

REQUEST FOR PROPOSAL 4
DISTRIBUTION OF NALOXONE
KITS AT LOCAL HEALTH
DEPARTMENTS
ANNUAL SUMMARY REPORT

Indiana State Department of Health
Division of Trauma and Injury Prevention



Indiana State
Department of Health

Table of Contents

Background	2
Methods	2
Data Results	0
Discussion.....	3
Conclusion.....	2
References	3

Background

Indiana is ranked 16th in all drug-related overdose deaths in the United States, as of 2016. This is in part a result of the rise in opioid-based prescription drug overdoses in Indiana and across the nation. The most common drugs involved in prescription drug overdose deaths include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin), oxymorphone (e.g., Opana) and methadone (especially when prescribed for pain).¹ Changes in how providers prescribe these drugs contribute and continue to fuel the epidemic.¹ The amount of opioids prescribed and sold in the United States quadrupled from 1999 through 2011.¹ Taking too many prescription painkillers may cause infrequent or halted breathing, eventually leading to death, if an intervention is not implemented.^{1,2}

- Poisoning is the leading cause of injury deaths in Indiana, and drugs cause 9 out of 10 poisoning deaths. Drug overdose deaths increased five-fold since 1999.¹
- Indiana had a statistically significant increase in the rate of drug overdose deaths from 2015 to 2016.⁷

Naloxone is a safe, non-addictive medication that inhibits the effects of a prescription drug overdose and allows regular breathing to resume.⁵ To address the prescription drug overdose death epidemic, former Indiana Gov. Mike Pence established Aaron's Law after the prescription drug overdose death of Aaron Sims. This law requires pharmacies, not-for-profits, health departments, and other entities that distribute naloxone to register as naloxone providers on the Overdose Prevention Therapy-Indiana (optIN) website.⁵ The optIN registry is part of the Indiana Naloxone Standing Order that grants laypersons the capability of receiving naloxone for themselves or those they know without a prescription.⁶ Naloxone providers must include a list of substance abuse treatment resources and instruct the individual to call emergency medical services immediately before or after administering the antidote.⁶

A Memorandum of Understanding (MOU) was created between the Family and Social Services Administration Division of Mental Health and Addiction (DMHA) and the Indiana State Department of Health (ISDH) for the purpose of delegating funds to increase the training and distribution of naloxone in communities. This MOU was effective between April 16, 2018 and December 31, 2018. The funds provided by DMHA were regulated for use under the following conditions: ISDH would gather and distribute naloxone kits to local health departments, as well as perform period reporting of who received treatment, the number of naloxone kits distributed, and the number of kits used across the state.

Methods

To meet the MOU requirements, ISDH sent out a Request for Proposal (RFP) to local health departments (LHDs) to provide education and distribute naloxone in their respective communities. The RFP describes ISDH efforts and requirements for expanding the distribution of naloxone kits. The dates for implementing the RFP were set for April 16, 2018 and December 31, 2018. The reporting schedule was as follows:

- Round 1 (R1) April 16, 2018 – June 30, 2018
- Round 2 (R2) July 1, 2018 – September 30, 2018
- Round 3 (R3) October 1, 2018 – December 31, 2018

Forty-one LHDs across the state applied and were accepted for the naloxone kit distribution program: Allen, Bartholomew, Blackford, Boone, Brown, Cass, Clark, Clinton, Elkhart, Fayette, Floyd, Greene, Hamilton, Hendricks, Howard, Jackson, Jefferson, Jennings, Johnson, Kosciusko, Lake, LaPorte, Madison, Marshall, Miami, Monroe, Montgomery, Morgan, Ohio, Orange, Perry, Porter, Posey, Ripley, Scott, Spencer, Tippecanoe, Vanderburgh, Vermillion, Wells, and Whitley. The location and distribution of these participating counties are depicted in **Figure 1**. Each of the LHDs were given a different number of kits based on the number of kits requested by the health departments, with priority being given to high burden counties depicted in **Figure 2**. The ISDH provided a total of 14,143 kits to the 41 participating LHDs (**Figure 3**).

Two additional reports, R4 and R5, were requested for LHDs that were unable to distribute all of their kits in the first three rounds.

Figure 1: Map of counties selected for naloxone kit distribution

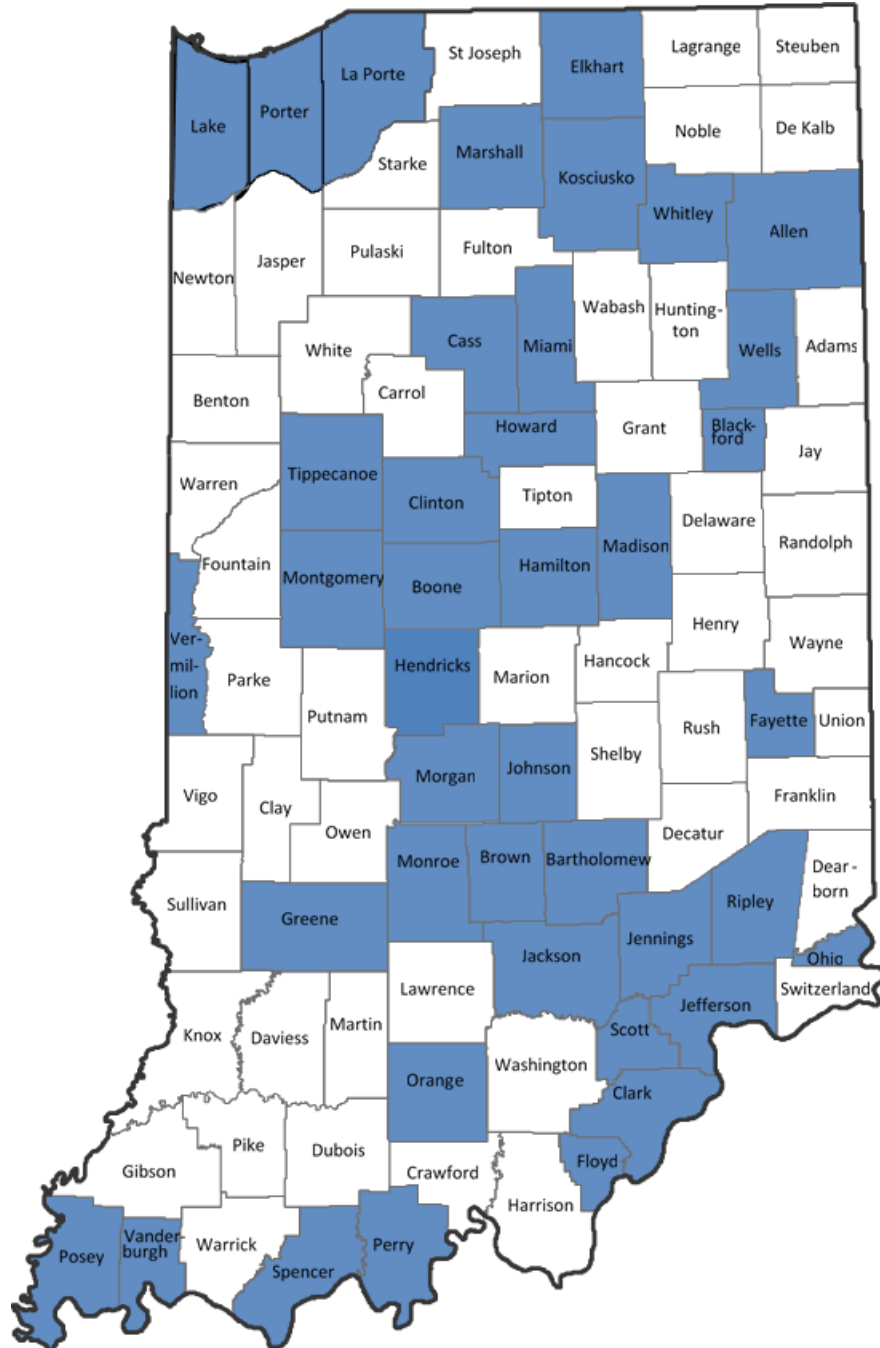


Figure 1 shows a map of the 41 counties with local health departments that participated in the fourth round of the naloxone kit distribution program. These counties are highlighted in blue.

Figure 2: Map of prescription drug overdose priority counties through Indiana’s Prescription Drug Overdose Prevention for States Program



Figure 2 shows a map of counties that are considered priority for preventing prescription drug overdose through Indiana’s Prescription Drug Overdose Prevention for States program. The Prevention for States program is a part of the Centers for Disease Control and Prevention’s (CDC) ongoing efforts to scale up prevention activities through a national response to the opioid overdose epidemic. Prevention for States provides resources and support to advance comprehensive state-level interventions for preventing prescription drug overuse, misuse, abuse and overdose.

Figure 3: Total number of naloxone kits given by Indiana State Department of Health during RFP 4

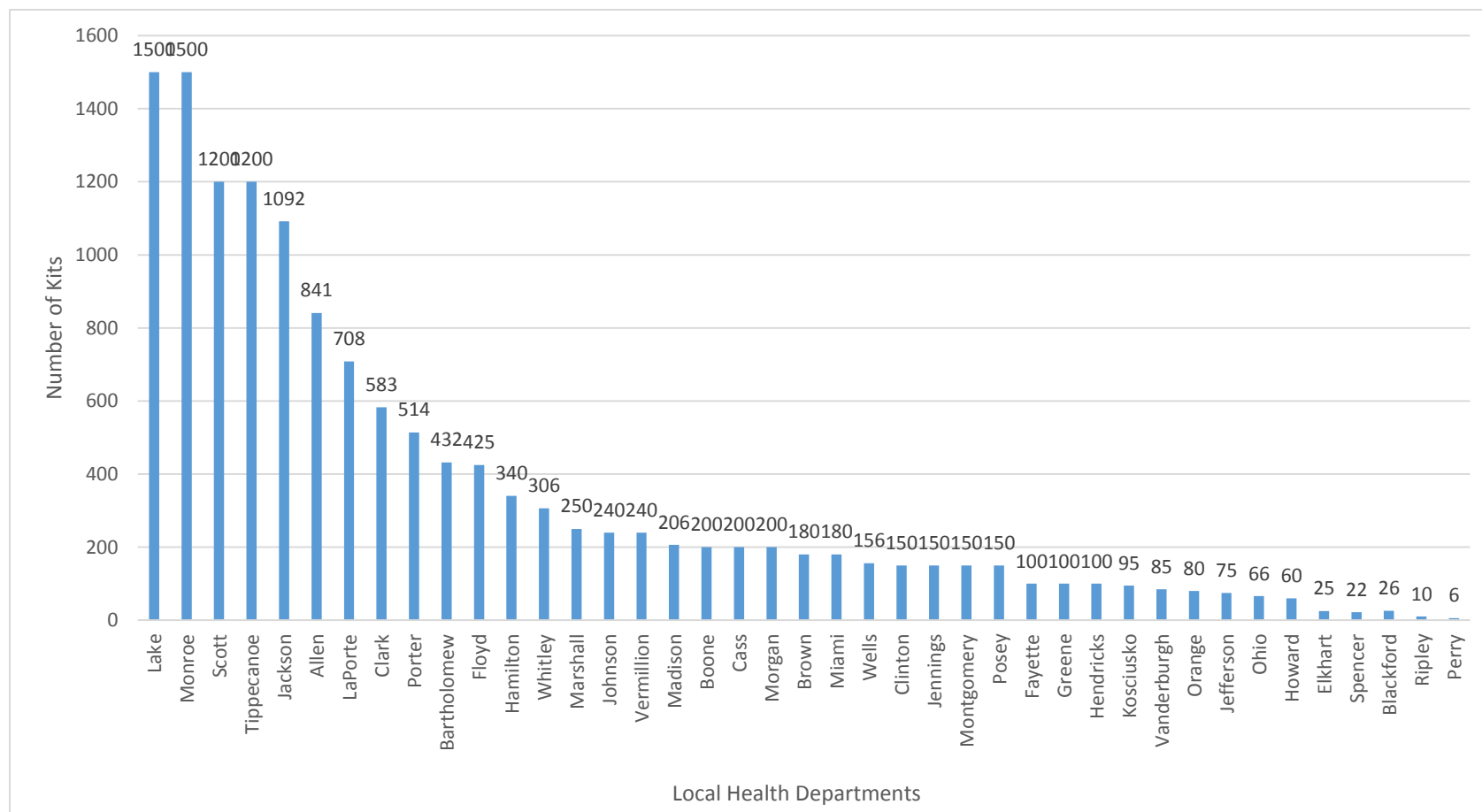


Figure 3 depicts the total number of naloxone kits that were given by the Trauma and Injury Prevention Division at the Indiana State Department of Health. Lake and Monroe County Public Health Departments received the most kits with 1500 kits each respectively, while the Perry County Health Department received the smallest number with 6 kits.

Data Results:

As of July 15, 2019 89% of the total 14,143 kits were distributed through the Naloxone Distribution Program. Lake and Monroe counties received the highest numbers of kits at 1500 kits each respectively (**Figure 3**). Lake, Monroe, and Scott counties LHDs distributed the highest number of naloxone kits with totals of 1441, 1324, and 1200 kits respectively (**Figure 4**). Many LHDs have distributed 100% of their naloxone allotments, including Allen, Bartholomew, Boone, Brown, Cass, Clark, Clinton, Elkhart, Fayette, Floyd, Hamilton, Howard, Jackson, Jennings, Madison, Marshall, Miami, Morgan, Porter, Posey, Ripley, Scott, and Vanderburgh (**Figure 5**). For the LHDs still distributing naloxone, administrative challenges and negative perception of naloxone in their community were common barriers.

Figure 4:
Naloxone kits distributed to the community by LHDs in Periods 1-5 (April 2018-July 2019)

Figure 4 displays the number of kits the LHDs (shown on the horizontal axis) distributed in their community during the five reporting periods.

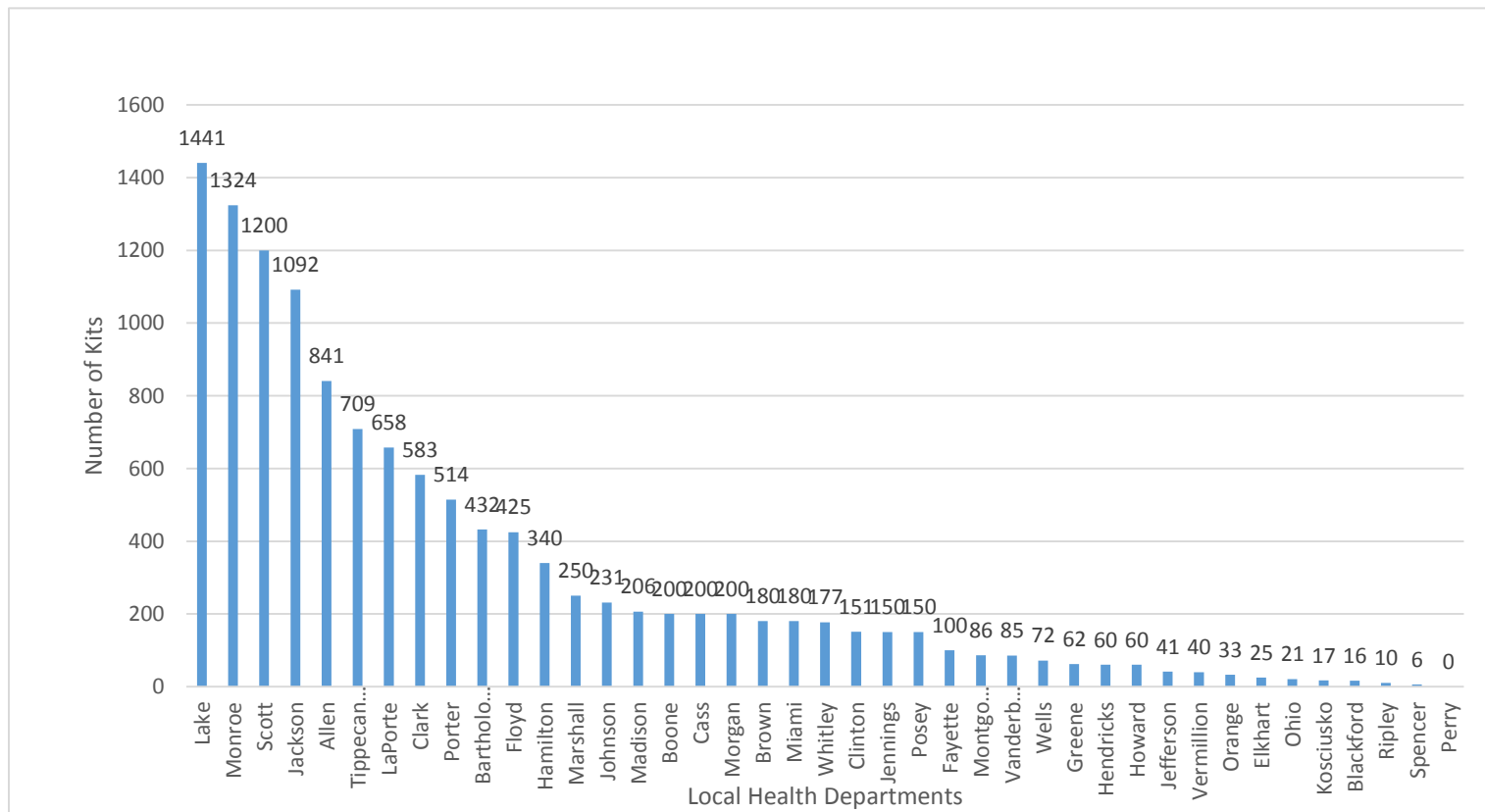


Figure 5: Percent of naloxone kits distributed

Figure 5 shows what percentage of their total number of kits given that have been distributed.

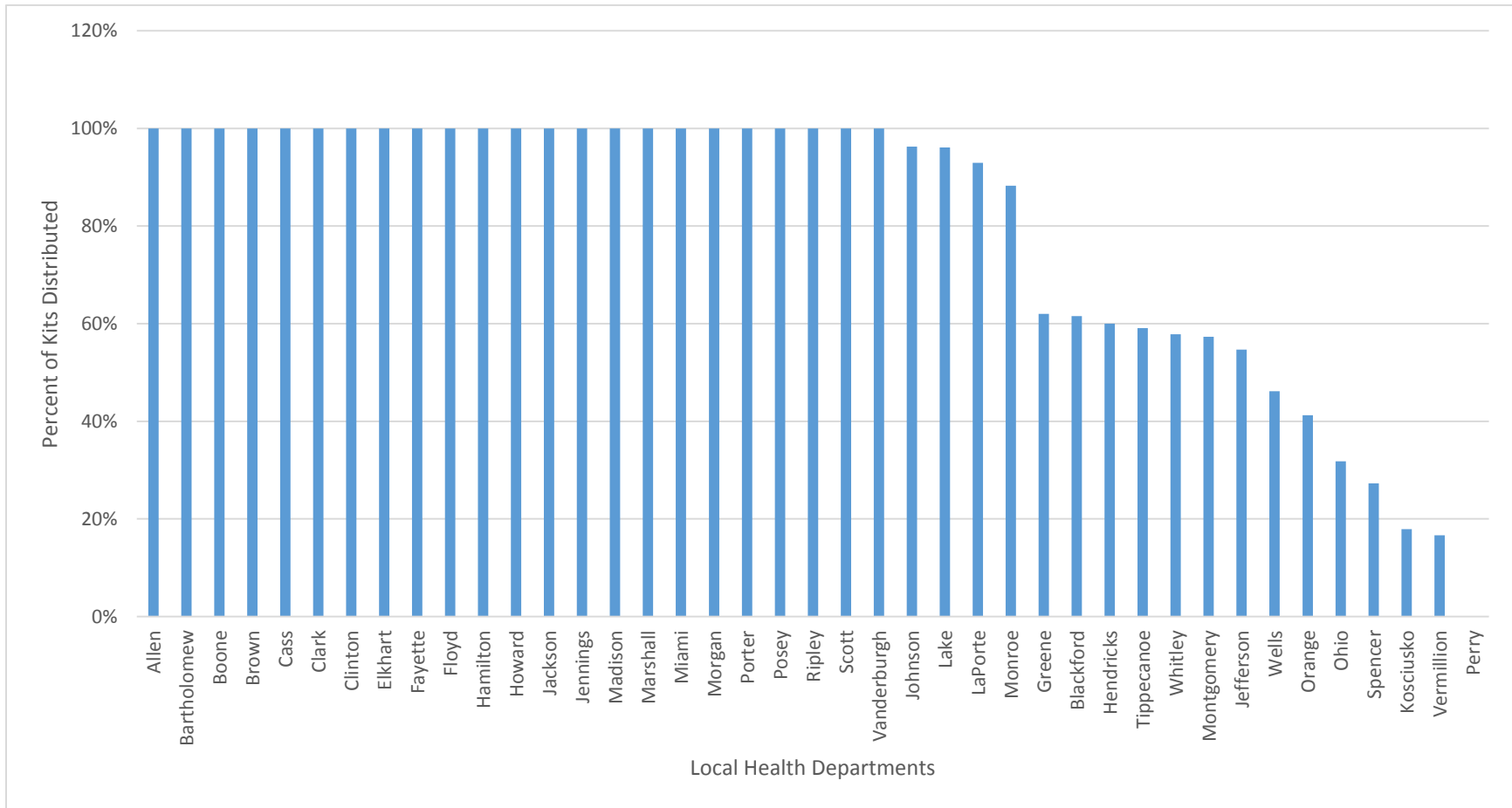


Figure 6: Top method of hearing about naloxone training

Figure 6 shows how each of the individuals participating in the naloxone training heard about the naloxone distribution program. The most common methods of hearing about the training were through community organization, local health departments, syringe services program and employers.

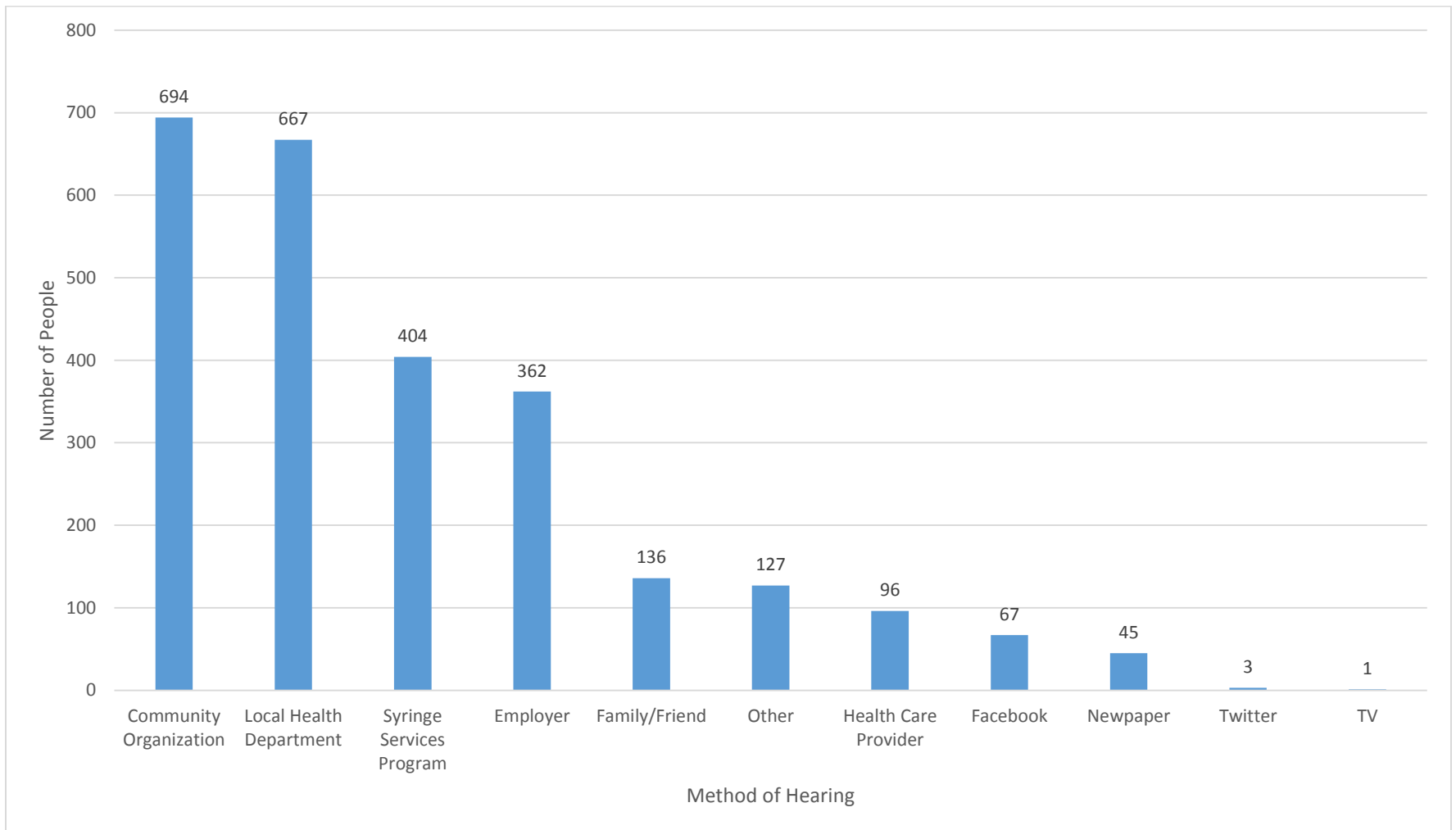


Figure 7: Top population naloxone kits were distributed to

Figure 7 shows the number of kits that were distributed to different populations within the community. Most of the kits were distributed to law enforcement, lay persons, and syringe exchange program clients. Security guards and long term care facilities were distributed the lowest number of kits with 13 and 14 kits respectively.

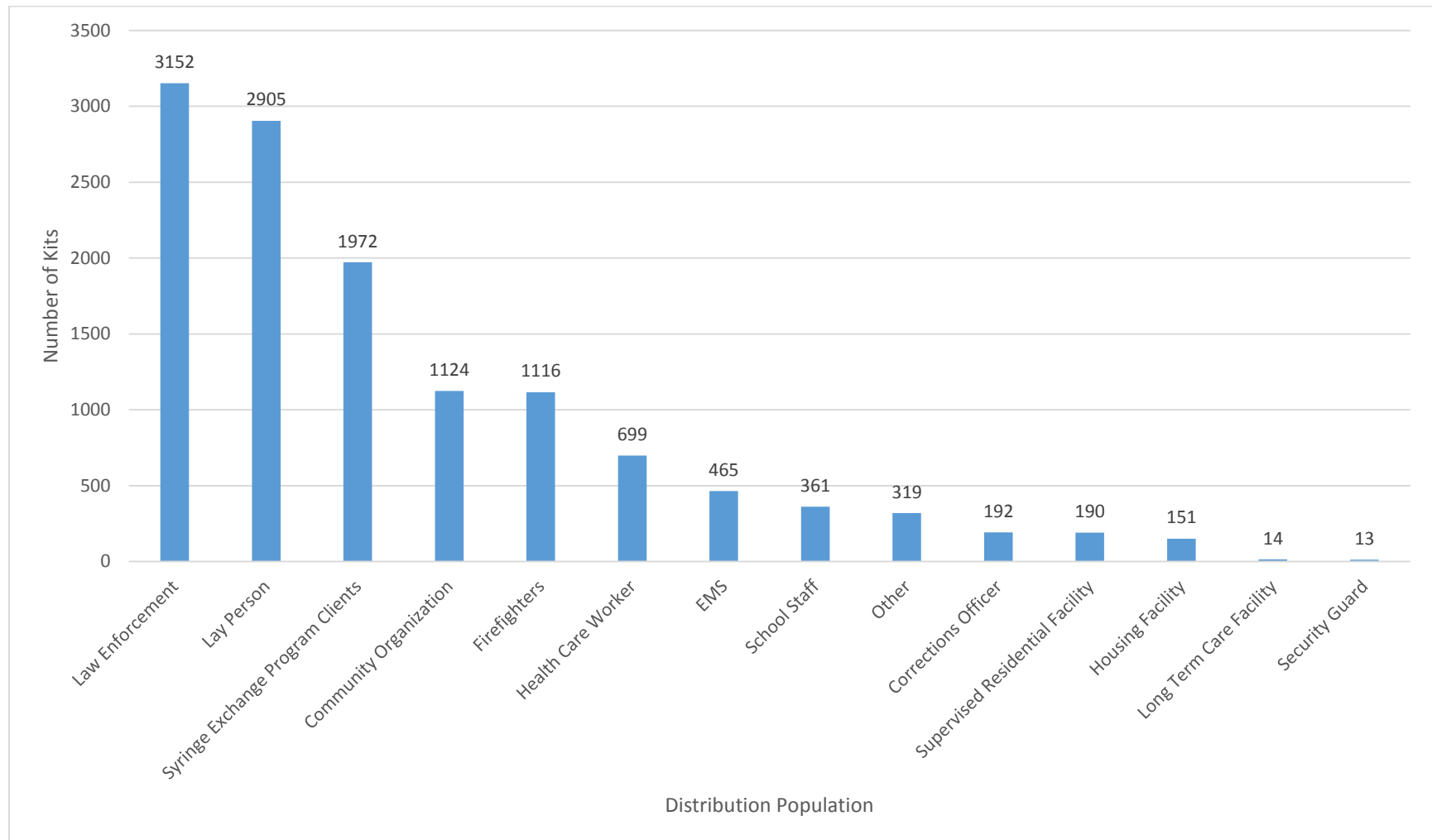


Figure 8: Top treatment population for naloxone kit distribution

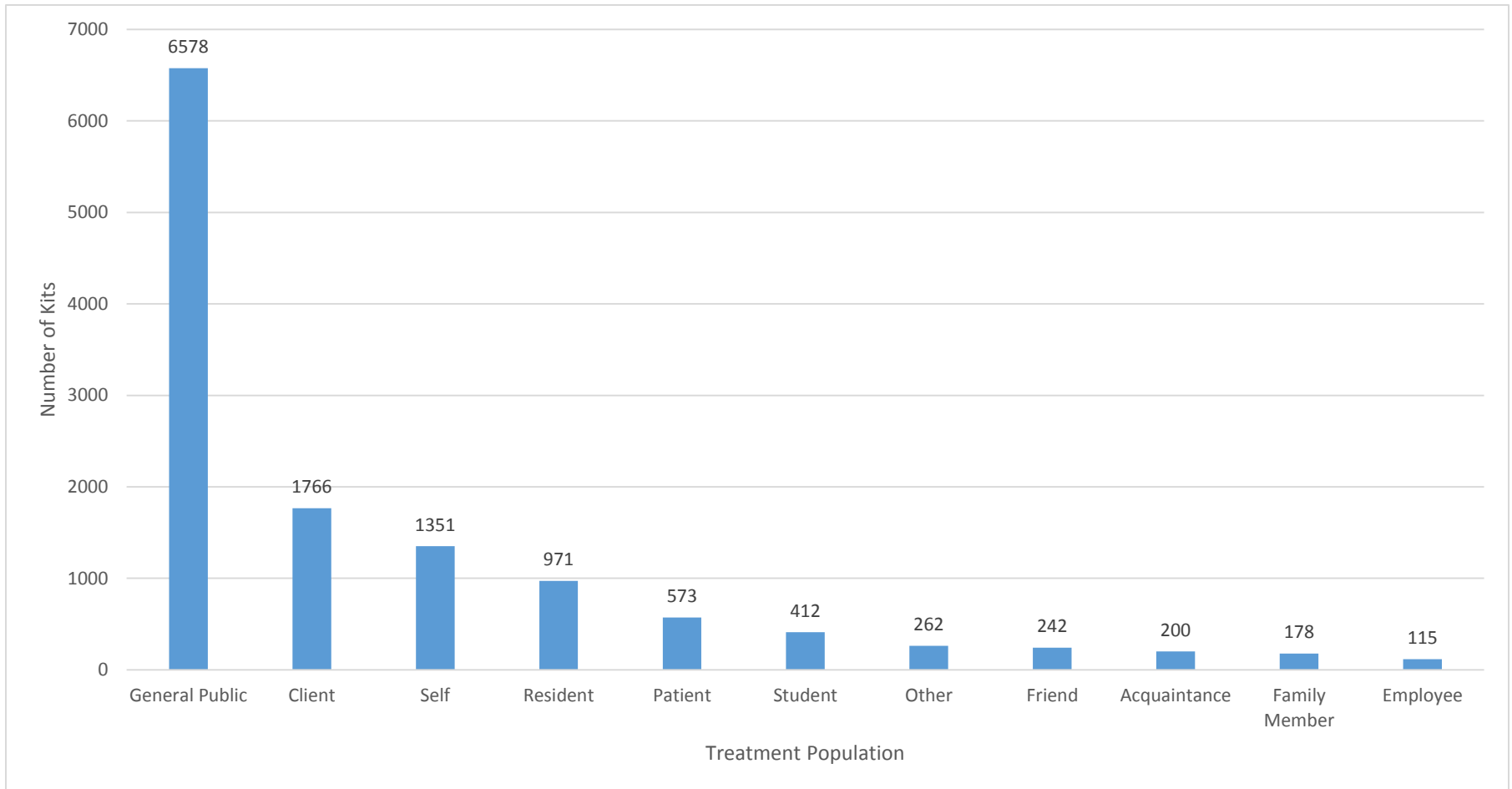


Figure 8 shows the number of kits that were intended to treat different members of the community. Most of the kits were intended to treat the general public, client, and self.
*Note: resident was often used to refer to residents in the county or community.

Table 1: Services co-offered and partner agencies involved in training and distributing naloxone kits at LHDs

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Naloxone Training Outreach Methods
Allen	Kits distributed to the partner agency Allen County SSP clients' services include:Hep A immunizations, health navigation for healthcare coverage; on-site OUD/SUD treatment intakes; HIV/HCV testing; MH counseling referrals; wound care & health assessments; healthcare referrals	011 agency added per this agency's request to equip home-visit staff with naloxone for clients and client families. Permission to add this agency given by ISDH, A. Rehberg. 010 agency did not require R3 distribution of 60 naloxone kits to restock patrol officers. 60 kits reallocated to agency 006 for client distribution on a weekly basis.	Email and community requests
Bartholomew	All agencies continue to have information packet from training. Postcards were distributed with each kit. Blue cards sent from ISDH were also distributed with each kit.	Columbus Christian School, White Creak Luthern School, Bartholomew County School Corporation, Centerstone, Recovery Engagement Center, Life Works IOP, Bartholomew County Sheriffs Dept, German Township Fire Dept, Elizabethtown Volunteer Fire Dept, Columbus Township Fire Dept, Southwest Fire Dept, Wayne Township Fire Dept, Hope Fire Dept, Clifford Fire Dept, Hartsville Township Fire Dept, Lincoln Central Neighborhood Family Center, YES Cinema, Salvation Army, Celebrate Recovery, Youth Services, Community Corrections/Residential Center, Harrison Township Volunteer Fire Dept, Bartholomew County Health Dept, Clay Township Fire Dept, Columbus Physician Associates	Email was sent to all participating local partner agencies. Those that did not respond from email was called.
Blackford	Useage training sheet & resource sites brochures	No partners: Kits for public distribution if requested at health dept	word of mouth
Boone	Shared information on other services offered by the Health Department (STD/STI screening, Safe Sleep courses, vaccinations, safe syringe disposal container program), distributed the Boone County Resource Guide, pamphlet on mental health and substance use treatment resources in and around Boone County, pamphlet on safe drug disposal sites in Boone County	Aspire Indiana, Purdue Extension Boone County, Ohana House (Youth and Family Health Network), We All Matter (youth outreach), Zionsville Police Department, Boone County Health Department staff, Boone County Sheriff's Office, Zionsville school nurse	Word of mouth between our partner organizations
Brown	n/a	n/a	n/a
Cass	n/a	n/a	n/a
Clark	CCHD HIV/STD Division continues to offer free HIV/STD/HepC testing, counseling, care coordination and linkage to care. The SSP continues to offer referrals for in and out patient treatment and programs. CCHD continues to partner with LifeSprings offering PrEP at the SSP once a month. The PHN's offer vaccinations & immunizations. Free TB testing is also offered to those SSP clients wishing to enter rehab.	The list of partner agencies includes Clark County SSP, LifeSprings Health Systems and Clark County Cares.	methods used for distribution are email notifications, community contacts and word of mouth.
Clinton	We offer list for Treatment resources; Our newest resource guide Roadway to Recovery has been widely applauded as a more direct resource guide for our community, Suicide Prevention Line, Resource list of treatment agencies, assistance with getting Medicaid coverage.The Health Department can arrange HIV and Hepatitis C testing, groups offering support for family members, follow-up, education, additional counseling referrals.	This grant period we have concentrated our efforts on small incorporated towns in our county outside of the Frankfort city area. Our chosen partners have been the Volunteer Fire Departments for each community. There are five (5) such incorporated towns in our county; Mulberry, Kirklintown, Colfax, Michigantown, and Rossville. We have partnered with two Volunteer Fire Dept in small towns to host a training event. Our Long standing partner Clinton County EMS will assist with this year's grant activities by assisting with contacting Volunteer Fire Departments.	We utilize: Newspaper, flyers, Facebook, On-line Newspaper, Social Media, Radio Talk Show, Referrals (word of mouth), Website referrals

Elkhart	Treatment resources locally, list of agencies, counseling services locally	The plan is to educate the nurses in the Elkhart Community Schools(ECS) system and tran and distribute the Naloxone. Still just ECS and ECHD	Prearranged targeted grant for ECS. No other local schools interested.
Fayette	Treatment resources, Resource list of treatment agencies, HIV and Hepatis C testing, support for family members, follow-up, education, addition counseling referrals, and etc. Syringe exchange, harm reduction supplies and education, HIP 2.0 PE, vaccinations for HPV, Tdap, Hep B and Hep A, Referrals to services, testing for HIV and Hep C	Partner agencies are Connersville Police Department, Fayette County EMS, Fayette County Sheriff's Deaprtment, Fayette County Community Corrections, Fayette County Public Library and The Haven, FRHS (Fayette Regional Helath Systems) Emergency Department, North Star Recovery and Fayette Regional Outpatient Services.	Newspapers, flyers, Facebook, word of mouth, local TV3
Floyd	Resource information of agencies in area, HIV and Hep C testing information, support for families -Families Anonymous, Counseling services information, Educational materials.	EMS, Fire Departments, Families Anonymous, Life Springs, Hospitals.	Word of mouth, Flyers, Facebook and local hospital.
Greene	I include treatment resources, testing site information, and suicide prevention information.	Greene County Health Department	I have utilized email to converse with my different partner agencies.
Hamilton	HIV testing, Hep C testing, Mental Health Service, Suicide Hot line info.	Prevail, Hamilton County Health Department	Social media, community partners, local fire departments, local law enforcement
Hendricks	Resources given to recipients include a Central Indiana Substance Abuse Treatment Resource Guide (recently updated in October), educational sheet about common opioid drugs and signs/symptoms of an overdose, a list of other Hendricks County Naloxone providers, referrals to the local Parents of Addicted Loved Ones support group as needed, information about STI/HIV/HEP C testing and safe sharps disposal as requested, Information about HepA vaccine, Information on HPV vaccine, List of 5 local drop-boxes for unwanted medications, IN Tobacco Quitline card, Mental Wellness guide card, and the National Suicide Prevention Lifeline cards. Medical and agency professionals that were already CPR trained also received a CPR and Naloxone protocol info sheet from the American Heart Association.Also included is a copy of Aaron's Law.	Danville Middle School HC Humane Society Pittsboro PD Hendricks County Sheriffs Dept American Health Network (AHN) Physicians Express Care	Emails, Phone Calls, flyers, Facebook posts, Press Release (newspaper and online), Word of Mouth, Community Contacts, Partnering Agencies
Howard	Treatment resources; HCV, HIV, and STD testing resources, and harm reduction pamphlet	Grant County Health Department	Flyers, social media, contact cards, and word of mouth
Jackson	n/a	n/a	n/a
Jefferson	We offer STD, HIV, and Hep C testing, but not necessarily at the same time. Our testing is done once per week.	Our local law enforcement has been training their staff and acquiring their own doses. In addition, at least one voluneer fire department has expressed interest in obtaining kits and distributing them among their volunteers, bu I am unaware if they followed through.	We have flyers available, but the majority of our outreach is via word of mouth.
Jennings	Opiate Addiction Treatment Centers List, Lifeline 1-800-273-TALK, Community Mental Health Center List, Nasal Spray Quick Start Guide, Surveys, and What is Indiana's Aaron's Law.	Partners are the same	Community Outreach efforts and word of mouth have proven effective in Jennings County.
Johnson	n/r	Our list includes first responders (fire and police) as well as school nurses	Email, community contacts, word of mouth
Kosciusko	Power point copy, Treatment Center list, training confirmation list. All training is adapted to audience.	Homeless Shelter and training and distribution occurred and naloxone for both dormitories and office were placed. All the workers from the shelter were interested in carrying for general population coverage.	N/R
Lake	We also passed out the the Detera Drug Disposal Pouches.	We are working with fire departments and EMTs to provide them with Narcan. We are also looking to partner with the railroads to provide their employees with Narcan trainings and Narcan for their first aid kits. We are also working with schools to provide them training and provide Narcan for their staff.	Flyers, Email, Eventbrite, Facebook, Community Contacts, Coalition Members word of mouth

LaPorte	Treatment and Counseling Centers Hands-Only CPR Pharmacy Lists with pricing LaPorte County Health Department testing and Services	Frontline Foundations Quick Response Team QRT Coroner HealthLinc Michigan City Area Schools Community Corrections Michigan City Police Department DrugFree Partnership Emergency Medical Service-EMS	Trainings are put on facebook, press release, flyers, community meetings
Madison	SSP, treatment referral, primary care referral, housing, food	List remains as initially planned	Agency distribution email list reminder
Marshall	Treatment resources available and resource list of treatment agencies	Argos Community School, Local Law Enforcement, Local EMS, Culver Academies	Email chains, Facebook, News outlet, and community representatives
Miami	treatment resources, treatment agency information, suicide prevention cards. (1) Pamphlet with quick guide to overdose symptoms and (1) quick guide on how administer Naloxone.	There are no new partners to report at this time.	Face Book, E-mail, Word of Mouth, and Community Contacts.
Monroe	HIV/HCV testing, Family Planning, Vaccinations, mental health care, syringe services program, insurance navigation, referrals for services, referrals for treatment and medical care	Postive Link, Indiana Recovery Alliance, Monroe County Public Health Clinic, Bloomington Police Department, Monroe County Sheriff, IU Health, Bloomington Fire	facebook, twitter, website, flyer, word of mouth, community engagement
Montgomery	Offering packets and electronic copies of up to date treatment resources, health department resources (E.g. HIV/HEP C, Chlamydia/Gonorrhea testing, sharps disposal & drug take back program info), information on the most common opiates abused with a picture discription, and information on Aaron's Law.	No changes at this time.	Using social media and radio advertisements and continuing to reach out to local organizations to make them aware of our program.
Morgan	n/a (done through partner agencies)	Morgan County EMS Association St. Francis Hospital	E-mail Phone call
Ohio	n/r	n/r	n/r
Orange	treatment resources, insurance navigation, testing sites, vacciantions, referrals for counseling-family and patient	SICHC, Southern Hills Counseling,	newspaper, flyers, emergency room, word of mouth
Perry	Treatment resources for Group Recover Together, HIV & Hep C training.	No new partners were added.	We do not hand them out here at the health department. We only supply them to EMS, etc. As outlined in the grant.
Porter	Treatment resources, treatment agencies, HIV/Hep C testing available, additional counseling sources, Detera medication disposal pouches	No additional partners in this 30 day period	Community member contact (includes Substance Abuse Council Meetings where approximately 50 members attend monthly meetings-local police, fire, schools, and community members attend).
Posey	pamplets on services offered in the area	no new agencies	facebook and community contacts
Ripley	RCHD: Inserted business card size addiction resource information and a National Suicide Prevention Hotline Card into each kit distributed and instructed partner agencies to leave the contents with their clients. RCHD offers an HIV/Hep C Testing once a month provided Aspire. The information is normally distributed via NIXLE Messaging.	Bateville EMS Rescue 69 (Southern Ripley County EMS) Ripley County EMS Southeast Indiana Health Center Sunman Rescue (Rescue 20) Sunman Fire Department Friendship Volunteer Fire Department Osgood Police Department	E-mail Word of mouth NIXLE Messaging Community Contacts: Celebrate Recovery and Ripley County Drug Awareness Coalition
Scott	All SSP participants are offered resources in treatment options, both residential and out patient. HIV/HEP C and STD testing; Infectious Disease care and intervention/treatment; Assistance with state ID's and Driver's Licenses; birth certificates are provided; Adult Immunizations are given. Referrals for Life Spring Behavioral Health and counseling. A family nurse practitioner provides general medical health.	Scott County Syringe Services Program; Covering Kids and Family Health Care Coalition training retreat; Scott County Sheriff Department; Scottsburg Police Department; Austin Police Department	Information is given at time of distribution for proper usage. Articles are given to local news media for release.
Spencer	Treatment resources, Resource list of treatment agencies, HIV and Hepatis C testing available @ Spencer	Spencer County Emergency Ambulance Service has their own Naloxone Grant and distributes to emergency response workers	Word of Mouth

Tippecanoe	Recovery Coach, Hep A & B Vaccinations, Hepatitis C Testing, STD Testing and Treatment, HIV Testing and Referrals, Harm Reduction Supplies and Education, Safe Sex supplies and Counseling, Insurance Navigation, Substance Abuse Referrals	Tippecanoe County Sheriff's Department, Purdue Pharmacy, Tippecanoe County Community Corrections, Drug Free Coalition of Tippecanoe County, Lafayette Police Department, YWCA, Bauer Family Resources, Home with Hope	Facebook, Community Centers, Flyers, and word of mouth from clients
Vanderburgh	Treatment resources, resource list of treatment agencies and support agencies.	Evansville Fire Dept., 550 S.E. Eighth St, Evansville IN 47713; Perry Township Volunteer Fire Dept, 11 S. Williams Rd, Evansville IN 47712; Deaconess Cross Pointe, 7200 E. Indiana St, Evansville IN 47715; Stepping Stone, 4001 John St, Evansville IN 47714	Community contacts, addiction recovery service, email, phone calls, flyer distribution, meeting outreach organization
Vermillion	Treatment resources, list of agencies, HIV/HepC testing, support for family members, follow-up education, referrals, community services.	I am the only one distributing the kits. Each partner has their own training	Emails, community contacts, word of mouth within the county partners
Wells	n/r	Wells County Sheriff, Bluffton Police Dept, Ossian Police Dept, Wells County EMS, Bluffton High School, Wells County Probation, Lay Person, Markle Fire, Uniondale Fire, Poneto Fire, Ossian Fire, Liberty Center Fire, Bluffton Fire,	Word of mouth
Whitley	Training and education was given to the lay person. The others had already previously been trained by myself.	We continue to supply narcan kits to lay persons, school staff, fireman and law enforcement.	We now have a FaceBook for Whitley County Health Department where we plan to spread the word about opioid abuse and us being a naloxone distribution and training site.

*N/R = not reported

Discussion

The naloxone distribution program for grant opportunity 4 is wrapping up with 89% of the total kits distributed. Most of the kits were distributed to law enforcement, lay persons, and syringe exchange program clients. The most frequent method of hearing about training was from community organization, local health department, or syringe services program. The most common treatment populations the general population, client, or self. Many of the health departments detailed multiple partners and outreach efforts (**Table 1**). The focus on identifying recipients for training ranged from first responders to individuals, including syringe exchange clients, hotels, schools, medical personnel, nurses, corrections, libraries, shelters, addiction treatment centers and other community organizations. Areas that provide the naloxone kits in conjunction with a syringe services program, like Scott County and Tippecanoe County, seemed to have success in distributing kits. In some areas, syringe services program participants are one of the top treatment populations.

The original number of kits distributed to LHDs were determined by the need for prescription drug overdose intervention based on the calculated burden in each county. To identify high-burden counties, ISDH created a systematic point system that accounted for all drug overdose mortality rates, opioid-related overdose mortality rates, non-fatal opioid related emergency department visits, and community need, among other factors. **Figure 2** depicts the counties with the highest priority for prescription drug overdose prevention. Fifteen priority counties participated in the naloxone distribution program (Blackford, Clark, Fayette, Floyd, Hendricks, Howard, Jackson, Jennings, Madison, Morgan, Ohio, Ripley, Scott, Tippecanoe and Vanderburgh), in which 5,478 kits of the total 14,143 kits were given (or 39%). 89% of the kits given to priority counties were distributed.

For each individual trained and provided a kit, the LHDs recorded how the individual heard about the training, what categories of individuals were being given kits and who the intended treatment population were for the kits received. This information provides insight into the general pathway of how kits are getting to intended recipients of the naloxone and the most effective outreach mechanisms. The top methods of hearing about the naloxone training were through “Community Organization” (N=694), “Local Health Department” (N=667), or “Syringe Services Program” (N=404) (**Figure 6**). Often LHDs mentioned communicating directly with individuals, first responders, community organizations, etc. For “Employer”, it was generally community organizations, first responders, and health care providers hearing about the training through their employers. In turn, lay individuals may also hear about the training from their health care providers.

The top categories of individuals who were trained and given a kit were “Law Enforcement” (N=3152), “Lay Person” (N=2905), and “Syringe Exchange Program Client” (N=1972). (**Figure 7**). The top treatment population was “General Population” (N=6578) followed by “Client” (N=1766) and “Self” (N=1351) (**Figure 8**). There were many trained who did not have a specific population in mind for treatment and listed “Resident” (as in resident of the county), or “General Public”, as the intended recipient. The categories “Resident”, “General Public” and “Other” are capturing a combination of not having a specific recipient group in mind and the emergency runs made by first responders. Additional categories could be added to the reporting tool to better identify this information. A few LHDs mentioned that individuals were apprehensive about picking up kits because they feared being arrested because of the negative

connotation. This concern may also influence how comfortable training participants are in divulging the intended recipient category.

Community interest varied among participating LHDs. In some areas, there was a lot of community connection and collaboration to reach individuals who need access to naloxone treatment. There were communities in which outreach events drew interest and questions from participants. Some LHDs had support from the first responders in their counties and partnered with the first responders to distribute naloxone. In some communities, first responders, such as EMS and law enforcement, provided suggestions on areas to reach out to for training. These suggestions included truck stops and other businesses where overdoses are prevalent. Some businesses even started keeping naloxone on-hand after overdose incidents.

There are other areas where the community had a general disinterest in the naloxone program. Some LHDs were apprehensive about applying for additional naloxone because first responders and members of the community believed that the naloxone was enabling drug use. In some areas, businesses rely on first responders having kits rather than obtaining their own naloxone kits. Outreach to the target population in need of naloxone was another challenge listed. Some LHDs report individuals who are apprehensive about obtaining naloxone because of fear pertaining to how they will be viewed in the community.

Challenges at the LHD level included the following: being short staffed (a majority of LHDs in Indiana have 5-7 staff members), staff responsible for multiple programs, staffing changes, documentation, scheduling challenges for holidays, etc. Challenges were also listed in terms of reaching out to rural areas for supplying and dealing with expiring kits.

In addition to the data report, LHDs discussed grant activity that occurred throughout the reporting period. Many discussed outreach efforts, co-services offered in addition to training, and partnering agencies. Co-services were resources and services that LHDs provided to members of the community who came in for naloxone training. Outreach efforts delineated what methods LHDs used in order to inform the community about the naloxone distribution program. In general, the outreach that took place was through word of mouth, community contacts, newspapers, flyers, social media, emails, etc. Services offered with the training generally included substance use disorder resources/referrals, medication-assisted treatment/referrals, HIV and hepatitis C testing, education about opioid overdoses and naloxone, harm reduction information and supplies, support for family members of addicted loved ones, etc. (**Table 1**). Partnering agencies are defined as agencies that assisted with the distribution of naloxone. This could have been in the form of assisting in further distribution into the community or assisting in getting the word out or setting up trainings. The most common partnering agencies included: community organizations, local health agencies, emergency medical services, and police/fire departments (**Table 1**). Some LHDs worked with existing programs such as syringe services programs to distribute kits.

There were a total of 1255 kits that were reported to have been used during the fourth round of naloxone distribution to local health departments. This number is a severe underestimate due to the challenges of individuals reaching back to the LHD about the use of naloxone. Often people will not report back about the use of naloxone, but there have been a number of incidents in which LHDs have been able to share some of the successes they have had saving lives, directing individuals to seek treatment and turn their lives around, and the outreach efforts to the communities they serve.

Conclusion

Prescription drug overdose is a significant concern in Indiana that is contributing to deaths in our communities. FSSA and ISDH are working together to reduce the number of drug overdose deaths through a MOU which allows for increased distribution of naloxone kits for those who need it in local communities with the assistance of LHDs. In addition to documenting efforts to reduce the number of naloxone deaths, this report may provide insight on the landscape of the prescription drug overdose issue in local communities in Indiana.

References

1. Indiana State Department of Health. Indiana Injury Prevention Resource Guide. Drug Poisoning/Prescription Drug Overdose. Retrieved from https://secure.in.gov/isdh/files/3_Prescription_Drug_Overdose_-_Preventing_Injuries_in_Indiana.pdf
2. Centers for Disease Control and Prevention. Understanding the Epidemic. Retrieved from <http://www.cdc.gov/drugoverdose/epidemic/index.html>.
3. National Center for Health Statistics. (2015). Multiple cause-of-death data, 1999–2014. CDC WONDER online database. Retrieved from <http://wonder.cdc.gov/mcd.html>.
4. Rudd, R.A., Aleshire, N., Zibbell, J.E, & Gladden, R. M. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000–2014. MMWR, 64(50);1378-82. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w.
5. optIN. Naloxone and Aaron’s Law: Frequently Asked Questions. Retrieved from <https://optin.in.gov/faq.html>
6. optIN About. Retrieved from <https://optin.in.gov/about.html>
7. Drug Overdose Death Data (2017). Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

