

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1997

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HOUSE BILL 576

Short Title: Needle Exchange Pilot Program.

(Public)

Sponsors: Representative Wright.

Referred to: Human Resources.

March 20, 1997

A BILL TO BE ENTITLED

**AN ACT TO ESTABLISH A COMMUNITY-BASED NEEDLE AND SYRINGE
EXCHANGE PILOT PROGRAM.**

The General Assembly of North Carolina enacts:

Section 1. (a) Pilot program established; purpose. There is established a community-based needle exchange pilot program to be administered by the Department of Environment, Health, and Natural Resources. For purposes of this section, a "needle exchange pilot program or project" is a program or establishment wherein a person who is an injecting drug user may exchange an old or used needle or syringe for a new one. As used in this section, the term "needle" includes "syringe". The purposes of the program are as follows:

- (1) To reduce use of contaminated needles in circulation in order to reduce the transmission of Human Immunodeficiency Virus (HIV), Hepatitis B, and Hepatitis C;
- (2) To provide HIV/AIDS risk reduction outreach education and referral for hard-to-reach Injection Drug Users (IDU) who are not in treatment; and
- (3) To reduce the spread of HIV, Hepatitis B, and Hepatitis C to the sexual partners of injection drug users, and thus reduce the transmission of the disease to other populations.

1 (b) Administration of the pilot program. The Department shall administer
2 the program as follows:

3 (1) The Department shall authorize the establishment of up to four
4 community-based needle exchange pilot projects, each in a county with
5 a high incidence or prevalence of HIV infection or injecting drug use
6 behavior.

7 (2) Each pilot project shall be implemented by a public nonprofit or private
8 nonprofit organization. Each organization selected to implement a
9 project shall provide the Department with proof of nonprofit status, and
10 must agree to develop and implement a pilot project that is
11 comprehensive in scope and demonstrates coordination with local
12 public health departments, substance abuse treatment programs,
13 community health centers, law enforcement agencies, pharmacies, and
14 other local health care providers.

15 (3) Each community-based pilot project shall do the following:

- 16 a. Maintain coordination with existing comprehensive HIV/AIDS
17 prevention and outreach projects that target injecting drug users;
18 b. Provide for the free and anonymous exchange of needles and
19 syringes for those needles and syringes returned;
20 c. Offer education on HIV and hepatitis transmission and
21 prevention measures, assist program participants in obtaining
22 drug treatment services, and ensure the safe disposal of needles.

23 (4) Approved needle exchange projects must use a reliable mechanism that
24 will allow for the identification of program syringes after the syringes
25 leave the exchange site. Each community-based project shall have an
26 evaluation component to monitor:

- 27 a. Exchange rates of needles and syringes;
28 b. Behavioral changes of project participants, such as needle
29 sharing and the use of condoms;
30 c. Project participation rates and the number of participants who
31 enter drug treatment programs and other services.

32 (5) Upon notification by the Department that an organization has been
33 authorized to implement a pilot project, the organization shall establish
34 a process to promote community involvement in and planning and
35 operations of the project. This requirement can be met by either
36 establishing a new community advisory board or by making formal
37 arrangements with an existing community advisory board. Each needle
38 exchange project shall have six months to implement a community
39 planning process to adopt policies and procedures for the operation of
40 the program.

41 (6) Each organization implementing a community-based pilot project shall
42 submit a report evaluating the effectiveness of the project to the

1 Department. The Department shall determine the frequency and content
2 of reports to be submitted by the organization.

3 Section 2. G.S. 90-113.22 shall not apply to persons who are employees or
4 volunteers of, or injecting drug user participants in community-based needle exchange
5 pilot projects administered by the Department pursuant to this act. This immunity from
6 prosecution under G.S. 90-113.22 applies only to acts committed while carrying out the
7 duties as employee or volunteer, or during the course of participating in the needle or
8 syringe exchange.

9 Section 3. This act becomes effective July 1, 1997, and expires June 30, 2000.