Key Touchpoints Before Fatal Overdoses (2024)

July 2026

Overview

Although drug overdose rates have been declining in Indiana since 2021,[1] overdose is still one of the leading preventable causes of death in the state.[2]

Identifying touchpoints to connect people with services and treatment before a fatal overdose can potentially provide lifesaving interventions for those at risk. The Indiana Department of Health (IDOH) partnered with the Management Performance Hub (MPH) to link data across multiple sources to identify opportunities for prevention (Table 1).[i]

Table 1. Summary of included data sources.

Event	Data Source
Fatal overdose	• Vital records mortality data
Nonfatal overdose	• Emergency medical services • Emergency department records
Controlled prescriptions	• Indiana Scheduled Prescription Electronic Collection and Tracking program records
Criminal justice interactions	• Indiana State Police (arrests) • Indiana Department of Corrections (incarceration)

In the year before fatal overdose …

- 11% of overdose decedents had a nonfatal overdose
- 25% filled a controlled opioid pain reliever prescription
- 19% had an interaction with the criminal justice system

Nonfatal Overdose Touchpoints

Experiencing a nonfatal overdose is a strong predictor of future fatal overdose.[3] Of those who died of fatal overdose in Indiana in 2024, one in nine (11%) had a nonfatal overdose in the year before death. Among people who experienced a nonfatal overdose in 2024, 2% died of overdose within a year following the nonfatal overdose.

1 in 9 people who died from overdose in 2024 had a non-fatal overdose in the year before death.

In Practice:

Medical events, including ED visits or EMS runs, are key touchpoints to prevent fatal overdoses before they occur by implementing evidence-based strategies such as:

- Linking patients to peer support or substance use disorder (SUD) recovery services
- Offering take-home naloxone
- Delivering overdose education
- Providing medications for opioid use disorder (MOUD)

Prescribing Touchpoints

People who receive prescriptions for controlled substances, especially opioids and benzodiazepines, are at higher risk of fatal overdose.[3,4]

Among people who died from overdose in Indiana in 2024, within the year prior to death:

- One in four (25%) had a controlled opioid pain reliever prescription filled.
- One in six (16%) had controlled prescriptions in multiple classes filled.

Among people who died of overdose in 2024:

25%	*Had a controlled opioid pain reliever dispensed*
18%	*Had a benzodiazepine dispensed*
16%	*Had a multiple drug classes dispensed*

In Practice:

Clinicians can play a critical role in overdose prevention through safe prescribing practices and comprehensive pain management strategies, including:

- Adhering to the *2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain*
- Screening patients for SUD
- Co-prescribing naloxone

Criminal Justice Touchpoints

People who have been arrested or recently released from prison have greater risk of fatal overdose. For those released from prison, overdose risk is highest within two weeks of release.[3,5]

Among Indiana overdose decedents in 2024, nearly one-fifth (19%) had any encounter with the criminal justice system. Of these decedents, about half had a drug-related encounter within a year before death (9% of all decedents).

1 in 5 people who died from overdose in 2024 had any interaction with the criminal justice system in the year before death.

In Practice:

Contacts with the justice system are crucial openings for timely overdose prevention efforts during arrest, incarceration, or re-entry such as:

- Providing peer-led education on overdose prevention topics within correctional facilities[6]
- Justice system personnel education[7]
- Providing MOUD within jails
- Connecting individuals to services after release

Scan the QR code to view all references and supplemental resources.

[i] This report links fatal overdoses of any intent with events occurring in the preceding 12 months. Data reflect 1,700 fatal overdose decedents captured in preliminary fatal overdose data for 2024 and are subject to change. Due to differences in data timelines and methods, results may vary from those published by the MPH Data-Driven Addiction, Prevention, and Recovery Project. These data reflect overdoses that took place in Indiana, regardless of residency, and may differ from the IDOH Drug Overdose Dashboard, which captures fatal overdoses among Indiana residents.

For additional information on overdose prevention:
in.gov/health/overdose-prevention

Indiana Department of Health