



POST-NALOXONE USE AMONG LAY RESPONDERS THROUGHOUT INDIANA

BACKGROUND

Since 2016, the Indiana State Department of Health has distributed and provided naloxone kits to local health departments across the state. This effort to expand naloxone access to lay and first responders has resulted in the distribution of 27,254 naloxone kits to 65 counties and has occurred across 10 distribution periods between September 2016 and October 2018. To better understand the population receiving these kits, researchers from Indiana University included pre- and post-surveys on self-addressed, pre-stamped postcards within each naloxone kit. The pre-survey is designed to be completed upon receiving the kit, and the post-survey is to be completed after using the naloxone kit (if used). As we have already published results related to the pre-survey,^{1,2} this brief will focus on the results and implications of the post-survey responses received between September 2016 and February 2018.

METHODOLOGY

As part of the post-survey, we ask questions regarding who the respondent administered the naloxone to and if they called 911 during or after the overdose event. We have received 323 post-surveys, and our analysis focuses on the 30% (N=96) who indicated they were lay responders (the remaining post-surveys were first responders).

RESULTS

ACQUIRING NALOXONE KIT

Almost 60% (n=58) indicated the naloxone kit was for a family member, while a little over a quarter

KEY FINDINGS

Lay responders represented 30% (n=96) of returned post-naloxone use surveys

- Almost 90% of lay responders acquired the naloxone kit for their friend or family
- Almost 50% of lay responders had never used naloxone before
- Almost 60% of respondents did not call 911 before or after using the kit
- Three-fourths of lay responders were aware of Indiana's Good Samaritan Law

indicated they got it for a friend (n=26). Only 6% (n=6) indicated they acquired the kit for themselves. Almost all respondents (92%, n=88) knew where to get more naloxone if needed. Nearly three-quarters (n=71, n=68) of respondents who filled out the card were the ones who administered the naloxone, and about half (54%, n=52) had administered naloxone before.

ADMINISTERING NALOXONE KIT

The majority (85%, n=84) thought the instructions on how to use the kit were easy to understand. We found that 57% (n=55) had the naloxone kit for less than a month before using it, and 24% (n=23) had it for less than 2 months.

EMERGENCY MEDICAL SERVICES

Only 18% (n=17) of respondents had never seen an overdose before. In fact, 58% (n=56) of lay responders had witnessed an overdose in the past month. More than half (55%, n=53) of respondents indicated they did not call for emergency medical services (via 911) before or after using the naloxone kit, and about the same number of respondents also noted that at the last overdose scene they witnessed, no one called 911 (56%, n=54). The two most common reasons for not calling 911 were concern about police involvement (34%, n=21) and that the person on whom the naloxone was administered woke up on their own (43%, n=26). The very last question we asked on the survey was in regards to the Indiana's Good Samaritan Law that offers civil and criminal protections to lay responders who administer naloxone, and 75% (N=72) indicated that they were aware of the law.

DISCUSSION

We have previously published results on the pre-survey responses;² however, that publication focused largely on the reasons as to why a person would get a naloxone kit, as well as their past experiences with overdoses. This previous analysis of the pre-survey showed that of 75 lay responders, the majority (80%, n=60) indicated that someone did call 911, compared to less than half (44%, n=42) of those in post-survey. It is difficult to determine what might have caused this reduction. It could be a result of the survey items; more specifically, the pre-survey respondents were asked about the last overdose scene they observed (which may or may not have involved a lay person or first responder), while the post-survey asked about an event where a lay person administered naloxone.

Survey limitations aside, the post-survey results indicate that one of the most common reasons

why 911 was not called was because the overdose victim woke up on their own (43%, n=26). Thus, even though lay responders are directed to always call 911 after administering naloxone, it may be that the salience of naloxone in resuscitating someone suffering from an opioid overdose results in lack of perceived emergency medical services follow-up. Future training protocols related to naloxone distribution might consider paying specific attention to the reasons and risks that can occur when medical services are not provided after a non-fatal opioid-related overdose. Another reason why individuals may be unwilling to call 911 after or during an overdose are the perceived or real financial costs associated with accessing emergency services.

Lastly, it is important to note that despite the recent surge in naloxone distribution programs throughout the country, there is likely still a large proportion of lay responders who are using nonmedical interventions to reverse overdoses. As such, lay responders with more experiences reversing overdoses through nonmedical interventions may have a reduction in the perceived need for emergency medical services.

Our findings are also consistent with other studies in illustrating how perceptions of law enforcement can serve as a barrier to seeking emergency medical services.²⁻⁷ Here we found that 34% (n=21) of respondents indicated not calling 911 for fear of legal repercussions. Recent Indiana legislation aimed at further criminalizing drug use, specifically increasing the severity of punishments for drug dealers, may have created an additional deterrent effect of calling 911. Moreover, there is the risk that those who suffer from an overdose will be incarcerated following the event, which again, would deter those on the scene of an overdose from calling 911. It is not unrealistic to think that drug users might be aware of these changes, as the majority of respondents in this study were aware of Indiana's Good Samaritan Law. Importantly though, being aware of this law might mean that lay persons are also aware of the limitations associated with this legislation. For example, Indiana's current Good Samaritan Law does not offer any legal protections for the individual who suffered from the overdose.¹ Furthermore, legal

FIGURE 1. Summary of Results for Lay Responders (N=96)

ACQUIRING NALOXONE KIT



- 60%** acquired the kit **for a family member**
- 27%** acquired the kit **for a friend**
- 6%** acquired the kit **for themselves**
- 92%** **knew where to get more** naloxone if needed

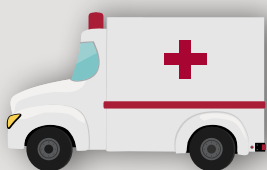
ADMINISTERING NALOXONE KIT



- 85%** thought instructions for using the kit were **easy to understand**
- 71%** of respondents **administered the naloxone kit**
- 54%** had **administered naloxone before**
- 57%** had the kit for **less than a month** before using it
- 24%** had the kit for **less than 2 months** before using it

EMERGENCY MEDICAL SERVICES

- 18%** had **never seen an overdose** before
- 58%** had **witnessed an overdose in the past month**
- 55%** **did not call for emergency medical services** (via 911) before/after using the kit
- 56%** noted **no one called 911 during last overdose scene** they witnessed
- 75%** were **aware of Indiana's Good Samaritan Law**



TWO MOST COMMON REASONS FOR NOT CALLING 911

- 34%** were **concerned about police involvement**
- 43%** said person who received naloxone treatment **woke up on their own**

protections are only applicable to the individual who called 911 and administered naloxone; thus, others on the scene will not receive legal protection if they did not participate in administering naloxone and calling 911.¹

CONCLUSION

It is important to note that, in accordance with Indiana's Good Samaritan Law, half of respondents indicated that they did indeed call 911. However, it is likely that a culture of not calling 911 has been established in the drug-using community that predates these types of laws. Moreover, all of the respondents had access to naloxone, a truly lifesaving drug, and were able to use the substance to successfully reverse a fatal overdose event whether they chose to call 911 after the event or not.

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AUTHORS

Philip Huynh, M.P.H., Program Analyst

Emily Sightes, B.A., Research Coordinator

Brad Ray, Ph.D., CHJR Director

Dennis P. Watson, Ph.D., Associate Professor, Center for Dissemination & Implementation Science, University of Illinois at Chicago

334 North Senate Ave, STE 300
Indianapolis, Indiana 46204

Phone: (317) 261-3000

Fax: (317) 261-3050

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