

# Drug Addiction



(Discarded syringe in Austin, Indiana [Photo: Christopher Frye, News and Tribune])

Prepared for the Amanda Qualls Campaign

April Sellers  
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## Drug Addiction: A Summary

In early 2015, the city of Austin, Indiana experienced the worst HIV outbreak in the state's history (and one of the worst in the history of the United States), driven by the sharing of contaminated needles by intravenous drug users. The episode drew national attention to the state's problem of opioid abuse within the state and to its hardline drug policies.<sup>1</sup> Despite a high rate of drug abuse, there was no drug rehabilitation facility in Austin.<sup>2</sup> Needle exchange programs, which public health experts believed were necessary to contain the outbreak, were prohibited by state law. Owing to his moral opposition to drug use, then-Governor Mike Pence initially resisted calls to lift the ban.<sup>3</sup> Only after a weeks-long pressure campaign by local, state, and federal health officials, and the urging of the Scott County sheriff — and two months after the outbreak was detected — did Pence finally issue an emergency executive order allowing a lifting of the ban, albeit short-term and limited to Scott County, where Austin is located.<sup>4</sup>

Opioid addiction was not the only problem facing the state. Among people seeking treatment for substance abuse in the state between 2005 and 2014, admissions for the use of methamphetamine increased by 66 percent.<sup>5</sup> In just the year prior to the Austin outbreak, Indiana was the state with the most meth lab seizures, contributing to 16 percent of the nation's total.<sup>6</sup>

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<sup>1</sup> See Kaplan, Sarah. (2015, March 26). *Indiana is battling the worst HIV outbreak in its history*. Washington Post. <https://www.washingtonpost.com/news/morning-mix/wp/2015/03/26/indiana-is-battling-the-worst-hiv-epidemic-in-state-history/>; Goodnough, Abby. (2015, May 5). *Rural Indiana Struggles to Contend with H.I.V. Outbreak*. New York Times. <https://www.nytimes.com/2015/05/06/us/rural-indiana-struggles-to-contend-with-hiv-outbreak.html>

<sup>2</sup> Tribune Wire Reports. (2015, March 25). *HIV outbreak in southern Indiana worst in state's history*. Chicago Tribune. <https://www.chicagotribune.com/suburbs/lake-county-news-sun/chi-rampant-drug-abuse-blamed-for-hiv-spike-in-southern-indiana-20150325-story.html>

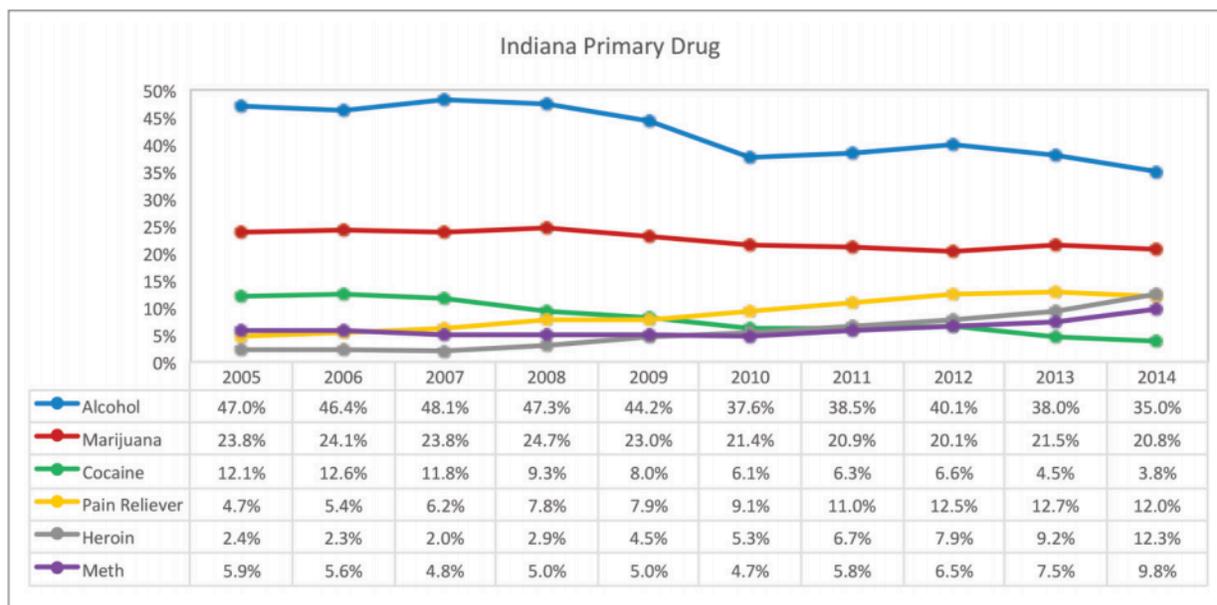
<sup>3</sup> Twohey, Megan. (2016, August 7). *Mike Pence's Response to H.I.V. Outbreak: Prayer, Then a Change of Heart*. The New York Times. <https://www.nytimes.com/2016/08/08/us/politics/mike-pence-needle-exchanges-indiana.html>

<sup>4</sup> Twohey, Megan. *Mike Pence's Response to H.I.V. Outbreak: Prayer, Then a Change of Heart*.

<sup>5</sup> Indiana University-Purdue University Indianapolis Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*. (2017, April). Indiana University-Purdue University Indianapolis. <https://pdfs.semanticscholar.org/e81f/b6f3ad4ba58ec869c11bf55a31ec176a801a.pdf>

<sup>6</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

**Figure 3A. Indiana Percentage of Treatment Episodes by Primary Substance Reported at Admission (TEDS, 2005-2014)**



Source: SAMHSA, 2014

Source: IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

Elkhart County was no passive bystander to this epidemic: in 2011, the county ranked second in the state for meth labs seized, with 71 such seizures.<sup>7</sup> An estimated three-quarters of the inmates at the county correctional facility were there for crimes directly or indirectly related to drugs, usually meth.<sup>8</sup>

### ***The Extent of the Problem***

Among the most commonly abused illicit substances in Indiana are opioids (prescription pain relievers and heroin), methamphetamine, and cocaine.<sup>9</sup> The substances are procured in a number of different ways. Most individuals who abuse prescription opioids receive them from a friend or relative,<sup>10</sup> and they are not difficult to come by: in

<sup>7</sup> *Elkhart County ranked second in state for meth labs seized.* (2012, June 1). The Goshen News. [https://www.goshennews.com/news/elkhart-county-ranked-second-in-state-for-meth-labs-seized/article\\_5bd0bfd0-58c3-5eda-82a9-4d5e873517c7.html](https://www.goshennews.com/news/elkhart-county-ranked-second-in-state-for-meth-labs-seized/article_5bd0bfd0-58c3-5eda-82a9-4d5e873517c7.html)

<sup>8</sup> Huus, Kari. (2009, December 3). *Amid recession, meth menace evolves.* NBC News. [http://www.nbcnews.com/id/34227273/ns/us\\_news-the\\_elkhart\\_project/t/amid-recession-meth-menace-evolves/#.XzMV4hNKgUs](http://www.nbcnews.com/id/34227273/ns/us_news-the_elkhart_project/t/amid-recession-meth-menace-evolves/#.XzMV4hNKgUs)

<sup>9</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

<sup>10</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

2018, health care providers "wrote 65.8 opioid prescriptions for every 100 persons, compared to the average U.S. rate of 51.4 prescriptions."<sup>11</sup> Methamphetamine is manufactured illegally in clandestine labs<sup>12</sup> and, increasingly, being imported from outside the U.S.<sup>13</sup>

In addition to criminal prosecution, users face an increased risk of contracting certain infections. Intravenous drug use, such as with heroin, cocaine, or meth, increases one's chances of contracting HIV/AIDS, hepatitis B, and hepatitis C through needle sharing and a concomitant increase in the likelihood of engaging in risky sexual behaviors.<sup>14</sup> Of the 516 new HIV diagnoses in Indiana in 2017, injection drug use contributed to 10.2 percent of new diagnoses in men and 16 percent of such diagnoses in women.<sup>15</sup>

Unsurprisingly, the scourge of drug abuse has been costly: according to an analysis published in 2015, opioid abuse cost the state over \$650 million in health care costs.<sup>16</sup> Speaking to NBC News in 2009, then Elkhart County Sheriff Mike Books stated that the county had a \$2 million annual budget for providing health care to housed offenders, and that drug abusers, especially meth users, quickly ate through the budget, due to mouths "full of corroded teeth, which can cost \$12,000 in dental care alone," and "treatment for everything from withdrawal and skin lesions to kidney damage."<sup>17</sup> Emergency departments across the state reported 17,311 visits due to drug usage in 2018, including 394 in Elkhart County.<sup>18</sup>

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<sup>11</sup> National Institute on Drug Abuse. (2020, April 3). *Indiana: Opioid-Involved Deaths and Related Harms*. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/indiana-opioid-involved-deaths-related-harms>

<sup>12</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

<sup>13</sup> Rudavsky, Shari. (2019, September 5). *Meth, once the drug scourge of Indiana, is back but in a new and deadlier way*. IndyStar. <https://www.indystar.com/story/news/health/2019/09/05/resurgence-methamphetamine-meth-stimulant-epidemic-drugs-opioids-cocaine-poly-substance-use/2060449001/>

<sup>14</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

<sup>15</sup> National Institute on Drug Abuse. *Indiana: Opioid-Involved Deaths and Related Harms*.

<sup>16</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

<sup>17</sup> Huus, Kari. *Amid recession, meth menace evolves*.

<sup>18</sup> Indiana Drug Overdose Dashboard [data set]. (2020, July 16). Indiana State Department of Health. <https://www.in.gov/isdh/27393.htm>

In addition to the monetary cost, there is the human cost. In 2016, over 150 children were removed from homes in Indiana containing meth labs.<sup>19</sup> And, of course, there are the overdose deaths, which number in the thousands each year. One thousand two hundred forty-five Hoosiers died from drug overdoses in the same year as the Austin outbreak.<sup>20</sup> Two years later, that number climbed to 1,852 — an increase of nearly 50 percent;<sup>21</sup> thirty-seven of those deaths were in Elkhart County, representing an increase of 60.9 percent over figures from 2016.

## ***A New Approach***

Indiana's 51st governor, Eric Holcomb, took office in January 2017. Although he had served as Pence's Lieutenant Governor, Holcomb voiced support for expanding needle-exchange programs, indicating that his approach to the drug epidemic would differ from that of his predecessor. Within hours of his inauguration, Holcomb signed an executive order creating a cabinet-level position to combat the state's drug problem "with a comprehensive, community-based approach" relying on drug prevention, treatment, and enforcement.<sup>22</sup> He unveiled his "Next Level Agenda," proposing increases in funding for residential treatment and recovery, as well as the creation of mobile intervention teams, and announced that Indiana was "implementing technology statewide that will provide medical professionals access to patients' opioid prescription history far more quickly."<sup>23</sup> That spring, Holcomb had begun implementing his agenda by signing into law a number of bills, including those that allowed municipalities to establish needle exchange programs without state approval,<sup>24</sup> created a plan to house and treat homeless Hoosiers with drug addiction and/or mental illness,<sup>25</sup> and ordered the development of a plan to

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<sup>19</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

<sup>20</sup> IUPUI Center for Health Policy. *Substance Abuse Trends in Indiana: A 10-Year Perspective*.

<sup>21</sup> Indiana Drug Overdose Dashboard [data set].

<sup>22</sup> Holcomb, Eric. (2017, September 30). *Why I am focusing on the opioid crisis*. IndyStar. <https://www.indystar.com/story/news/2017/09/30/gov-holcomb-opioid-opioids-opioid-addiction-opioid-epidemic-opioid-withdrawal-opioid-overdose-pain-p/716337001/>

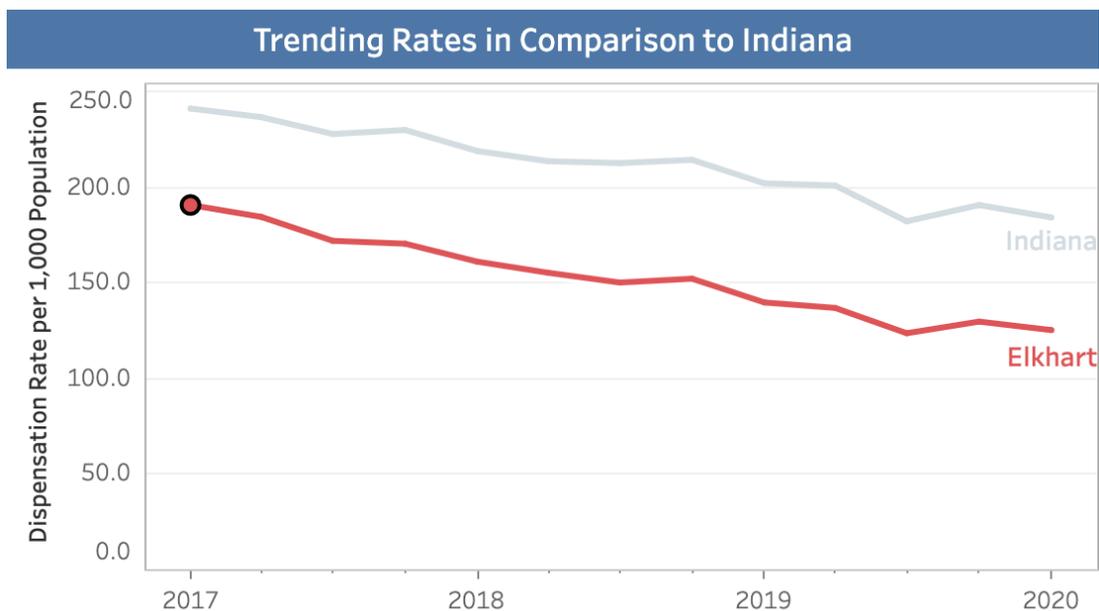
<sup>23</sup> Holcomb, Eric. *Why I am focusing on the opioid crisis*.

<sup>24</sup> Public Law 198-2017 (House Enrolled Act No. 1438).

<sup>25</sup> Public Law 103-2017 (Senate Enrolled Act No. 242).

increase the number of inpatient and residential beds used for detoxification, treatment, and rehabilitation.<sup>26</sup>

By the time Holcomb's "drug czar," Jim McClelland, retired from his post in late 2019, the Centers for Disease Control and Prevention noted that Indiana's drug overdose deaths had declined 12.9 percent ("twice as much as the national average") in 2018, the most recent year for which figures were available.<sup>27</sup> Additionally, "the federal Medicaid waiver Indiana secured in February 2018 expanded access to substance abuse treatment," helping 56,000 Hoosiers get treatment.<sup>28</sup> Opioid prescriptions also fell, and continued to do so even after McClelland's retirement: opioid dispensations went from 241 per 1,000 population in the first quarter of 2017 to 184 per 1,000 population in the first quarter of 2020. <sup>29</sup> Opioid prescriptions in Elkhart County have followed a similar trajectory).<sup>30</sup>



Source: Indiana State Department of Health.

<sup>26</sup> Public Law 165-2017 (Senate Enrolled Act No. 156).

<sup>27</sup> Carden, Dan. (2019, November 12). *Indiana 'drug czar' retiring after helping reduce overdose deaths 13%*. NWI Times. [https://www.nwitimes.com/news/local/govt-and-politics/indiana-drug-czar-retiring-after-helping-reduce-overdose-deaths-13/article\\_5783bb28-bf54-5542-8bae-8c4b2bb2258c.html](https://www.nwitimes.com/news/local/govt-and-politics/indiana-drug-czar-retiring-after-helping-reduce-overdose-deaths-13/article_5783bb28-bf54-5542-8bae-8c4b2bb2258c.html)

<sup>28</sup> Carden, Dan. *Indiana 'drug czar' retiring after helping reduce overdose deaths 13%*.

<sup>29</sup> Indiana Drug Overdose Dashboard [data set].

<sup>30</sup> Indiana Drug Overdose Dashboard [data set].

As of February 3, 2020, 79 of the state's 92 counties were participating in at least one of the following drug prevention and harm reduction programs:

- Syringe Exchange (9 counties)
- Overdose Response Project (12 counties)
- Indiana Communities Advancing Recovery Efforts Extension for Community Healthcare Outcomes (IN CAREs ECHO) (16 counties)
- Overdose Fatality Review Team (16 counties)
- Local Health Department (LHD) Naloxone County (49 counties)
- First Responder Naloxone County (49 counties)<sup>31</sup>

Elkhart County is an LHD Naloxone County, but does not presently participate in any other programs.

Elkhart County did, however, establish a drug court in 2019 — one of over 100 such courts in the state. Unlike criminal courts, drug courts emphasize behavior modification through positive reinforcements and incentives. In an article for the South Bend Tribune last fall, Marshall V. King, observing an afternoon session of the Elkhart County Drug Court, describes people smiling and waving at one another as they arrive in the courtroom for a proceeding that is "about affirmation, support and even forgiveness for non-violent offenders battling addiction."<sup>32</sup> One woman informs Judge Gretchen Lund that she is attending treatment and meetings, working, caring for her children, and painting her house. In Fayette County, Superior Court Judge Paul Freed praised the effectiveness of that county's drug court, stating: "I am super shocked by how little illicit drug use has occurred [among participants]... We have 23 participants. Everyone one is tested three times a week so that's about 1,500 drug tests so far, and only 12 have been 'hot' for illicit drug use."<sup>33</sup> There is room for improvement, however. Freed notes that, due to limited funding and staffing, the Fayette County Drug Court is limited to only 30 participants.

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<sup>31</sup> Indiana Drug Overdose Dashboard [data set].

<sup>32</sup> King, Marshall V. (2019, September 23). *Drug court is changing lives in Elkhart County*. South Bend Tribune. [https://www.southbendtribune.com/news/foodforthought/drug-court-is-changing-lives-in-elkhart-county/article\\_708175ad-e466-5a9d-97fe-25295cd96ff0.html](https://www.southbendtribune.com/news/foodforthought/drug-court-is-changing-lives-in-elkhart-county/article_708175ad-e466-5a9d-97fe-25295cd96ff0.html)

<sup>33</sup> Hansen, Bob. (2019, October 19). *Fayette County's drug court growth is slowed by lack of funding, judge laments*. Indiana Economic Digest. <https://indianaeconomicdigest.com/MobileContent/Default/Top-Story/Article/Fayette-County-s-drug-court-growth-is-slowed-by-lack-of-funding-judge-laments/-3/5309/97745>

- Current Law

Notwithstanding the legalization of CBD oil in 2018, it remains against the law to manufacture, deal, and possess a slew of controlled substances and paraphernalia. The tables below summarize current laws for possession for all drugs other than marijuana, hash oil, hashish, or salvia, which is covered in a separate report.

**IC 35-48-4-7 POSSESSION OF A CONTROLLED SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG; OBTAINING A SCHEDULE V CONTROLLED SUBSTANCE**

Offense	Penalty	Incarceration	Fine
Possession of a controlled substance or controlled substance analog, classified in schedule I, except marijuana, hashish, or salvia	Class A misdemeanor	Not more than 1 year	\$5,000
Possession of a controlled substance or controlled substance analog, classified in schedule II, III, or IV	Class A misdemeanor	Not more than 1 year	\$5,000
Possession and an enhancing circumstance applies	Level 6 felony	6 months-2 1/2 years	\$10,000
Possession of more than 4 ounces of schedule V controlled substances containing codeine, without a prescription	Class A misdemeanor	Not more than 1 year	\$5,000
Possession of a schedule V controlled substance pursuant to misrepresentation	Class A misdemeanor	Not more than 1 year	\$5,000

Offense	Penalty	Incarceration	Fine
Possession of a schedule V controlled substance other than by means of a prescription or by means of signing an exempt narcotic register	Class A misdemeanor	Not more than 1 year	\$5,000

**IC 35-48-4-6 POSSESSION OF COCAINE OR NARCOTIC DRUG  
IC 35-48-4-6.1 POSSESSION OF METHAMPHETAMINE**

Offense	Penalty	Incarceration	Maximum Fine
Possession of less than 5 grams	Level 6 felony	6 months-2 1/2 years	\$10,000
Possession of at least 5 but less than 10 gram OR the amount is less than 5 grams and an enhancing circumstance applies	Level 5 felony	1-6 years	\$10,000
Possession of at least 10 but less than 28 grams OR possession of 5-10 grams and an enhancing circumstance applies	Level 4 felony	2-12 years	\$10,000
Possession of at least 28 grams OR possession of 10-28 grams and an enhancing circumstance applies	Level 3 felony	3-16 years	\$10,000

Additionally, possession of paraphernalia is a Class C misdemeanor, unless the person has a prior unrelated judgment or conviction for possession, in which case it is a Class A misdemeanor.<sup>34</sup>

**Legislative Action in Indiana**

The following section summarizes legislative action that has been taken within the last two years. The colors used below indicate the party to which the legislator belongs, where blue is 'Democratic' and red is 'Republican.'

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<sup>34</sup> IC 35-48-4-8.3

## *Recently Passed Legislation*

### • **Public Law 40/Enrolled House Bill No. 1094**

<i>Author Name (District)</i>	<i>* = co-author</i>
Rep. Cindy Ziemke (55)	Rep. Karlee Macer* (92)
Rep. Ann Vermilion* (31)	Rep. Rita Fleming* (71)
Rep. Dan Forestal* (100)	

<i>Sponsor Name (District)</i>	
Sen. Susan Glick (13)	Sen. James Merritt (31)
Sen. Jean Leising (42)	Sen. Lonnie Randolph (2)

Directs the executive director of the state criminal justice institute to work with local coordinating councils and other stakeholders to implement recommendations concerning said councils, and to assist local coordinating councils in decreasing and mitigating substance use.

### • **Public Law 142/Enrolled Senate Bill No. 335**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Michael Young (35)	Sen. Liz Brown (15)
Sen. Eric Koch (44)	Sen. Karen Tallian* (4)

<i>Sponsor Name (District)</i>	
Rep. Wendy McNamara (76)	Rep. Gregory Steuerwald (40)
Rep. Donna Schlaibley (24)	Rep. Edward Clere (72)

Among other things, amends I.C. 9-30-5-1 to read that a person commits the offense of operating a vehicle with a controlled substance if the drug is in the person's blood (rather than the person's body). Provides a defense to operating with a controlled substance if the accused consumed the drug in accordance with a valid prescription or order of a medical professional.

• **Public Law 179/Enrolled House Bill No. 1543 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Rep. Cindy Kirchhofer (89)	Rep. Robin Shackelford* (98)
<i>Sponsor Name (District)</i>	
Sen. Vaneta Becker (50)	Sen. Ed Charbonneau (5)
Sen. Lonnie Randolph (2)	

Provides that the office of Medicaid policy and planning shall cover inpatient detoxification, if determined to be medically necessary, using the American Society of Addiction Medicine Patient Placement Criteria.

• **Public Law 213/Enrolled Senate Bill No. 141 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Erin Houchin (47)	Sen. Ed Charbonneau (5)
Sen. Eric Bassler* (39)	Sen. Andy Zay* (17)
Sen. Lonnie Randolph* (2)	
<i>Sponsor Name (District)</i>	
Rep. Ben Smaltz	Rep. Steven Davisson (73)
Rep. Rita Fleming (71)	

Specifies requirements that a health care provider must meet in treating patients who participate in office based opioid treatment. Requires the medical licensing board, in consultation with the state department of health and the office of the secretary of family and social services, to adopt rules or protocols concerning office based opioid treatment providers and: (1) treatment agreements; (2) periodic scheduled patient visits; (3) urine toxicology screenings; (4) HIV, hepatitis B, and hepatitis C testing; and (5) the medical record documentation required for the prescribing of buprenorphine over a specified dosage.

• **Public Law 222/Enrolled Senate Bill No. 276 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Jeff Raatz (27)	Sen. Michael Young (35)
Sen. Mike Bohacek* (8)	Sen. Lonnie Randolph* (2)
Sen. Eric Koch* (44)	Sen. Jack Sandlin* (36)
<i>Sponsor Name (District)</i>	
Rep. Brad Barrett (56)	Rep. Timothy Brown (41)
Rep. Gregory Porter (96)	

Extends the opioid treatment pilot program until 2022.

• **Public Law 153/Enrolled Senate Bill No. 52 (2018)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Michael Young (35)	Sen. James Tomes (49)
Sen. Mark Stoops* (40)	Sen. Timothy Lanane* (25)
Sen. Lonnie Randolph* (2)	Sen. Karen Tallian* (4)
Sen. James Buck * (21)	
<i>Sponsor Name (District)</i>	
Rep. William Friend (23)	Rep. David Frizzell (93)
Rep. Wendy McNamara (76)	Rep. Sheila Klinker (27)

Legalizes "low THC hemp extract," defined as containing not more than .3% delta-9-THC (including precursors). Establishes testing, packaging, and labeling requirements for distribution and retail sale of low THC hemp extract. Urges the legislative council to assign an interim study committee to the task of studying the regulation of industrial hemp, industrial hemp products, and low THC hemp extract manufacturing.

OTHER RECENTLY PASSED LEGISLATION OF NOTE

- **Public Law 61/Enrolled Senate Bill No. 194** - Adds new scheduled drugs to the statutory drug schedules. Includes opium esters, ethers, and salts of isomers, esters, and ethers in the definition of "narcotic."
- **Public Law 51/Enrolled House Bill No. 1294 (2019)** - Specifies that a medical practitioner may obtain information about a patient directly through the state's scheduled prescription electronic collection and tracking program data base (INSPECT data base) or through the patient's integrated health record.
- **Public Law 5/Enrolled Senate Bill No. 198 (2019)** - Makes committing a controlled substance offense on the property of a penal facility or juvenile facility an enhancing circumstance.
- **Public Law 182/Enrolled Senate Bill No. 110 (2019)** - Adds "knowingly" dealing illicit drugs "in, on, or within one hundred (100) feet of a [drug treatment] facility" to the list of enhancing circumstances for offenses relating to controlled substances.
- **Public Law 89/Enrolled Senate Bill No. 74 (2018)** - Adds additional controlled substances to the existing list of schedule I drugs. Adds Mxedrone to the definition of "synthetic drug."
- **Public Law 198/Enrolled House Bill No. 1359 (2018)** - Makes manufacturing or dealing certain controlled substances that result in the death of a user a Level 1-3 felony, depending on classification of the controlled substance.

## ***Recently Failed Legislation***

All following bills are from the 2020 legislative session, unless otherwise noted in parentheses.

### **• Senate Bill No. 207**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. James Merritt (31)	Sen. Michael Crider (28)
Sen. Lonnie Randolph* (2)	

If passed, would have repealed the expiration date of the syringe exchange program (which, under current law, is set to expire July 1, 2021).

### **• Senate Bill No. 159 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. James Merritt (31)	

Proposed a defense to prosecution of certain drug-related offenses if: (1) a person informs a law enforcement officer that the person is in possession of a hypodermic syringe or needle prior to the officer performing a search of the person or their property; and (2) there is no more than a residual amount of a controlled substance located in the hypodermic syringe or needle.

### **• Senate Bill No. 274 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. James Merritt (31)	

Would have changed the opioid addiction recovery pilot program for pregnant women and women with newborns into a permanent program.

• **Senate Bill No. 378 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Randall Head (18)	

Sought to impose requirement that addiction treatment teams, office based opioid providers, physicians, et al., to use one of the three most effective medications as indicated by the FDA. Would also have required the state health department to keep a list of medical professionals who prescribe a controlled substance that results in an overdose death.

• **Senate Bill No. 531 (2019)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Jean Leising (42)	

Sought to direct the Indiana emergency medical services commission to adopt a protocol concerning seizure, transportation, and temporary storage of illegal drugs and paraphernalia. Would also authorize EMTs who have administered overdose intervention drugs to a patient to seize illegal drugs and paraphernalia observed in plain view.

• **Senate Bill No. 293 (2018)**

<i>Author Name (District)</i>	<i>* = co-author</i>
Sen. Michael Young (35)	

Would have provided that probable cause to issue a warrant for a blood test exists if a person is revived after the administration of an overdose intervention drug and certain other conditions are met. Would create a right to pretrial diversion and participation in an addiction treatment program, and allow the issuance of a summons instead of arrest if there is no probable cause to believe a person has committed an offense other than possession of a controlled substance or paraphernalia. Proposed making abuse of a controlled substance a Class A misdemeanor, for which a person may receive a summons instead of being arrested, and establish a right to participate in a treatment program without being charged with the offense.

#### OTHER RECENTLY FAILED LEGISLATION OF NOTE

- **Senate Bill No. 200** - Proposed repeal of certain driving privilege suspensions when a motor vehicle is used in dealing certain controlled substances.
- **Senate Bill No. 11 (2019)** - Sought to require qualified entities operating syringe exchange programs to establish and maintain a registries of participants.
- **Senate Bill No. 146 (2019)** - If enacted, prescriptions for controlled substances would have needed to be issued electronically beginning June 30, 2020, and prescribers would have to meet continuing education requirements in order to continue issuing opioid medication prescriptions.
- **Senate Bill No. 173 (2019)** - Would have established a procedure to permit a person with a drug addiction related conviction who has completed a residential treatment program to have the conviction expunged.
- **Senate Bill 577 (2019)** - Called for an interim study committee to look into the need to have additional addiction counselors in Indiana by allowing certain qualified individuals to be able to practice as addiction counselors.
- **House Bill 1379 (2019)** - Would have established a drug crisis task force to prepare a comprehensive plan that prioritizes the one time and annual funding needed over a ten year period to address the drug crisis.
- **House Bill 1499 (2019)** - Called for an interim study committee to examine the impact of the opioid crisis.
- **Senate Bill 107 (2018)** - Would have required certain registered dispense of controlled substances to be registered with the INSPECT program.

## Legislative Action in Other States

Legislation designed to promote a treatment-based approach to drug abuse has been proposed in a number of states around the country. While these states may vary from Indiana politically and culturally, the increasingly pragmatic approach adopted in this state (along with multiple attempts within the last decade to decriminalize or legalize marijuana, addressed in a separate report) indicates a willingness to consider data-backed solutions.

### *Alaska*

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**Bill:** SB 91

**Status:** Signed into law in 2016

Senate Bill 91 was a wide-reaching criminal justice reform bill that, among other things, reclassified all drug possession (except that of the "date rape drug") as misdemeanors and banned imprisonment for the first offense.<sup>35</sup> Partially repealed in 2019 with new law that made simple possession a jailable offense, and a second arrest within 10 years a felony.

### *Ohio*

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**Bill:** SB 3

**Status:** Passed in the state senate in July 2020.

Would make possession of small amounts of drugs a misdemeanor with the presumption of treatment. Would also permit misdemeanor and low-level felony possession charges to be sealed upon successful completion of drug court or treatment program.<sup>36</sup>

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<sup>35</sup> SB 91, 29th Leg., Reg. Sess. (Alaska, 2016). <http://www.akleg.gov/basis/Bill/Text/29?Hsid=SB0091Z>

<sup>36</sup> SB 3, 133rd Gen. Assem., Reg. Session. (Ohio, 2020). <https://legiscan.com/OH/text/SB3/id/2198226>

## *California*

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**Bill:** AB 1535

**Status:** Signed into law in 2014.

Permits Californians to purchase naloxone at participating pharmacies and receive brief training on how to use it.<sup>37</sup>

## *Washington*

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**Bill:** HB 2642

**Status:** Signed into law in 2020

Prohibits health insurance plans offered to public employees, Medicaid enrollees, or those on the commercial market from requiring prior authorization for admission to residential substance use treatment or detoxification services.<sup>38</sup>

**Bill:** SB 6109

**Status:** Introduced during 2019-2020 legislative session

Would have created a pilot program allowing three counties to appoint executors to help oversee treatment for persons with mental illness or drug addiction who are unable to care for themselves but are not so dangerous as to permit detention under the law.<sup>39</sup>

## Relevant Advocacy Groups

Addiction Policy Forum	<a href="https://www.addictionpolicy.org">https://www.addictionpolicy.org</a>
Drug Policy Alliance	<a href="https://www.drugpolicy.org/">https://www.drugpolicy.org/</a>
Harm Reduction Coalition	<a href="http://harmreduction.org/">http://harmreduction.org/</a>
National Association of Drug Court Professionals	<a href="https://www.nadcp.org/">https://www.nadcp.org/</a>
Drug Free American Foundation	<a href="https://www.dfaf.org/">https://www.dfaf.org/</a>
Indiana Addiction Issues Coalition	<a href="https://www.recoveryindiana.org/">https://www.recoveryindiana.org/</a>

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<sup>37</sup> Assemb. Bill No. 1535, 2013-2014 Reg. Session (ch. 326), 2014 Cal. Stat. [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201320140AB1535](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201320140AB1535)

<sup>38</sup> HB 2642, 66th Leg., Reg. Sess. (Wash. 2020). <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/2642-S.SL.pdf?q=20200813211520>

<sup>39</sup> SB 6109, 66 Leg., Reg. Sess. (Wash. 2020). <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Senate%20Bills/6109.pdf?q=20200813212418>