



What is Indiana's Aaron's Law?

KEY POINTS

In 2015, first responders in Indianapolis administered 2,373 doses of naloxone, the opioid overdose reversal drug used to revive those experiencing an overdose

As of a 2016 amendment, Aaron's Law allows for Indiana laypersons to obtain naloxone without a prescription under the Indiana State Health Commissions' statewide standing order

Individuals who administer naloxone to someone experiencing an overdose are protected from some criminal and civil charges under this Good Samaritan Law as long as they act in good faith and follow certain guidelines

Despite these progressive changes in legislation, barriers to naloxone access and use still exist

Introduction

In 2015, Indiana ranked 17th in the nation for overdose deaths, with 1,245 deaths documented.¹ Marion County, the largest county in the state and home to the state capital of Indianapolis, recorded 260 drug-related overdoses in 2015, 81% of which were associated with opioids.² Indianapolis's emergency medical services (EMS) delivered 2,373 doses of naloxone in 2016, a threefold increase from 2011.³ Naloxone, also known by many as Narcan, is the overdose reversal drug used to stop the symptoms of an opioid overdose.⁴ Until recently, naloxone was only available to first responders and other medical personnel.⁵ A 2015 law known as Aaron's Law—amended in 2016—made it possible for anyone to access naloxone without a prescription, thus eliminating barriers to receiving the drug and using it to save lives.⁶ In addition, Aaron's Law offers some criminal and civil liability protections to those who administer naloxone to someone experiencing an opioid overdose as long as they act in good faith and follow certain requirements.^{7,8}

What is Naloxone?

Naloxone is an “opioid antagonist” drug that works to combat the effects of an overdose on an individual's central nervous and respiratory systems.⁴ Naloxone only reverses opioid overdoses; however, it poses no risk if administered to someone not experiencing an opioid overdose.⁴ Naloxone can be administered via injection or sprayed in the nose. Administration of naloxone is relatively simple, making it ideal for both laypersons and first responders to administer it quickly in the case of an emergency.⁴ In addition, naloxone does not have any addictive properties that could pose additional risks when used on those with a substance use disorder (SUD).⁴

Aaron's Law

In October of 2013, 20-year-old Aaron Sims of Indianapolis passed away from a heroin overdose.⁵ Wanting to help those who have experienced similar tragedies and prevent

future ones from occurring, Justin Phillips, Aaron's mother, partnered with Indiana Senator Jim Merritt (R) to create a bill titled Aaron's Law (SEA 406).⁵ The bill was signed into law by Indiana Governor Mike Pence in 2015. Under the 2015 law, laypersons could access naloxone via a prescription.⁵ Even family and friends of a person with SUD could gain a prescription to naloxone.⁹ The individual who administered the naloxone to someone experiencing an overdose was also protected from civil liability.⁷ A 2016 amendment to Aaron's Law (SEA 187) allows individuals to access naloxone without a prescription.⁶ In addition, the amendment also offers protections from some civil and criminal charges to laypersons administering naloxone (IN Code § 16-42-27-2).^{8,10} Many pharmacy chains now carry the nasal-spray form of naloxone, making its use by a layperson manageable.

What Protections does Aaron's Law Provide?

An individual administering naloxone to a person who has overdosed is protected under Aaron's Law so long as they “act in good faith,” do not display “gross negligence or willful misconduct,” and they “attempt to summon” EMS.¹⁰ Under civil liability protection, the person who administers naloxone will not be charged if the person experiencing an overdose were to die despite best efforts to revive them.⁹ Under criminal liability protection, the person who administers the naloxone is protected from charges related to drug possession, specifically possession of “cocaine, meth, paraphernalia, marijuana, synthetic drug lookalike, and controlled substances.”¹⁰ These protections only apply if the individual who administers the naloxone acts in good faith and makes an attempt to summon EMS.¹⁰ The person administering naloxone must cooperate with law enforcement officials and provide the name of the individual who overdosed and remain on the scene until police arrive.¹⁰ Aaron's Law will not protect individuals administering naloxone from charges different than those described here. For example, a person who administers naloxone is

not protected from charges related to parole/ probation violations. In addition, Aaron's Law does not protect against public intoxication, meaning that if the overdose occurs in a public place, the person who administers the naloxone is not protected from charges related to public intoxication if they are also under the influence.

Barriers

Although Aaron's Law removed several barriers related to naloxone access, the cost of purchasing naloxone still remains prohibitive. Purchasing a nasal-spray naloxone kit from a pharmacy can cost over \$60, a price that many are unable to afford.¹¹ Fortunately, free naloxone kits are given out by some health departments and to those who attend a training on proper naloxone administration.⁹ Overdose Lifeline, the nonprofit organization founded by Justin Phillips, Aaron Sims' mother, is one organization that offers naloxone distribution and training.⁹ Another barrier that limits the effectiveness of Aaron's Law, is that many people are hesitant to call EMS at the scene of an overdose due to fear of prosecution by law enforcement officials. Note that protections under Aaron's Law are not applicable to those who do not "attempt to summon" EMS. Preliminary results from a study currently being conducted by Indiana University-Purdue University Indianapolis (IUPUI) researchers, of approximately 270 laypersons surveyed throughout Indiana counties who have witnessed an overdose, a sizable minority of 27% reported not calling 911 to the scene. The number one reason reported as to why 911 was not called was that people were "worried about police" (35%).¹² As such, it seems the lack of knowledge of the protections included in Aaron's Law can hinder a person experiencing an overdose from receiving potentially life-saving medical care.

Conclusion

Recent changes in Indiana legislation have reduced barriers to accessing and administering naloxone, the opioid reversal drug. Because of Indiana's Aaron's Law, residents are able

to access naloxone without a prescription and receive some criminal and civil protections upon administering it in the case of an emergency when certain guidelines are followed. Aaron's Law is a powerful tool in Indiana's fight against the opioid epidemic. This is supported by the IUPUI survey research discussed above, which shows the majority of respondents who had witnessed an overdose had called 911. Despite these positive results, fears still prevent a minority of individuals from calling 911 after naloxone administration. Expanding the types of charges laypersons are protected from, broader public education, and ensuring proper implementation of the law by police have potential to improve compliance with Aaron's Law by reducing layperson's fear of arrest.

Resources

Lay Person Naloxone-Use Training: <https://www.overdose-lifeline.org/layperson-naloxone-training.html>

How to Administer Naloxone: <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/administer-naloxone/>

Where to Access Naloxone: <https://www.cvs.com/content/prescription-drug-abuse/save-a-life>

<http://news.walgreens.com/press-releases/general-news/walgreens-stocking-life-saving-narcan-nasal-spray-in-all-pharmacies-nationwide.htm>

IN Code § 16-42-27-2: <http://codes.findlaw.com/in/title-16-health/in-code-sect-16-42-27-2.html>

Aaron's Law: <https://iga.in.gov/legislative/2015/bills/senate/406>

ISDH OptIN: <https://optin.in.gov/>

Overdose Lifeline: <https://www.overdose-lifeline.org/>

¹ Rudd, R., Seth, P., David, F., & Scholl, L. (2016). Increases in drug and opioid-involved overdose deaths - United States, 2010-2015. *MMWR. Morbidity and Mortality Weekly Report*, 65(5051), 1445-1452. doi:10.15585/mmwr.mm655051e1

² Ray, B., Quinet, K., Dickinson, T., Watson, D., & Ballew, A. (2017). Examining fatal opioid overdoses in Marion County, Indiana. *Journal of Urban Health*, 94(2):301-310. doi: 10.1007/s11524-016-0113-2

³ Indianapolis Emergency Medical Services (IEMS) (2016). Retrieved from <https://indianapolisems.org/>

⁴ Harm Reduction Coalition (2017). Understanding naloxone. Retrieved from <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understandingnaloxone/>

⁵ Indiana Department of Labor (2017). Overdose prevention: Aaron's Law. Retrieved from <https://in.gov/dol/2907.htm>

⁶ Indiana State Department of Health (2017). Naloxone and Aaron's Law. OptIN, Retrieved from <https://optin.in.gov/faq.html>

⁷ Indiana General Assembly (2015). Senate Bill 406. Retrieved from <https://iga.in.gov/legislative/2015/bills/senate/406#digest-heading>

⁸ Indiana General Assembly (2016). Senate Bill 187. Retrieved from <https://iga.in.gov/legislative/2016/bills/senate/187.htm>

⁹ J. Phillips, MA, personal communication, 16 Nov. 2017

¹⁰ Find Law (2016). Indiana Code Title 16. Health § 16-42-27-2. Retrieved from <http://codes.findlaw.com/in/title-16-health/in-code-sect-16-42-27-2.html>

¹¹ Jacobs, H. (2016). The price of the 'antidote' to the overdose crisis is skyrocketing. *Business Insider*, Retrieved from <http://www.businessinsider.com/price-of-naloxone-narcan-skyrocketing-2016-7>

¹² Huynh, MPH, personal communication, 27 Nov. 2017

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<https://fsph.iupui.edu/research-centers/centers/cheer/index.html>