
MARION COUNTY OVERDOSE FATALITY REVIEW ANNUAL REPORT 2024

Marion County Public Health Department



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Dedication

This report is dedicated to the individuals who have tragically lost their lives to an overdose and to the families and communities affected by these losses. Each case reviewed by the Marion County Overdose Fatality Review Team represents a profound loss that reverberates through the lives of loved ones and the entire community.

Acknowledgement

This report would not have been possible without the dedication and hard work of its team members and the following organizations they represent:

- Marion County Public Health Department (Epidemiology, Infectious Disease Nursing, Safe Syringe Access and Support, Substance Use Outreach Services, and Stronger with Support)
- Indiana Department of Health (Suicide and Overdose Fatality Review Team)
- Marion County Coroner's Office (MCCO)
- Indianapolis Emergency Medical Services (I-EMS)
- Indianapolis Metropolitan Police Department
- Indiana Department of Corrections
- Eskenazi Hospital (Emergency Department, Project POINT)
- Indiana University (Bioethics)
- Indiana University Health
- Mental Health America of Indiana – Indiana Recovery Network
- Indiana High Intensity Drug Trafficking Area (HIDTA)
- Indiana Family and Social Services Admin – Division of Mental Health and Addiction
- Overdose Lifeline
- Sandra Eskenazi Mental Health Center
- Community Solutions, Inc – Re-entry Coalition Partner
- Drug Free Marion County
- Adult and Child Health

- Indiana Department of Child Services (DCS)
- Meridian Health Services
- Spark Recovery

Prepared by:

Mandy Billman, MPH

Overdose Data to Action Project Coordinator & Overdose Fatality Review Facilitator

Sarah Grubb, MPH

Forensic Epidemiologist

Contact: epidemiology@marionhealth.org

Executive Summary

Substance use and overdose deaths pose a significant challenge in Marion County, with rates surpassing state and national averages. The Marion County Overdose Fatality Review Team (OFRT) was established in 2020 to analyze overdose fatalities and identify intervention opportunities. From December 2023 to June 2024, the team reviewed 14 overdose death cases in the county through six virtual meetings, uncovering common themes related to pressing overdose related issues such as education and awareness, access to care and treatment, harm reduction, and social determinants of health.

The OFRT has made 44 valuable recommendations to address these issues. These recommendations were reviewed and refined by a new team called the OFR Recommendations Action Team (REACT). The OFR REACT plans to develop a community collaborative platform to help improve communication and coordination of efforts around substance use disorder (SUD) care, create an educational handout collection for local agencies, and set up spotlight presentations in coordination with the Overdose Data to Action (OD2A) All-Group meetings to help build awareness of programs in our community. Additionally, the OFR REACT work has inspired a major activity for a recent grant proposal that will assess current SUD support options

provided at all Marion County emergency departments so we can work together to expand offerings.

There were several enhancements to the Marion County OFR strategies in the past year with the addition of a new OFR Coordinator and Forensic Epidemiologist. The refined structure of monthly OFRT meetings and improved data sharing has received praise from members and participation in monthly meetings has increased significantly.

In September 2023, the Marion County Public Health Department was awarded the Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL) grant. This funding will strengthen overdose surveillance and prevention efforts for the next five years in Marion County and this grant supplies the funding needed to pay for the staff who lead the OFRT efforts. By integrating OFRT activities into their public safety-public health partnership strategy, they aim to sustain the OFRT, foster collaborations and decrease fatal and non-fatal overdoses involving opioids, stimulants, and polysubstance use in Marion County.

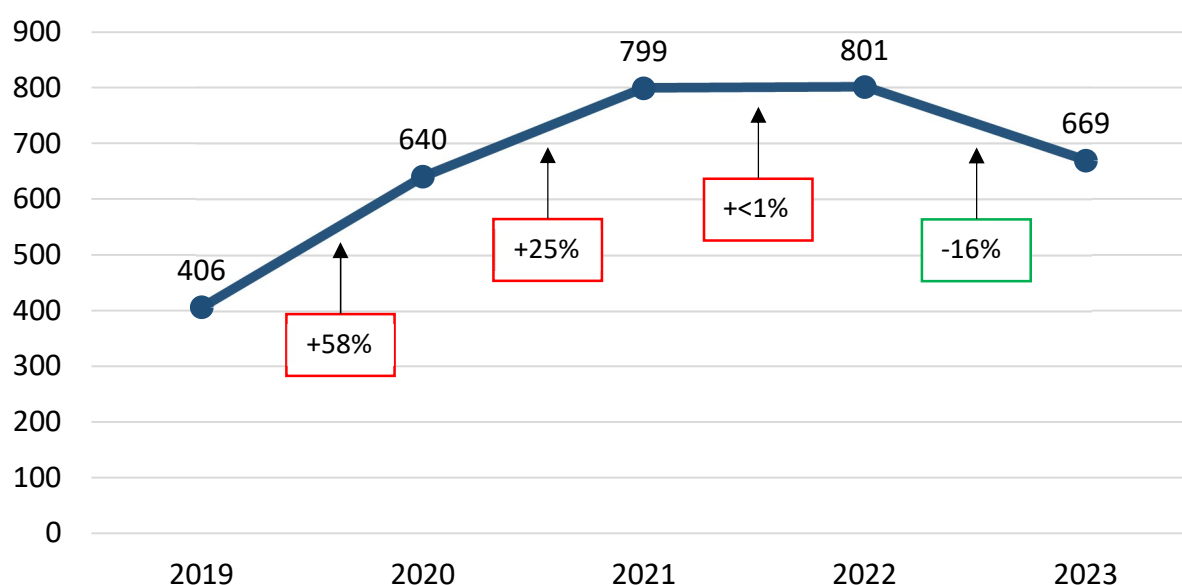
Overall, the OFRT's efforts and recommendations provide a foundation for improving the response to SUD, reducing overdose deaths, and fostering a more informed and supportive community in Marion County.

Introduction

Numerous lives are lost each day due to substance use and overdose deaths, which are a major national and global concern. Provisional data for 2023 indicate there were an estimated 107,543 drug overdose deaths in the United States in 2023. This represents a 3% decrease from 2022 and the first annual decrease in drug overdose deaths since 2018¹. The decreasing number of drug overdose deaths for 2023 is evident in Indiana, as well as Marion County with both jurisdictions reporting an 18% decrease when compared to 2022 data ^{2,3}. For 2023 drug intoxication deaths, there were a total of 701 investigations completed across all manners of death by the Marion County Coroner's Office. Toxicology results for the 2023 cases showed 80% of drug overdose deaths involved opioids (n=561 cases) and fentanyl accounted for the lion's share of opioids involved at 97% (n=543 cases)³. Emergency department visits for suspected

overdoses decreased from a peak in 2021 at 824 per 100,000 to 653 per 100,000 in 2023⁴. Similarly, EMS naloxone runs have decreased from a peak in 2021 at 420 per 100,000 to the current level of 305 per 100,000 for 2023⁴. Although it is exciting to report that Marion County has seen initial declines in fatal and non-fatal suspected overdoses, these declines should not be interpreted as an indicator of an ongoing trend, and we must continue finding opportunities to connect people who use drugs to supportive services.

Figure 1: Accidental Overdose Deaths by Year Investigated by the Marion County Coroner's Office, 2019-2023



Source: Marion County Coroner's Office

The Marion County Overdose Fatality Review Team (OFRT) was formed in November 2020 with funding from the Center for Disease Control and Prevention's Overdose Data to Action (OD2A) grant. The organizations which are currently a part of the team are listed on page 2 of this report and have grown to include nine new partner organizations over the past year. The shared goal of the Marion County OFRT is to reduce overdose deaths in Marion County. The OFRT meets monthly to examine drug overdose trend data, confidentially analyze selected cases, document gaps, and record recommendations where changes can be made to prevent future deaths. Case discussions carefully examine a decedent's demographics, psychosocial history,

treatment history, medical records, EMS encounters, family interviews, social media information, touchpoints with the Department of Child Services, and other significant risk factors related to drug overdoses. By doing this, the team seeks to uncover missed opportunities for intervention, to develop overdose prevention efforts, enhance system-level functionality, educate neighborhood service providers, and sustain the recent decrease in the number of overdose fatalities in Marion County.

Methodology

The Marion County OFRT typically selects cases based on a set of criteria that include factors such as residency, timeframe (within the past six months), closed cases, and availability of toxicology reports. You can learn more about how the OFRT selects themes in the ***Theme Selection***. After a theme is selected, the OFR Coordinator and Forensic Epidemiologist meet to preliminarily review the data and put together a list of 8-12 potential cases to share with MCCO Deputies. MCCO Deputies review the case options and select two cases for the OFRT to discuss at the upcoming meeting. This additional step allows the MCCO Deputies, who were likely the lead investigators on the case, to reflect on cases that were of particular interest to them or cases where family members were involved and therefore more likely to share information through a next-of-kin interview.

The finalized case identifiers are securely shared with the rest of the OFRT through SharePoint about two weeks prior to the meeting. Some organizations prefer to send data prior to the meeting, while others share verbal updates during the meeting. Meeting notes are taken by an assigned member of the OD2A Team, and these notes help to ensure accurate data can be added to REDCap. About a week after the OFRT meeting, a summary e-mail is sent to team members, encompassing updates, case summaries, recommendations, and upcoming steps after the meetings.

Data Sources

The Marion County OFRT collects data from various sources such as the coroner's database, hospital records, toxicology reports, prescription drug monitoring program (PDMP) data, I-EMS

records, family interviews, obituaries, mental health treatment records, criminal justice encounters, DCS touchpoints, and decedents’ social media. This information includes demographics, circumstances surrounding the death, mental health history, substance use history, physical health history, legal history, social history, trauma history, and insights from family interviews. By examining these comprehensive data sources, the team gains a holistic understanding of the decedent's background and can make informed recommendations based on the findings.

Meetings and Milestones Achieved

The Marion County OFRT held six virtual meetings from December 2023 to June 2024, with participant numbers ranging from 17 to 24. The average of 21 people per meeting is a large increase from the reported average of 14 in the 2022-2023 annual report. The team reviewed two overdose death cases each meeting, except for one meeting on April 26, 2024, when the team reviewed a total of four drug overdose cases at two different multiple overdose scenes. To ensure that themes were consistent with emerging data, the Forensic Epidemiologist would run an analysis of the data available in MCCO’s Salesforce database and provide current findings for that theme to incorporate in the data section of the team meeting. Noteworthy achievements during this period include transitioning to a new OFR facilitator, improved data access with a dedicated Forensic Epidemiologist’s contributions, attending the National OFR Forum in March 2024, and presenting about OFR enhancements during a monthly check-in for CDC: LOCAL grant project officers. Please refer to Table 1 for a summary of the meetings and milestones.

Table 1: Meeting details and milestones achieved from December 2023 to June 2024

Date	Attendance	Cases discussed	Recommendations	Theme discussed	Milestones achieved
12/1/2023	17	2	6	Decedents experiencing homelessness	Facilitated first OFR session. New members = 3
1/26/2024	21	2	10	Cocaine intoxication in Black or African American individuals	N/A

2/23/2024	18	2	8	Cocaine intoxication in Black or African American individuals	N/A
3/22/2024	21	2	5	Xylazine vs. Fentanyl	OFR Forum, CDC presentation, & partner mapping exercise to identify partners missing from the OFR table
4/26/2024	24	4	8	Multiple overdose fatalities at one scene	New members = 3
5/31/2024	25	2	5	Older adults (60 or older)	Launched OFR REACT. New members = 1

Data Analysis

From December 2023 to June 2024, the Marion County OFRT diligently examined 14 cases. Most team meetings focused on a maximum of two cases, except one meeting where we covered four decedents. This allowed for thorough analysis and discussion of the circumstances surrounding each overdose fatality.

Data slides are prepared by the Forensic Epidemiologist and highlight data relevant to the meeting theme. The fatality data highlights the demographics and trends in the current MCCO data and serves as a helpful way to provide more information on why the specific meeting theme was selected.

Case Review Summary

With the addition of the new Forensic Epidemiologist position, MCPHD has direct access to MCCO's Data Management System (Salesforce). For OFR purposes, this access allows the Forensic Epidemiologist to download timely death investigation data, analyze it for trends, and use more recent cases in the team discussion.

Previously, MCPHD used the previous years' worth of data provided by MCCO to choose OFR cases (12-18+ month delay in review) as the data was only sent once per year. Now, the OFRT only reviews cases that occurred within 6-8 months of OFR meeting as data is downloaded and analyzed more regularly by the Forensic Epidemiologist.

All cases reviewed by the Marion County OFRT are accidental (unintentional) overdose deaths. The team does not cover any cases involving the death of a minor and all chosen cases are residents of the county who passed in the county.

Theme Development

The OFR Facilitator and the Forensic Epidemiologist prioritize “letting the data speak for itself”. Marion County OFR meeting themes are developed in three different ways: (i) Forensic Epidemiologist’s data analyses, (ii) data received from MCCO overdose death investigators and monthly meeting notes, and (iii) requests from OFRT partners. As previously mentioned in Table 1, the OFRT has covered five different themes since the new OFR Facilitator began their new role. To further convey how the OFR meeting themes are developed, below are explanations for how the following two themes were chosen: (i) Cocaine intoxication in Black or African American individuals and (ii) Older adults (60 or older).

(i) Cocaine Intoxication in Black or African American Individuals

- In December 2023, the Forensic Epidemiologist pulled MCCO data from January to mid-September 2023. This timeframe was pulled since toxicology results are on a 1-to-2-month delay so this chosen timeframe would pull cases with completed toxicology results.
- Over this 9.5-month period, 500 accidental overdose deaths were identified with 137 (27.4%) of those cases involving cocaine.
- When looking further into those 137 cocaine-involved deaths, 81 (59%) decedents were Black or African American.
 - This is alarming because Black or African American individuals only accounted for 34% of accidental overdose deaths in 2022.

(ii) Older Adults (60 or older)

- In 2020, decedents 60 or older only account for 6% of all accidental overdose deaths investigated by MCCO. However, in 2023, this group accounted for 15% of all accidental overdose deaths.

- To see this increase over time, please see the table below that was shared with the OFRT in the meeting:

Table 2: Accidental Overdose Deaths in the 60 & Older Group vs. All Deaths, 2020-2023

Year	60 & Older	Total Cases	% of Total
2020	39	640	6%
2021	86	799	11%
2022	102	801	13%
2023	99	669	15%
Total	326	2909	11%

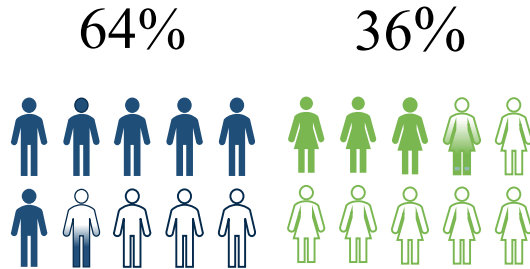
- Although the count of accidental overdose deaths in this population decreased slightly in 2023, the percentage this population accounts for in total accidental overdose deaths is still increasing.

Demographics

In the next several tables and graphs below, the demographics of the 14 decedents covered will be presented along with various details gathered through the respective death investigations and OFR meetings.

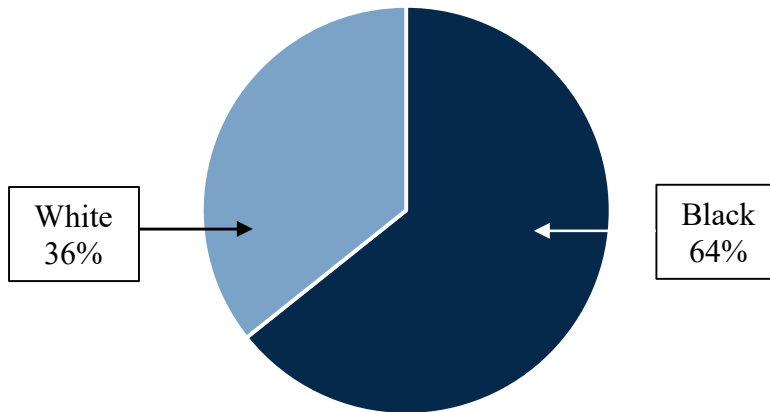
- I) **Sex:** Out of the 14 decedents covered, 9 (64%) were male and 5 (36%) were female.

Figure 2. Distribution of OFR Decedents by Sex



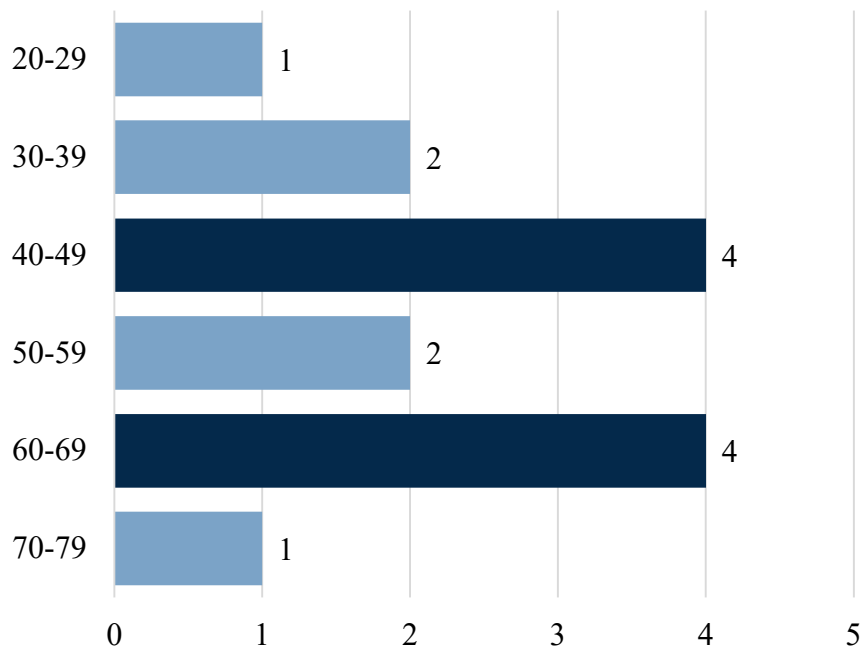
- II) **Race & Ethnicity:** Out of the 14 decedents covered, 9 (64%) were White, 5 (36%) were Black or African American, and 0 (0%) were of Hispanic, Spanish, or Latino ethnicity.

Figure 3. Distribution of OFR Decedents by Race & Ethnicity



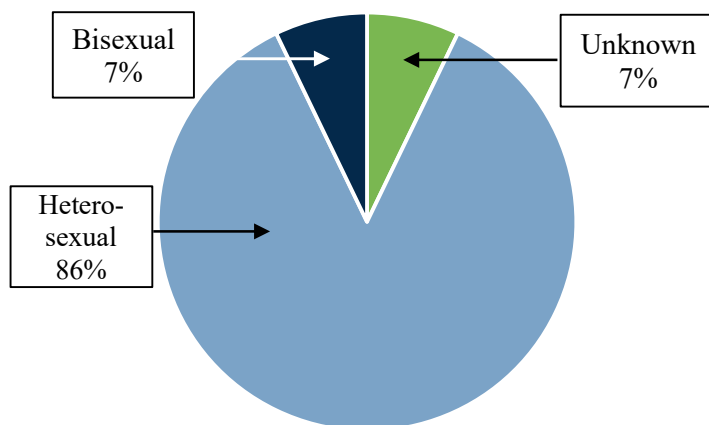
- III) **Age:** The average age was 50 years old; the youngest decedent was 26 years old, and the oldest was 72 years old. When stratifying by age group, 1 (7%) was 20-29 years old, 2 (14%) were 30-39 years old, 4 (29%) were 40-49 years old, 2 (14%) were 50-59 years old, 4 (29%) were 60-69 years old, and 1 (7%) was 70-79 years old.

Figure 4: Distribution of OFR Decedents by Age Group



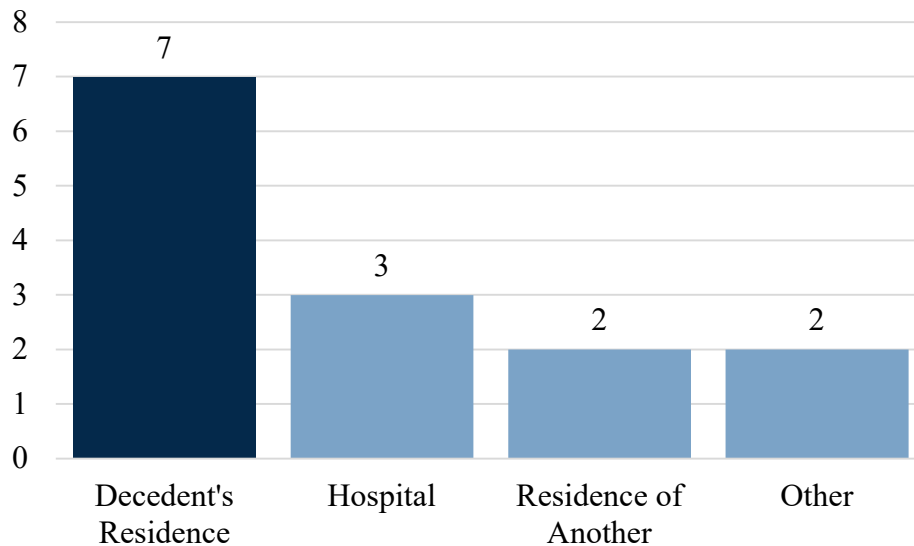
- IV) **Sexual Orientation:** Out of the 14 decedents covered, 12 (86%) were heterosexual, 1 (7%) was bisexual, and 1 (7%) had an unknown sexual orientation.

Figure 5: Distribution of OFR Decedents by Sexual Orientation



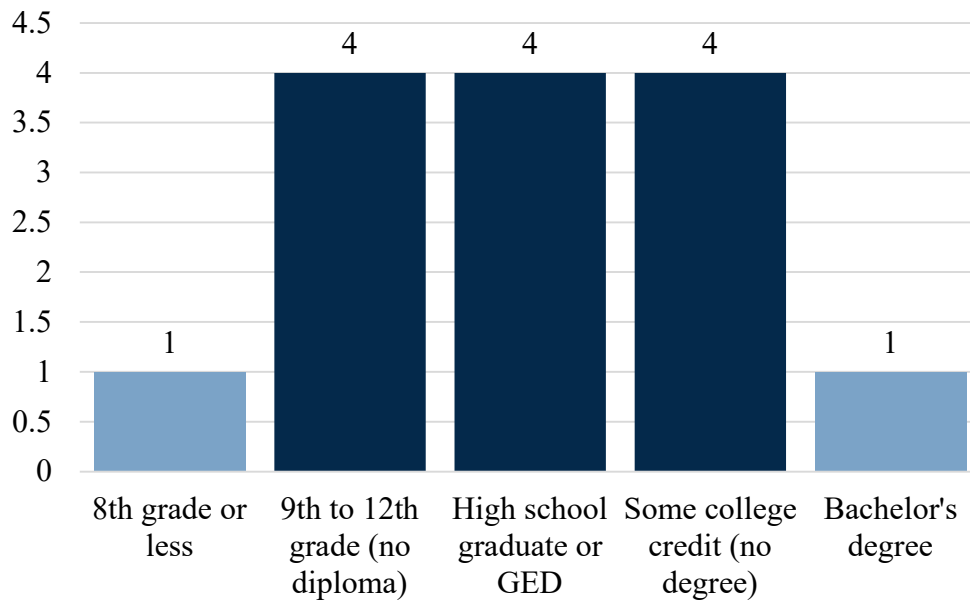
- V) **Place of Death:** Out of the 14 decedents covered, 7 (50%) passed away in their own residence, 3 (21%) in a hospital (2 outpatient, 1 inpatient), 2 (14%) in the residence of another, and 2 (14%) outside

Figure 6: Distribution of OFR Decedents by Place of Death



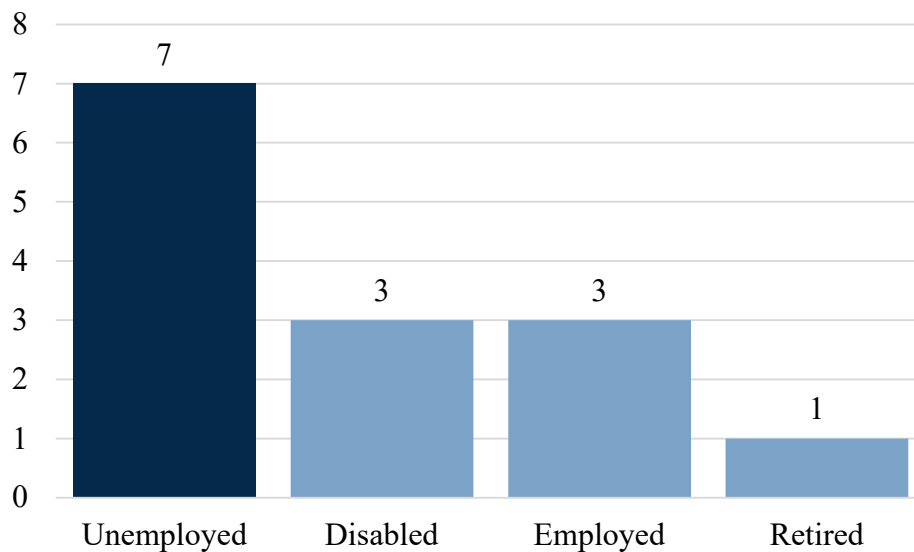
- VI) **Education Level:** Out of the 14 decedents covered, 1 (7%) received an 8th grade education or less, 4 (29%) received a 9th to 12th grade education with no diploma, 4 (29%) received a high school diploma or GED, 4 (29%) completed some college credits with no degree, and 1 (7%) received a bachelor's degree.

Figure 7: Distribution of OFR Decedents by Education Level



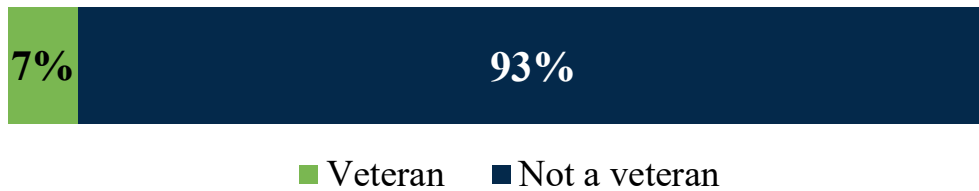
- VII) **Occupation Status:** Out of the 14 decedents covered, 7 (50%) were unemployed at the time of their death, 3 (21%) were employed, 3 (14%) were disabled, and 1 (7%) was retired.

Figure 8: Distribution of OFR Decedents by Occupation Status



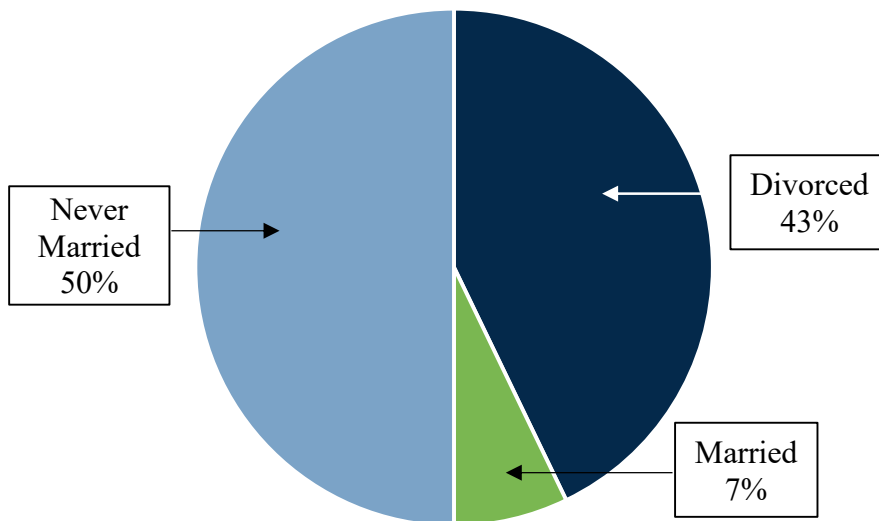
- VIII) **Veteran Status:** Out of the 14 decedents covered, 13 (93%) did not serve in the Armed Forces and 1 (7%) served in the Armed Forces.

Figure 9: Distribution of OFR Decedents by Veteran Status



- IX) **Marital Status:** Out of the 14 decedents covered, 7 (50%) had never been married, 6 (43%) were divorced, and 1 (7%) was married.

Figure 10: Distribution of OFR Decedents by Marital Status



Manner & Cause of Death

All cases reviewed by the Marion County OFRT are accidental in manner but cause of death varies based on toxicology results. Out of the 14 cases reviewed, the top five most common substances in the toxicology results were fentanyl (86%), cocaine (71%), ethanol/alcohol (36%), xylazine (36%), and methamphetamine (21%).

Additionally, 13 (93%) toxicology tests detected either a fentanyl or a fentanyl analog. In other words, only 1 decedent reviewed did not have fentanyl or a fentanyl analog in their system at the time of their death.

Lastly, the average number of substances detected in toxicology tests across all OFR decedents was 3.5 with a minimum of 1 substance and a maximum of 6 substances. See the table below for a full breakdown of all substances identified through toxicology.

Table 3. Toxicology Results of OFR Decedents by Substances Detected

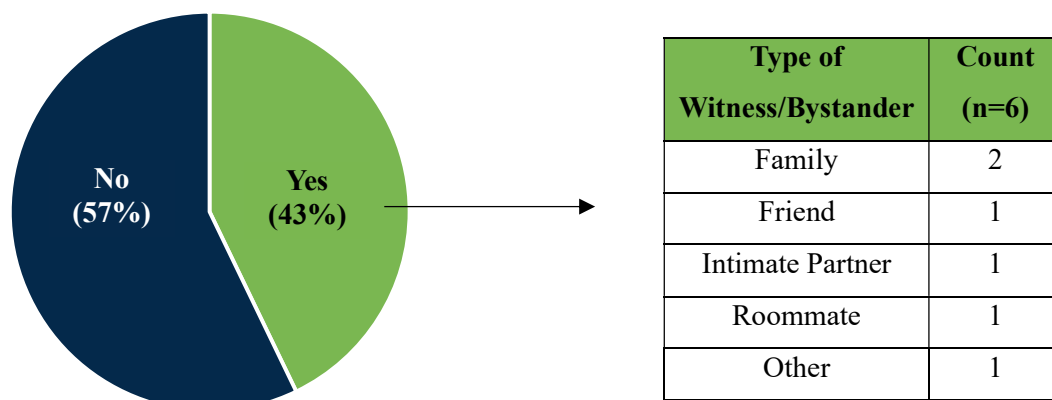
Substance	Count (n=14)*	Percent
Fentanyl	12	86%
Cocaine	10	71%
Ethanol/Alcohol	5	36%
Xylazine	5	36%
Methamphetamine	3	21%
Acetyl Fentanyl	3	21%
Fluorofentanyl	2	14%
Antidepressants (includes desmethylsertraline & fluoxetine)	2	14%
Benzodiazepines	1	7%
Oxycodone	1	7%
Gabapentin	1	7%
Antihistamines (includes hydroxyzine)	1	7%
Norfentanyl	1	7%
4-ANPP	1	7%
Methadone	1	7%
Heroin	0	0%

**Multiple substances can be found in a single toxicology report for a decedent. Therefore, the total count in this table is higher than the number of cases reviewed*

Death Investigation Scene Details

- I) **EMS Presence & Naloxone Administration:** Out of the 14 cases reviewed, 10 (71%) scenes had EMS present and 4 (29%) did not have EMS present. Additionally, 3 (21%) decedents were administered naloxone by first responders (EMS and Fire Department) or family on scene.
- II) **Witnesses or Bystanders:** Out of the 14 cases reviewed, 8 (57%) scenes did not have a witness or bystander present, and 6 (43%) scenes had one or more witnesses or bystanders on scene. For the 6 cases with a witness or bystander on scene, the types of witnesses or bystanders included the decedents' family, friend, intimate partner, roommate, and others.

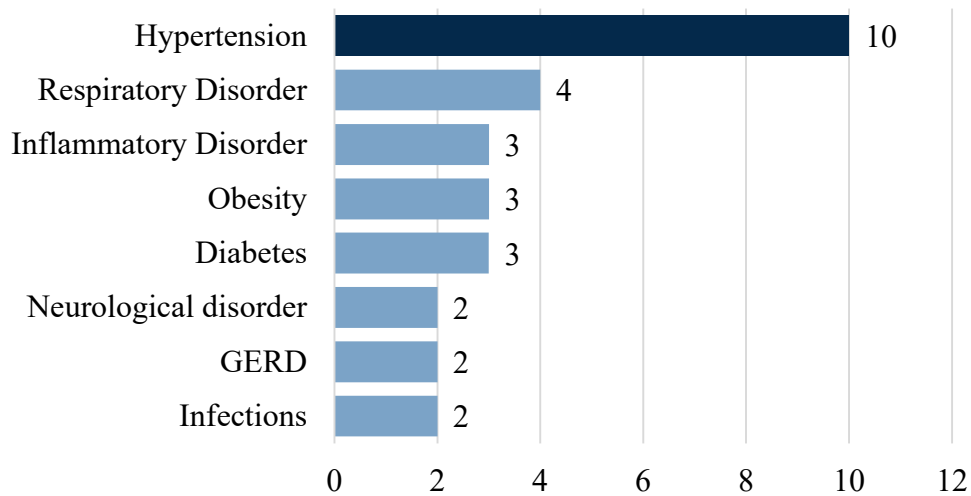
Figure 12: Distribution of OFR Cases by Presence of a Witness or Bystander on Scene



Past Medical History

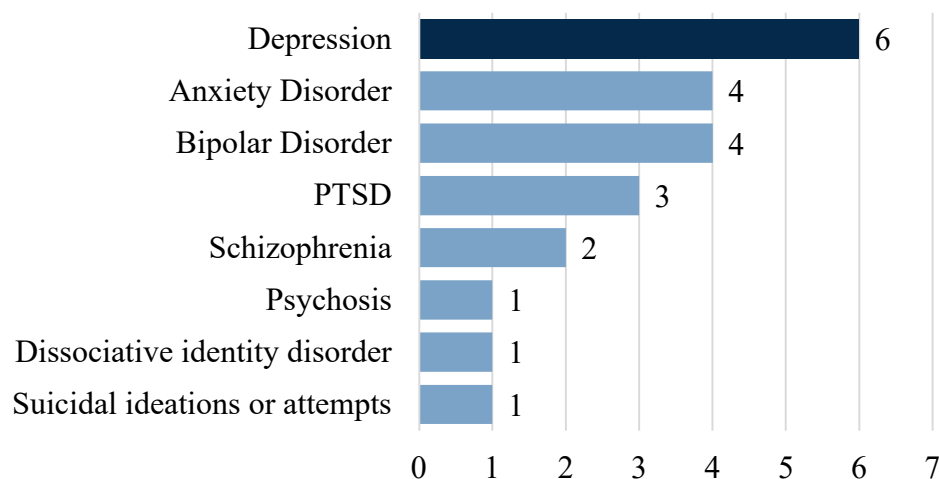
- I) **Chronic Health History:** Of the 14 decedents reviewed, a comorbid chronic health condition (not including a mental health condition) was identified in 12 (86%) decedents. The top two most common chronic health conditions identified were hypertension (71%) and a respiratory disease (29%), including COPD, asthma, respiratory sleep disorders, etc. See figure below for a full breakdown of the comorbid chronic health conditions found in the decedents covered by the OFRT.

Figure 13. Distribution of OFR Decedents by Comorbid Chronic Health Conditions



II) **Mental Health History:** Of the 14 decedents reviewed, comorbid mental illness was identified in 9 (64%) decedents. The top three most common mental illnesses identified were depression (43%), anxiety (29%), and bipolar disorder (29%). See figure below for a full breakdown of the comorbid mental illnesses found in the decedents covered by the OFRT.

Figure 14. Distribution of OFR Decedents by Comorbid Mental Illness



Criminal Justice History

Of the 14 decedents reviewed, 11 (79%) decedents had a history with the criminal justice system. See table below for a full breakdown of the types of criminal justice history of these decedents along with more details on these interactions.

Table 4. Distribution of OFR Decedents by Criminal Justice History

Criminal Justice History?	Count	Percent
Yes	11	79%
<i>Arrest</i>	11	79%
<i>Incarceration</i>	8	57%
<i>Community Supervision</i>	5	36%
No	3	21%

Table 5: Other Statistics on OFR Decedents with a Criminal Justice History (n=11).

Category	Min	Max	Average
Number of arrests over their lifetime	3	24	12
Age at first arrest (in years)	14	56	33
Number of known arrests that included a drug-related charge	0	8	2
Total known time incarcerated over lifetime (in months)	<1	99	31

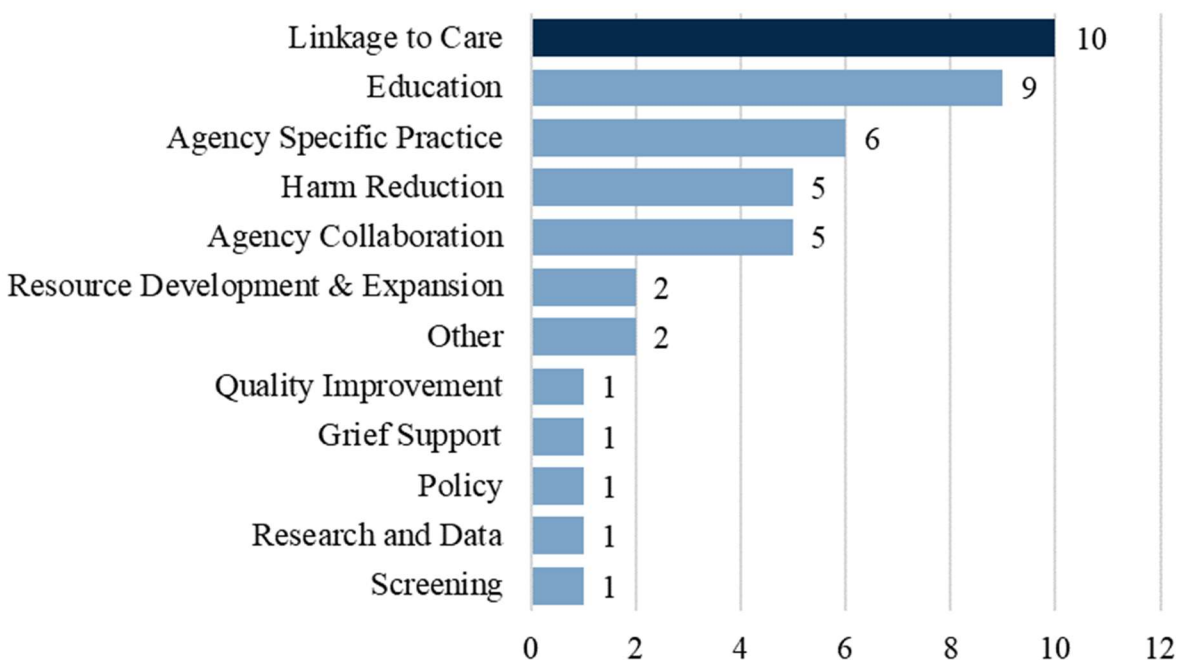
Life Stressors

Out of the 14 decedents reviewed, 14 (100%) were identified to have a major life stressor before the time of their death. The three most identified life stressors were divorce or significant relationship problems (57%), birth or loss of a child (50%), and death of spouse, loved one (other than child), or a friend (36%). When considering these three categories of life stressors, 10 (71%) decedents had experienced one of these life stressors, two (14%) decedents had experienced two of these life stressors, and two (14%) had experienced all three of these life stressors.

Recommendations

The OFRT made 44 recommendations for the 14 drug overdose cases reviewed from December 2023 to June 2024. Figure 15 shows the 44 recommendations by type, with linkage to care being the most salient with 10 recommendations, followed by education needs with nine recommendations.

Figure 15. Count of OFRT Recommendations by Type



The OFRT has proposed a wide array of significant recommendations over the past year. These valuable recommendations were reviewed, organized, and refined by a newly created volunteer group called OFR Recommendations Action Team or OFR REACT. This group initially met on May 20, 2024, to begin reviewing, categorizing, and assessing the actionability of the proposed recommendations. The OFR REACT met again on June 13, 2024, and finalized a list of recommendations and the proposed strategies to make progress towards change. The four proposed projects encompass the following areas:

1. **Community collaborative platform:** The team discussed a need to develop a space to help grow communications and collaborations among community partners working in the substance use disorder landscape. The team will be researching whether [Slack](#) could be a useful platform for this communication and one OFRT member mentioned that her organization may be able to help cover any costs associated with a subscription.
2. **Educational brochure/handout series:** Assess what educational resources already exist for topics/myths encountered by MCCO Team (emerging substances, never use alone hotline, CPR/Narcan training, etc.). Identify where the gaps in resources might be and work with local partner organizations to develop resources to fill those gaps. Share with coroner's office, then go upstream to hospital, harm reduction, community partners, and the public (when applicable).
3. **Spotlight Presentation(s):** Since many of our OFRT members are newer to their role, the OFR REACT proposed spotlight presentations as an information sharing and collaboration building opportunity. These presentations could be shared during OD2A all-group meeting or during an OFR meeting. Optimally, the team can record and share videos with OFR members who don't attend those meetings. The goal of these presentations is to learn more about the projects, programs, organizations, and events happening locally so stronger partnerships can begin to flourish. Suggested topics include:
 - a. Indiana Department of Corrections (IDOC): Learn more about IDOC policies and programs to support people with SUD who are incarcerated.
 - b. MCCO Next of Kin interviews: Learn about the process, review questions in NOK interview, potentially recommend additional questions for harm reduction, mental health, and peer recovery services.
 - c. Overdose Lifeline (ODL) SOUL (Support, Overcome, Understand and Live) Coalition: Learn more about historic trauma for marginalized groups and how we can work together to overcome it. The team could also cross promote the coalition meetings and upcoming community conversations.

- d. [ODL Peer Grief Helpers](#): Learn about how program operates, assess need and develop content, and resources that could help their group.
 - e. [InStep](#)
 - f. [Indiana Recovery Network](#)
4. ***Assess current SUD support options provided at all Marion County emergency departments (ED).*** Identify current offerings for post-overdose patients visiting each ED and work to expand offerings through structured academic detailing program with healthcare providers. Potential topics include SUD stigma, motivational interviewing, SUD screening in non-judgmental ways, prescribing/connections to medications for opioid use disorder (MOUD) services, free doses of naloxone, and other harm reduction strategies.
- a. Progress to date: A concept note has been submitted to [Foundation for Opioid Response Efforts \(FORE\)](#) for consideration for funding to implement and fund the development of this innovative project.

The OFR REACT is essentially a replacement of the previous three subcommittees that focused on 1) grief support, 2) access to care, and 3) advocacy, outreach, and information. According to the Marion County 2023 OFR Annual Report, the OFR team was having decreased participation from members in subcommittee work due to time constraints and the frequent turnover of committee members. The REACT concept helped the team to overcome these barriers and provide more meaningful engagement for partners that have additional time to commit to OFR work. The timing for this new group was perfect as our team was in the process of transitioning to a new OFR Facilitator, and there were vacancies in most subcommittee leadership. Moreover, the Marion County OFRT has been interested in seeing the OFR recommendations put into action so this is a more cohesive way to make progress. The OFR REACT will continue to meet quarterly to review and refine recent recommendations and ensure the work is being moved forward.

Next steps

To translate recommendations into actionable plans, the OFR REACT will continue meeting quarterly to review and refine recent recommendations and ensure the work is being moved forward. The OFR Coordinator and the OFR REACT will work on moving our education, collaboration, and communication goals into production at the next meeting in September 2024. Based on the outputs and recommendations from the partner mapping exercise in March 2024, the OFR Coordinator will continue outreach efforts to establish contacts representing the following sectors to join our OFRT: housing authority, Assessment and Intervention Center (AIC), probation and/or problem-solving courts, domestic violence, Centers for Working Families, and potentially funeral homes. By enhancing the diversity, experiences, and data access of the Marion County OFRT, the quality of our case review and recommendation development will continue to improve. The OFR Coordinator and Forensic Epidemiologist plan to write and submit at least one abstract to be considered for presentation at a state or national conference.

Sustainability plan

In September 2023, the Marion County Public Health Department was awarded the OD2A: LOCAL grant. This grant will strengthen overdose surveillance and prevention efforts in Marion County until August 31, 2028, which includes the funding needed to pay for the staff who lead the OFRT efforts. By integrating OFRT activities into their public safety-public health partnership strategy, they aim to sustain the OFRT, foster collaborations and decrease fatal and non-fatal overdoses involving opioids, stimulants, and polysubstance use in Marion County.

Conclusion

In conclusion, the Marion County OFRT's tireless efforts and insightful recommendations have laid a solid groundwork for enhancing the county's response to SUD and working towards reducing overdose deaths. By identifying and planning projects to address key areas such as communications amongst the workforce serving persons with substance use disorder, developing and sharing educational resources, and assessing the gaps in emergency department care, the OFRT is paving the way for a more informed, compassionate, and supportive

community in Marion County. Through their dedication, the team has set the stage for meaningful change and a brighter future in the battle against substance use and its devastating consequences.

References:

1. Centers for Disease Control and Prevention, National Center for Health Statistics. U.S. Overdose Deaths Decrease in 2023, First Time Since 2018. Retrieved on July 31, 2024, from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm
2. [CDC: Indiana reports significant decrease in overdose deaths in 2023 - State of Indiana](#)
3. Marion County Coroner's Office 2023 Annual Report. Indy.gov. Retrieved on July 31, 2024, from [indy.gov: Annual Reports and Data](#)
4. Marion County Public Health Department. Data Request 5559 Updated OD2A Presentation with 2022-2023 NEMSIS & ESSENCE Data. Presentation from April 9, 2024.