

REQUEST FOR PROPOSAL 1  
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

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## Background

Indiana is ranked 16<sup>th</sup> 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).<sup>1</sup> Changes in how providers prescribe these drugs contribute and continue to fuel the epidemic.<sup>1</sup> The amount of opioids prescribed and sold in the United States quadrupled from 1999 through 2011.<sup>1</sup> Taking too many prescription painkillers may cause infrequent or halted breathing, eventually leading to death, if an intervention is not implemented.<sup>1,2</sup>

- 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.<sup>1</sup>
- Indiana had a statistically significant increase in the rate of drug overdose deaths from 2015 to 2016.<sup>7</sup>

Naloxone is a safe, non-addictive medication that inhibits the effects of a prescription drug overdose and allows regular breathing to resume.<sup>5</sup> 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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>6</sup>

A Memorandum of Understanding (MOU) was created between the Indiana Criminal Justice Institute (ICJI) and the Indiana State Department of Health (ISDH) for the purpose of delegating funds to increase the training and distribution of naloxone in communities throughout Indiana. The funds provided by ICJI were regulated for use under the following conditions: ISDH would obtain and distribute naloxone kits to state and local law enforcement and public health agencies and counties across the state, as well as perform quarterly reporting of who was intended to receive 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 Sept. 1, 2016, through Aug. 31, 2017. The quarterly reporting schedule was as follows:

- Quarter 1 (Q1) September-November 2016
- Quarter 2 (Q2) December-February 2017
- Quarter 3 (Q3) March-May 2017
- Quarter 4 (Q4) June-August 2017

Twenty LHDs across the state applied and were accepted for the naloxone kit distribution program: Boone, Clark, Clinton, Dearborn, Delaware, Fayette, Fountain-Warren, Franklin, Hendricks, Henry, Howard, Jackson, Jefferson, Madison, Marion, Monroe, Randolph, Ripley, Scott, and Washington. 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 3,473 kits to the 20 participating LHDs (**Figure 3**).

An additional set of quarterly reports, quarters 5 and 6, were requested for LHDs that were unable to distribute all of their kits in the first four quarters due to the national atomizer recall. The first set of naloxone kits distributed were composed of three parts: a plunger with one dose of naloxone, an applicator, and a nasal atomizer that provides optimal nasal administration of the overdose treatment. Due to a national recall on naloxone atomizers in fall 2016, many of the LHDs were limited on the number of kits they could distribute, especially during quarters one and two.

**Figure 1: Map of counties selected for naloxone kit distribution**



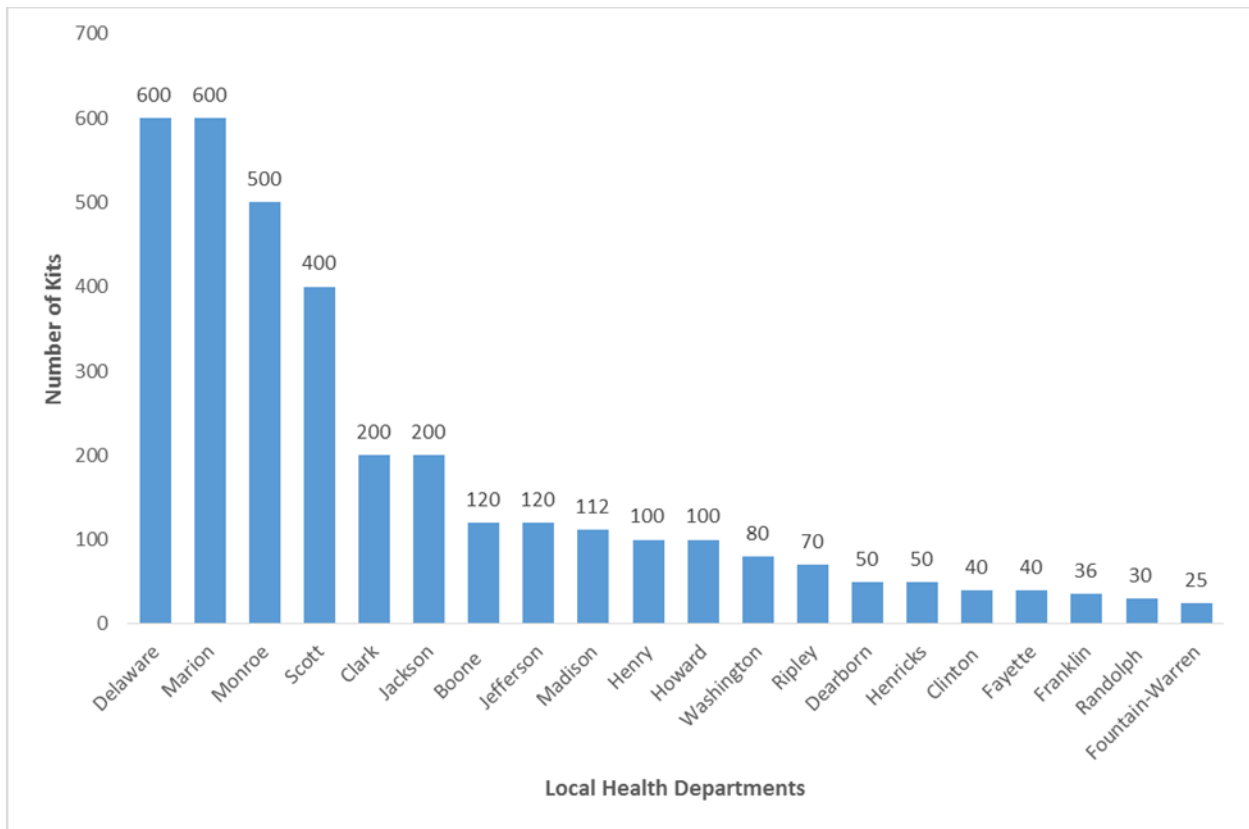
**Figure 1** shows a map of counties with local health departments that participated in the naloxone kit distribution program. These counties are highlighted in blue.

**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 1**

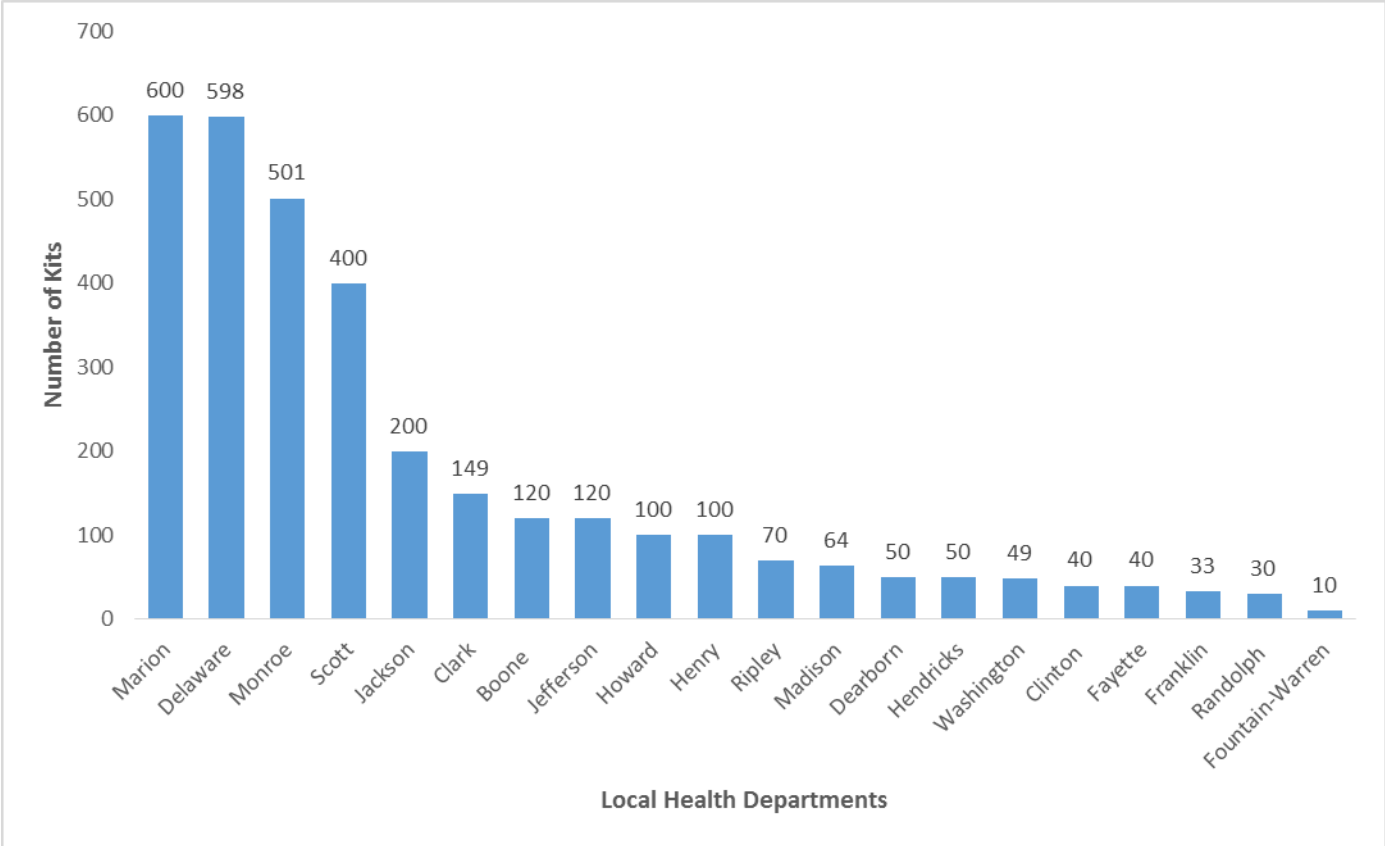


**Figure 3** depicts the total number of naloxone kits that were given by the Trauma and Injury Prevention Division at the Indiana State Department of Health. The Marion County Public Health Department received the most kits, 600, while the Fountain-Warren County Health Department received the smallest number, 25.

## Data Results:

As of May 15 2018, 96% of the total 3,324 kits were distributed through the Naloxone Distribution Program. Marion, Delaware, Monroe and Scott counties received the highest numbers of kits, at 600, 600, 500, and 400, respectively (**Figure 3**). Marion and Delaware LHDs distributed the highest number of naloxone kits, with totals of 600 and 598, respectively (**Figure 4**). There are still a few kits left to distribute for Fountain-Warren, Delaware, Franklin, Clark, Washington, and Madison LHDs, with 40%, 99.7%, 92%, 75%, 61%, and 57% of the kits distributed, respectively (**Figure 5**). For the LHDs still distributing naloxone, administrative challenges and negative perception in their community were common barriers.

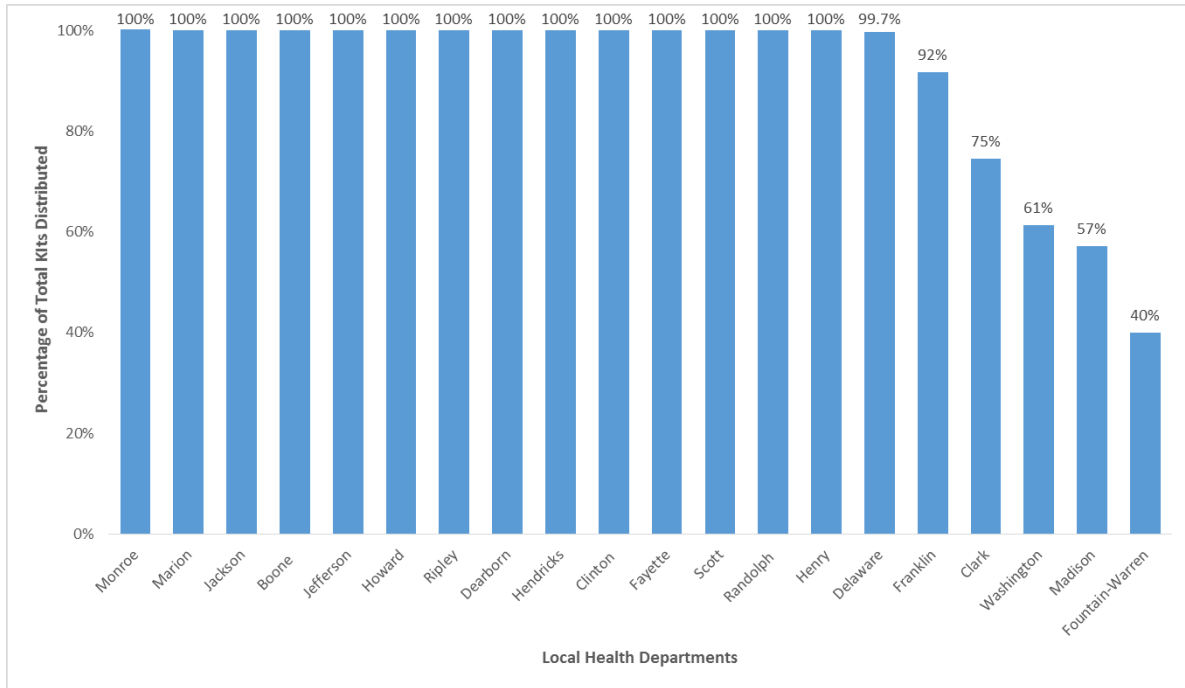
**Figure 4: Naloxone kits distributed to the community by LHDs Quarters 1-6 (Sept. 2016-Feb. 2018)**



**Figure 4** displays the number of kits the LHDs (shown on the horizontal axis) distributed in their community during the six quarters.

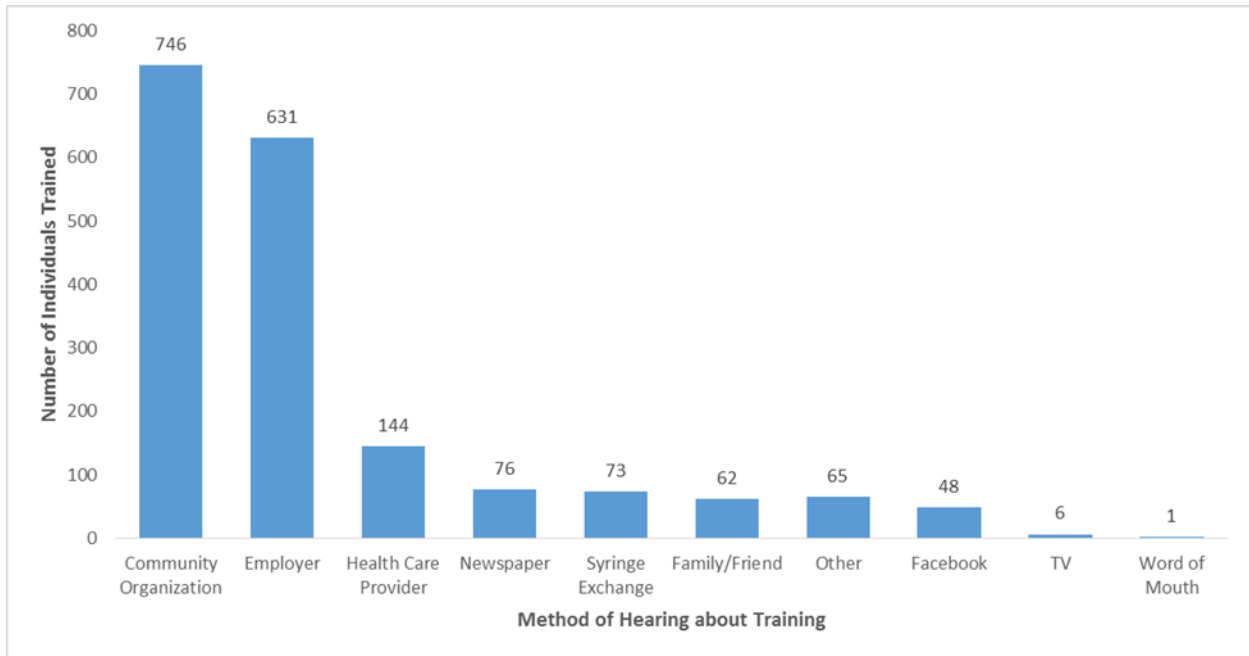


**Figure 5: Percent of naloxone kits distributed**



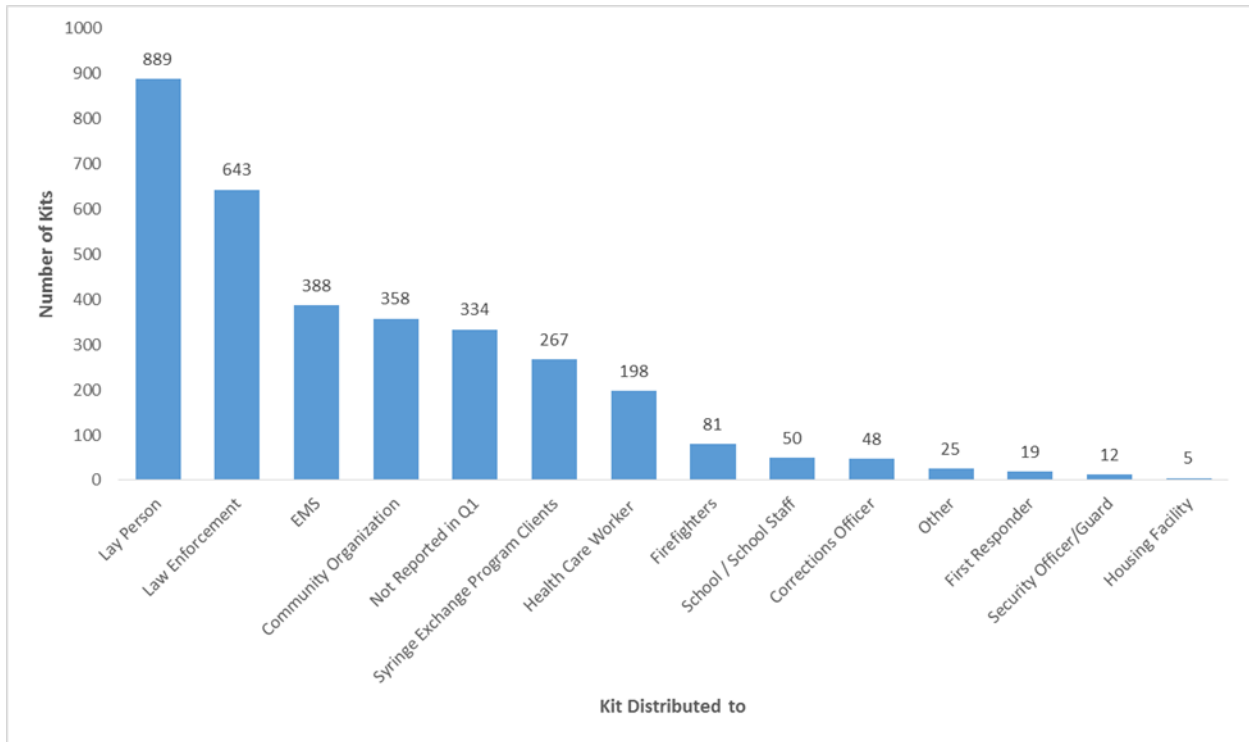
**Figure 5** shows what percentage of their total number of kits given have been distributed. \*Note: Monroe listed one more kit distributed than they were given. This may be due to reporting an additional kit that was independently obtained by the LHD.

**Figure 6: Top method of hearing about naloxone training**



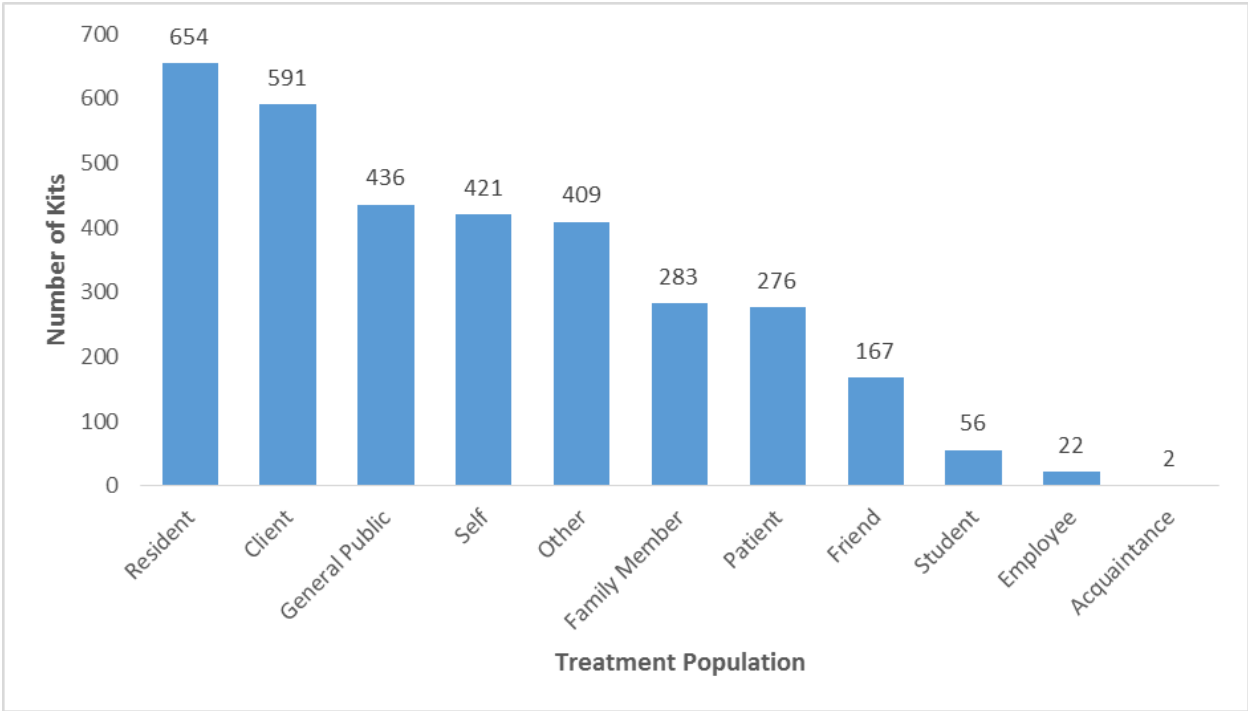
**Figure 6** shows how each of the individuals participating in the naloxone training heard about the naloxone distribution program. The most common methods of hearing about the training were through a community organization, employer, or healthcare provider. \*Note: The most commonly listed community organization was the health department.

**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 lay persons, law enforcement and EMS.

**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 residents, clients, and the general public. \*Note: resident was 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
Boone	<ul style="list-style-type: none"> <li>•Gonorrhea &amp; Chlamydia (G&amp;C) testing</li> <li>•HIV/Hepatitis C (Hep C)</li> <li>•Information on Free HIV/Hep C testing</li> <li>•Information on Mental health and substance abuse treatment</li> <li>•Licensed Clinical Social Worker (LCSW) on site who sees all patients in our Sexually Transmitted Diseases (STD) clinic</li> <li>•Referrals to outside agencies, such as mental health, substance abuse treatment, medication assisted therapy, insurance navigation, referral to our community health clinic if needed, food/clothing assistance.</li> </ul>	None	<ul style="list-style-type: none"> <li>•Email</li> <li>•Facebook</li> <li>•Flyers in the community</li> <li>•Newspaper</li> <li>•Radio</li> <li>•Website</li> <li>•Word of mouth</li> </ul>
Clark	<ul style="list-style-type: none"> <li>•Education</li> <li>•Follow-up</li> <li>•Gastroenterology services at Gastroenterology &amp; Assoc.</li> <li>•Harm reduction supplies</li> <li>•Health insurance through the State of Indiana through Community Action of Southern Indiana</li> <li>•HIV and Hep C testing</li> <li>•List of agencies in several surrounding counties that offer alcohol and drug abuse treatment, counseling, support groups, smoking cessation services, help lines, educational services, and assessments</li> <li>•Medical services at Life Spring/Turning Point</li> <li>•Mental health and medical referrals</li> <li>•Pamphlets and materials for support and treatment programs and agencies</li> <li>•Support for family members</li> <li>•Syringe Services Program</li> <li>•Tuberculosis (TB) testing</li> </ul>	<ul style="list-style-type: none"> <li>•C.A.S.I. (Community Action of Southern Indiana)</li> <li>•Clark County C.A.R.E.S. (Community Addiction Resources, Education &amp; Support)</li> <li>•Family Health Center of Clark County</li> <li>•Jeff Clark Prevention</li> <li>•LifeSpring Services</li> <li>•Syringe Services Program</li> <li>•The Interchange of Clark County</li> <li>•Town of Henryville</li> </ul>	<ul style="list-style-type: none"> <li>•Advertising through Clark County C.A.R.E.S.</li> <li>•Community contacts</li> <li>•Email</li> <li>•Facebook</li> <li>•Flyers</li> <li>•Newspaper</li> <li>•Resource Fair</li> <li>•Syringe Services Program</li> <li>•Word of mouth</li> </ul>
Clinton	<ul style="list-style-type: none"> <li>•Additional counseling referrals</li> <li>•Distributed info on Overdose Lifeline</li> <li>•Education</li> <li>•Follow-up</li> <li>•HIV and Hepatitis C testing</li> <li>•Information from Overdose Lifeline and PALS</li> <li>•Information on NAR ANON support group and meeting</li> <li>•List of treatment resources and treatment agencies</li> <li>•Parents of Addicted Loved ones (PALS) at training</li> <li>•Referrals to family support groups</li> <li>•Resource list of treatment agencies</li> <li>•Support for family members</li> <li>•Treatment resources</li> </ul>	<ul style="list-style-type: none"> <li>•Clinton County Drug and Alcohol Coalition</li> <li>•Clinton County EMS</li> <li>•Clinton County Probation Office</li> <li>•Healthy Communities of Clinton County Coalition</li> <li>•Operation Overdose</li> <li>•Parents of Addicted Loved ones (PALS), Inc.</li> <li>•The Center Township Trustee's office</li> <li>•The Open Door Clinic</li> <li>•United Way of Clinton County</li> </ul>	<ul style="list-style-type: none"> <li>•Indiana 2-1-1</li> <li>•Booth at International Overdose Awareness Event</li> <li>•Clinton County Daily News</li> <li>•Community contacts</li> <li>•Email</li> <li>•Facebook</li> <li>•Flyers at the County Health Fair</li> <li>•Newspaper article</li> <li>•On-line Newspaper</li> <li>•Radio Talk Show</li> <li>•Social Media</li> <li>•Word of mouth</li> </ul>

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Naloxone Training Outreach Methods
<b>Dearborn</b>	<ul style="list-style-type: none"> <li>•A Resource bag (Hep C/HIV testing dates, brochures about Hep C, and local physicians accepting new patients.)</li> <li>•Condoms</li> <li>•Families/victim a resource guide Quic Response Team (QRT)</li> <li>•Hep C/HIV testing dates</li> <li>•Info on HIV/Hep C testing</li> <li>•Information about the hospital's detox unit and other local treatment facilities</li> <li>•Information about suicide</li> <li>•Local resource information</li> <li>•Needle cleaning instructions</li> <li>•Other local drug related and mental health counseling resources.</li> <li>•Provide dates for health department HIV and Hep C testing</li> <li>•Provide information about overdose and opiates in general</li> <li>•Provide information on diseases associated with injection drug use</li> <li>•Refer participants to the hospital's detox unit and other local treatment facilities</li> </ul>	<ul style="list-style-type: none"> <li>•Citizens Against Substance Abuse (CASA)</li> <li>•Dearborn Clinic</li> <li>•Dearborn County Board of Health</li> <li>•The Dearborn County Board of Health</li> <li>•The Lawrenceburg Police Department and special QRT unit</li> </ul>	<ul style="list-style-type: none"> <li>•Calls and emails from community members asking about the program</li> <li>•Local newspaper article</li> <li>•Reaching out to community partners and their partners (eg. CASA, the QRT, Lawrenceburg Community Center and Ivy Tech)</li> <li>•Word of mouth</li> </ul>
<b>Delaware</b>	N/A	<ul style="list-style-type: none"> <li>•Abundant Family Health</li> <li>•Albany Fire Department,</li> <li>•Albany Police Department</li> <li>•Briana's Hope Support Group</li> <li>•Bridges (Homeless Service Agency)</li> <li>•Delaware Co Sheriff</li> <li>•Delaware Co Sheriff Reserves</li> <li>•Delaware County Community Corrections</li> <li>•Delaware County EMS</li> <li>•Delaware County Jail</li> <li>•Eaton EMTs</li> <li>•Eaton Police Department</li> <li>•Heritage Hall</li> <li>•Indiana State Police</li> <li>•Muncie Police</li> <li>•Road to Redemption Support Group</li> </ul>	<ul style="list-style-type: none"> <li>•Delaware County EMA</li> <li>•Email</li> <li>•Monthly meetings</li> <li>•Newspaper</li> <li>•Word of mouth</li> </ul>
<b>Fayette</b>	<ul style="list-style-type: none"> <li>•Harm reduction supplies and education</li> <li>•Hepatitis and HIV testing</li> <li>•HIP 2.0 presumptive eligibility</li> <li>•Immunizations for hepatitis A &amp; B, Tetanus, diphtheria and pertussis (Tdap) and Humanpapillomavirus (HPV)</li> <li>•Nutrition</li> <li>•Personal hygiene products</li> <li>•Proper syringe disposal</li> <li>•Referrals to services for insurance, detox, addiction treatment and rehab, housing and food, addiction group therapy, and job assistance referrals</li> <li>•Syringe services program and sterile injection supplies</li> <li>•Treatment information and prevention education</li> <li>•Wound care</li> </ul>	<ul style="list-style-type: none"> <li>•Local school corporation</li> <li>•Syringe Services Program - Volunteer</li> </ul>	<ul style="list-style-type: none"> <li>•Education referrals to treatment</li> <li>•Facebook - Point of Hope Fayette County Health Department Harm Reduction Program</li> <li>•Fayette County Health Department website</li> <li>•Local newspaper</li> <li>•Local tv station</li> <li>•Referrals from mental health centers and medical professionals</li> <li>•Word of mouth</li> </ul>
<b>Fountain-Warren</b>	<ul style="list-style-type: none"> <li>•Resource list of treatment agencies</li> </ul>	<ul style="list-style-type: none"> <li>•Local Coordinating Council</li> <li>•Overdose Lifeline INC</li> </ul>	<ul style="list-style-type: none"> <li>•Educational outreach (Fountain and Warren County Local Coordinating Councils)</li> </ul>

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Franklin	<ul style="list-style-type: none"> <li>•Harm reduction</li> <li>•HIV and Hepatitis C testing</li> <li>•Information / teaching on frequently asked questions</li> <li>•Recommendation for self-help for family members</li> <li>•Resource list of treatment agencies</li> <li>•Support for family members</li> <li>•Treatment options and resources</li> </ul>	<ul style="list-style-type: none"> <li>•Cierra's Club,</li> <li>•Franklin County EMS</li> <li>•Southeast Indiana Health Center (SEIHC)</li> <li>•Staying Alive</li> </ul>	<ul style="list-style-type: none"> <li>•Community contacts</li> <li>•Email</li> <li>•Facebook</li> <li>•Flyers</li> <li>•Kroger public board</li> <li>•Library</li> <li>•Newspaper articles about Narcan availability to lay persons, law enforcement uses, and clinic contact information</li> <li>•Outreach to individuals / businesses</li> <li>•Word of mouth</li> <li>•YMCA</li> </ul>
Hendricks	<ul style="list-style-type: none"> <li>•Central Indiana Substance Abuse Treatment Resource Guide</li> <li>•Educational sheet about common opioid drugs and signs/symptoms of an overdose</li> <li>•Information about Safe Sharps Disposal as requested</li> <li>•Information about STD testing</li> <li>•Information about STI/HIV/HEP C testing</li> <li>•List of other Hendricks County Naloxone Providers</li> <li>•Overdose Lifeline training</li> <li>•Referrals to the local Parents of Addicted Loved Ones support group</li> <li>•School staff and nurses given a CPR and Naloxone protocol info sheet from the American Heart Association</li> </ul>	<ul style="list-style-type: none"> <li>•Fairbanks Outpatient Office</li> <li>•Hendricks County Health Department's Nursing Clinic</li> <li>•Hendricks County Health Partnership's Substance Abuse Work Group and the county's LCC Substance Abuse Task Force</li> <li>•Hendricks Regional Health</li> <li>•Law enforcement</li> <li>•Overdose Lifeline</li> <li>•Schools</li> </ul>	<ul style="list-style-type: none"> <li>•Emails disseminated to other key community members</li> <li>•Facebook/Twitter messaging from trainees</li> <li>•Information provided and shared at Indiana Youth Institute Opioid Use and Youth Lunch Seminar, Hendricks County Health Partnership Quarterly Meeting</li> <li>•Program flyers posted at community gathering locations, distributed at mobile food pantry, Tox-Away Day (drug and sharps take back day), substance abuse treatment providers and mental health service providers, and shared with the Substance Abuse Task Force and the Hendricks County Health Partnership's Substance Abuse Work Group</li> <li>•Promotion at a Drug Free Family Night event</li> <li>•The Hendricks County Flyer (local newspaper)</li> <li>•TV (interview about Naloxone with RTV6, Fox 59)</li> <li>•Word of mouth</li> </ul>
Henry	<ul style="list-style-type: none"> <li>•HIV and Hepatitis C testing</li> </ul>	<ul style="list-style-type: none"> <li>•BRV School</li> <li>•Community Corrections</li> <li>•Fire Departments of New Castle, Mooreland, and Mt. Summit</li> <li>•Henry County Probation</li> <li>•Knightstown Elementary &amp; High School</li> <li>•Police Department in Mooreland</li> <li>•Tri High School</li> </ul>	<ul style="list-style-type: none"> <li>•Community contacts</li> <li>•Newspapers</li> <li>•Word of mouth</li> </ul>
Howard	<ul style="list-style-type: none"> <li>•Harm reduction information</li> <li>•HIV and Hepatitis C testing</li> <li>•Immunization clinic information</li> <li>•Information on Treatment resources</li> <li>•List of community substance abuse support agencies</li> <li>•Referrals for HIV/ STD testing and additional services</li> </ul>	None	<ul style="list-style-type: none"> <li>•Contact cards</li> <li>•Flyers at various locations around the community (transportation office, college bulletin boards, housing office, and the women's shelter)</li> <li>•Newspaper</li> <li>•Radio interview</li> <li>•Social Media (Facebook, twitter, Instagram)</li> <li>•Word of mouth</li> </ul>
Jackson	<ul style="list-style-type: none"> <li>•Brochures on HIV and the Hep C</li> <li>•Jackson County Resource Guide</li> <li>•Mental Health &amp; Addiction Resource list</li> </ul>	<ul style="list-style-type: none"> <li>•Emergency Medical Services</li> <li>•Priority One</li> <li>•Section 8 housing unit</li> <li>•Seymour Community Schools</li> <li>•Volunteer fire departments who make medical runs</li> </ul>	<ul style="list-style-type: none"> <li>•Articles in the newspaper</li> <li>•Community meetings</li> <li>•Facebook</li> <li>•Flyers</li> <li>•Handbills</li> <li>•Monthly Health"E"Newsletter</li> <li>•Radio spots</li> </ul>

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Naloxone Training Outreach Methods
<b>Jefferson</b>	<ul style="list-style-type: none"> <li>•Education</li> <li>•HIV, Hep C and STD testing</li> <li>•Referral agencies</li> <li>•Referrals to education and service agencies</li> <li>•Vaccinations</li> </ul>	None	<ul style="list-style-type: none"> <li>•Flyers distributed to: Jefferson County Justice, Treatment and Prevention group, Substance abuse meeting at JCHD, Jefferson County LEPC, Jefferson House (Substance abuse home), D9 Healthcare Coalition and all local physicians.</li> </ul>
<b>Madison</b>	<ul style="list-style-type: none"> <li>•Additional referrals</li> <li>•Harm reduction services</li> <li>•HCV/HIV testing</li> <li>•HIP enrollment referral</li> <li>•Other needed services</li> <li>•Primary care and substance abuse referral</li> <li>•Rapid HCV/HIV screening</li> <li>•Syringe Services Program</li> </ul>	<ul style="list-style-type: none"> <li>•Madison County Health Department Syringe Services Program</li> </ul>	<ul style="list-style-type: none"> <li>•Word of mouth through syringe services program</li> </ul>
<b>Marion</b>	<ul style="list-style-type: none"> <li>•Assisting individuals get into treatment</li> <li>•HIV and HEP testing information</li> <li>•Information about local treatment centers</li> <li>•Other treatment resources</li> <li>•Substance Use Outreach Services (SUOS) toolkit (parenting skills for risk of drug use of kids, kids safe party sessions, support for teens in recovery, the seven C's of defeating a drug addiction, substance abuse agencies referral guide, support group meetings information)</li> </ul>	<ul style="list-style-type: none"> <li>•Celebrate Freedom Men's Recovery House</li> <li>•Church 52</li> <li>•Community Based Care Nurses</li> <li>•Community Outreach Network</li> <li>•Drexel Gardens</li> <li>•HEPT staff</li> <li>•IEMS Core Team</li> <li>•IMPD East District</li> <li>•IMPD Southwest District</li> <li>•Indianapolis Emergency Medical Service</li> <li>•Indianapolis Urban League</li> <li>•Julian Center Domestic Violence Center</li> <li>•Julian Center Outreach staff IMPD Southwest District</li> <li>•Lisa's Garage</li> <li>•Marion County Public Health Department (MCPHD) Hazmat Team, Substance Use Outreach Services, Northwest District Office, and Security</li> <li>•PACE</li> <li>•Southside community members</li> <li>•Taskforce Meeting</li> <li>•Tindall Armory Army Reserve outreach staff</li> </ul>	<ul style="list-style-type: none"> <li>•Community contacts</li> <li>•Community outreach</li> <li>•Email lists</li> <li>•Individualized flyers</li> <li>•Press conference and demonstration with Health Director, Mayor and Police Chief</li> <li>•Session Flyers</li> <li>•Word of mouth</li> </ul>



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Monroe	<ul style="list-style-type: none"> <li>•Care Coordination</li> <li>•Case management</li> <li>•Chronic disease investigation</li> <li>•Communicable disease follow-up</li> <li>•Disease follow-up</li> <li>•Disease Intervention Services</li> <li>•Education</li> <li>•Family planning</li> <li>•Harm reduction training</li> <li>•Health counseling and referrals</li> <li>•HIV case management</li> <li>•HIV/HCV/STD testing</li> <li>•Hygiene products</li> <li>•Info on IRA/syringe services program</li> <li>•Local statistics</li> <li>•Mental Health Counseling</li> <li>•Public safety</li> <li>•Resource list of treatment agencies</li> <li>•Smoking cessation</li> <li>•STD treatment</li> <li>•Substance abuse treatment</li> <li>•Support for family members</li> <li>•Syringes</li> <li>•Vaccinations</li> <li>•Vital Records</li> <li>•Women, Infants, Children (WIC) program</li> </ul>	<ul style="list-style-type: none"> <li>•Bloomington Police Department</li> <li>•Centerstone</li> <li>•Indiana Recovery Alliance</li> <li>•Monroe County Public Health Clinic (partnership between IU Health Bloomington Hospital and Monroe County Health Department)</li> <li>•Monroe County Sheriff Department</li> <li>•Positive Link (IU Health Bloomington Hospital)</li> </ul>	<ul style="list-style-type: none"> <li>•Community organizations and organizational contacts</li> <li>•Contacting partners to encourage training</li> <li>•County email</li> <li>•Discussing naloxone training for government staff with county officials</li> <li>•Discussion at coalition meetings</li> <li>•Facebook</li> <li>•Flyers</li> <li>•Handouts</li> <li>•IRA Facebook</li> <li>•IRA webpage</li> <li>•Local referrals</li> <li>•Media interviews</li> <li>•Newspaper stories in Herald Times and the Indiana Daily Student</li> <li>•Word of mouth</li> </ul>
Randolph	<ul style="list-style-type: none"> <li>•Current list of Rehabilitation Centers, group meetings, and HIV testing sites and dates</li> <li>•Flyer with addiction recovery groups, assistance with insurance, and many other resources listed</li> <li>•Free Hep C &amp; HIV testing,</li> <li>•List of resources for treatment of addiction along with groups that will help pay for treatment</li> <li>•Pamphlet with local support group information</li> </ul>	<ul style="list-style-type: none"> <li>•Brianna's Hope</li> <li>•St Vincent Physicians</li> </ul>	<ul style="list-style-type: none"> <li>•Facebook</li> <li>•Flyers</li> <li>•Outreach at addiction group meetings</li> <li>•Press release in the local newspaper</li> <li>•Providing education and seeking partnerships with the local physicians</li> </ul>
Ripley	<ul style="list-style-type: none"> <li>•Answer questions about naloxone, care, wellbeing, safety, emergency plan, etc.</li> <li>•Education for patients</li> <li>•Resource List</li> <li>•Suicide prevention hotline</li> <li>•Treatment resources</li> </ul>	<ul style="list-style-type: none"> <li>•Batesville EMS</li> <li>•Milan Rescue 30</li> <li>•Ripley County EMS</li> <li>•Southeast Indiana Health Center</li> <li>•Southern Ripley County EMS (Rescue 69)</li> <li>•Sunman Rescue 20</li> </ul>	<ul style="list-style-type: none"> <li>•Cold calling to local EMS facilities</li> <li>•Flyers</li> <li>•Local newspapers</li> <li>•Phone Calls/Emails</li> </ul>

Local Health Department	Services Co-offered	Partner Agencies Involved With Training and Distribution of Naloxone Kits	Naloxone Training Outreach Methods
Scott	<ul style="list-style-type: none"> <li>•Addiction counseling referrals</li> <li>•Birth Certificates and referrals for local BMV service</li> <li>•Care Coordination for HIV positives</li> <li>•Community Resources</li> <li>•Counseling</li> <li>•Education</li> <li>•Harm Reduction</li> <li>•HIP 2.0 enrollment and follow up</li> <li>•HIV/HEP C testing</li> <li>•Hot meals</li> <li>•Immunizations of Tetanus, HEP A/B, Flu, and Pneumonia</li> <li>•Information on rehab services and availability</li> <li>•Medical and Infectious Disease medical treatment referrals and appointments</li> <li>•One Stop Shop services</li> <li>•OTC cold medications</li> <li>•Physician referral</li> <li>•Rehab information and other treatment options available</li> <li>•Syringe Services Program</li> <li>•Wound care kits</li> </ul>	<ul style="list-style-type: none"> <li>•Austin Police Department</li> <li>•CEASE (Coalition to eliminate drugs in Scott County)</li> <li>•Johnson Township Volunteer Fire Department</li> <li>•Local law enforcement</li> <li>•Local fire department</li> <li>•Scott County EMA</li> <li>•Scott County EMS</li> <li>•Scott County Sheriff Department</li> <li>•Scottsburg Police Department</li> </ul>	<ul style="list-style-type: none"> <li>•Community Channel</li> <li>•List Serve with community partners</li> <li>•Local coalitions</li> <li>•Newspapers</li> <li>•Preparedness and Public Health trainings and presentations within the community</li> <li>•Preparedness Coordinator and others from SCHD staff as requested</li> <li>•Radio</li> <li>•Scott County Health Department Facebook page</li> <li>•Scott County Journal</li> <li>•Scott County local news media outlets</li> <li>•Social media</li> <li>•Twitter</li> <li>•WMPI Radio</li> <li>•Word of mouth</li> </ul>
Washington	<ul style="list-style-type: none"> <li>•Education</li> <li>•Follow-up</li> <li>•Resource list of treatment agencies</li> <li>•Support for family members</li> <li>•Treatment resources</li> </ul>	<ul style="list-style-type: none"> <li>•Life Springs Substance Abuse Council</li> </ul>	<ul style="list-style-type: none"> <li>•Community contacts</li> <li>•Flyers</li> <li>•Newspaper</li> <li>•Word of mouth</li> </ul>

\*N/R = not reported

## Discussion

The naloxone distribution program for grant opportunity 1 is wrapping up with 96% of the total kits distributed. Most of the kits were distributed to laypersons, law enforcement and EMS. The most frequent method of hearing about training was from a community organization, an employer or a healthcare provider. The most common treatment populations were residents (resident was most often used to refer to a resident of the county), clients and the general public. 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 seemed to have the most 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. Five priority counties participated in the naloxone distribution program (Howard, Delaware, Marion, Washington, and Clark), in which 1,580 kits of the total 3,473 kits given (or 45%) were delegated to the priority counties. 95% 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,” “Employer” or “Health Care Provider” (**Figure 6**). Many of the occurrences of “Community Organization” were noted to be the LHD distributing the naloxone. 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 “Lay Person,” “Law Enforcement” and “EMS” (**Figure 7**). The top treatment population was “Resident,” followed by “Client” and “General Public” (**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. This information was grouped initially as “Other” until the reporting tool had been updated to include specification for the category “Other.” Making this change helped reduce the lack of specificity in reporting this particular data element. 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. 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. There was an instance of a community member who had been affected by the opioid epidemic in his or her own life that shared his or her story and helped support naloxone distribution efforts. 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. One LHD mentioned that its rate of overdose deaths decreased.

There are other areas where the community had a general disinterest in the naloxone program. Some LHDs reported flyers about naloxone training being taken down or individuals within the county negatively perceiving or commenting on articles written on the program. In other areas, the syringe services program was shut down or additional naloxone was not applied for because first responders and members of the community believed that the naloxone was enabling drug use. One of the LHDs

listed syringe return as a challenge, but also listed an example of a participant making progress staying clean. In one county, suicides related to substance abuse and mental health issues have dramatically risen over the previous year. In other 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 of being arrested.

Challenges at the LHD level included: the national atomizer recall, 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 one county, administrative challenges were cited as a reason it didn't apply for subsequent programs.

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 and fire departments (**Table 1**). Some LHDs worked with existing programs such as syringe services programs to distribute kits.

There were a total of 236 kits that were reported to have been used during the first round of naloxone distribution so far. 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. For example, one county reported a decrease of opioid overdose deaths in 2017. Another county talked about a syringe services program client who "looked so good and happy," returned used and unused syringes and had been clean for at least five weeks. These are only a few examples of some of the specific success stories that have been reported by LHDs through the naloxone distribution program.

## Conclusion

Prescription drug overdose is a significant concern in Indiana that is contributing to deaths in our communities. ICJI 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.

The results in this report were impacted significantly by the atomizer recall for the first couple quarters, which caused a delay in naloxone kit distribution at the impacted LHDs. With this being the first round of naloxone distribution there was a learning curve to the reporting. Trainings were established to instruct LHDs on how to fill out the reporting tool. In addition, a training session was held that allowed LHDs the opportunity to discuss their successes and challenges for distributing naloxone into the community.

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