarceration, foster care) and $3.3 billion in lost productivity.

As a result, local health departments across Indiana began to declare states of emergency to facilitate policy changes allowing the implementation of syringe service programs (SSPs). In 2019, Marion County launched an evidence-based SSP to address co-occurring epidemics of infectious disease and opioid overdose in the county, through an expansion of the Indianapolis Harm Reduction Team. Grant funding from the Comprehensive Opioid Abuse Program is supporting staffing, infrastructure costs, materials such as sharps containers (hard plastic containers used for safe disposal of hypodermic needles) and condoms, and a program evaluation.
Harm Reduction Activities

Successful launch of an SSP requires extensive stakeholder engagement, ongoing partnerships with multiple agencies, and a committed, mission-driven team. One way that Marion County staff members mobilized support for the program was by making presentations at law enforcement roll calls. Eight hundred county officers were made aware of the program in this way. Further training is under development to increase law enforcement understanding of harm reduction, including through use of the SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) model for new recruits at the police academy. In addition, harm reduction training is provided at crisis intervention team trainings, which are biannual events that prepare police officers, emergency medical services (EMS) personnel, and social workers to respond to substance use-related crises in the community. EMS personnel in the county now distribute sharps containers that contain information about the SSP. The SSP benefits from high-level support from the Marion County prosecutor, the Indianapolis metropolitan police chief, and the Marion County Sheriff’s Office, and partner engagement is maintained through the regular participation of the Harm Reduction Team on the Indianapolis Overdose Advisory Council and the Indianapolis Behavioral Health and Diversion Task Force.

At its core, the Marion County SSP provides sterile injection equipment to people who use drugs, which is proven to reduce the spread of infectious disease. Regular engagement of individuals in a syringe service program has also been associated with reduction in overdose risk and injection drug use and facilitates more successful connections with substance use disorder treatment. The program is staffed by peer recovery coaches, all of whom are individuals with the lived experience of substance use. They offer unique support to program participants, and their experience has improved the effectiveness of the program’s responses. Staff members are trained in motivational interviewing and de-escalation techniques, as well as how to connect people to recovery resources, build recovery capital, and reduce barriers to care. Rapid HIV testing and minor wound care services are conducted by public health nurses who receive a two-day training course in infectious disease and SSP principles facilitated by local grassroots organizations.

Despite its initial success, the program has encountered many hurdles, including ongoing stigma against individuals who use drugs, policy barriers, and the legality of syringes. Despite unanimous support from the Indianapolis–Marion County City County Council for operation of an SSP, possession of syringes remains a state felony. Many law enforcement personnel who see this issue as black and white are unwilling to stop arrests of individuals with syringes they lawfully obtained at the SSP. In turn, fear of arrest generates distrust among SSP participants and prevents the program from reaching those most in need of care. In response, the program continues to prioritize training of law enforcement in the
benefits of the program to address these challenges until the decriminalization of syringe possession is achieved through legislation.

**Outcomes**

The Marion County Public Health Department is conducting an outcomes evaluation of the syringe services program with a focus on participant involvement with the criminal justice system. Participation in an SSP may have a positive impact on criminal behavior and interaction with police officers; however, it may also contribute to the unintended consequence of increasing the likelihood of arrest. The evaluation will help strengthen the program’s partnership with law enforcement agencies. In addition, the evaluation will examine external cost benefits of syringe distribution compared with infectious disease treatment and injection-related hospitalization costs.

The Marion County SSP serves people where they are in a nonjudgmental, client-centered manner. Referrals from the program are more targeted and specific than other referrals, and the qualitative outcomes have been encouraging. Participants in the program have expressed that they are excited to make the changes promised by their involvement. The fact that change is possible is a new realization for many. Harm reduction supports them across their stages of change, so that they may continue to improve their quality of life regardless of their substance use status.