

EVANSVILLE RECOVERY ALLIANCE

ANNUAL REPORT

2024



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ABOUT US



The Evansville Recovery Alliance is a peer-led, grassroots Harm Reduction organization and 501c3 nonprofit. Our aim is to build local capacity for evidence-based harm reduction infrastructure, public health strategies and to cultivate positive change and leadership with people impacted by substance use. We know that our collective power is strongest when people who are directly affected by substance use are at the center, and are integral to developing dignified programs and policies that are meant to serve them. We believe the syndemic of fatal overdose, disease, poverty, homelessness, and incarceration is preventable. We meet these communities where they're at and build supportive environments for their overall well-being, recovery, and advocacy without stigma, shame, or punishment. Our programming is ethical and evidence-based, accredited through [The National Harm Reduction Coalition](#) and aligned with [SAMSHA Harm Reduction](#) best practices. Harm reduction is a key pillar in the [U.S. Department of Health and Human Services' Overdose Prevention Strategy](#).

In 2018, our co-founder Lavender Timmons inquired with the Vanderburgh Health Department about public access to Naloxone and overdose education after several close friends had passed away from opioid overdose. At that time the health dept did not provide Naloxone or provide overdose education, nor could it refer to a single local organization offering these services, despite Naloxone being legal for laymen to obtain, carry and administer in Indiana with Aaron's Law, The Good Samaritan Law, and The Indiana Naloxone Standing Order since 2015.

In 2019, Evansville Recovery Alliance was officially established as the first registered Naloxone Distribution Entity in Evansville, IN with The Indiana State Health Dept. Evansville Recovery Alliance began services by providing local free public Overdose Prevention and Response training with Naloxone distribution, and an Opioid Overdose Prevention Panel with public health officials, law enforcement, clergy, social service providers, and regional Harm Reduction organizations.

Brit Van Laeken, AGAC-NP - AMERICAN NURSES CREDENTIALING CENTER

Brit's background as a Nurse Practitioner encompasses General Surgery, Trauma, and Post-Acute Care. She has a longstanding passion for public health and has made significant contributions in the non-profit sector. She is particularly interested in addiction and substance use disorders, which led her to the Evansville Recovery Alliance. During her Junior Nursing internship, Brit worked in Dharamsala, India. "My role involved conducting medical exams on children in rural villages, many of whom had never encountered a doctor and were initially frightened of me," she shared. "While the skills I gained during nursing school were incredibly valuable, there were moments when my experience as a parent was just as crucial."

Samantha Buente, MPSA, BS - UNIVERSITY OF EVANSVILLE, IN

Samantha is currently serving as the Clinical Coordinator for Easterseals Crossroads of IN. She conducts psychometric testing throughout the state in collaboration with Vocational Rehabilitation. Additionally, she leads various psycho-educational services focused on Brain Injury Coping Skills and is developing other educational opportunities for brain injury survivors and their families statewide. Previously, Samantha held the position of Interim Executive Co-Director at the AIDS Resource Group in Evansville, IN, where she provided direction, support, and guidance for syringe exchange development and harm reduction advocacy. "In recent years, I have witnessed ERA utilize grassroots and boots-on-the-ground strategies to significantly impact the lives of opioid users. The harm reduction framework that has been carefully integrated into the community, through actionable approaches at all levels of involvement, is extraordinary and serves as a model to replicate in other public health areas."

Karen Warpenburg, CPRC, BS - University of Southern Indiana

Karen reflects on her extensive journey in recovery, which spans over a dozen years. She emphasizes the significance of shared experiences in fostering trust among individuals facing similar challenges: "When someone who has been through it can truly relate and empathize with someone currently navigating their own struggles, trust is established much more readily than with someone who lacks that experience." Karen achieved recovery after her experience with homelessness, and committed herself to improving the conditions of PWUD. She has volunteered with ERA for several years, expanding our Naloxone vending machine public access and improving our Peer Recovery Coach capacity. Karen has also worked as a Crisis Care Coordinator with Southwestern Behavioral Health for several years, and was recently promoted as the Opioid Overdose Response Coordinator, where she will meet with folks in the emergency room after an overdose, ensuring they receive dignified aftercare and connection to recovery services and harm reduction supplies.

Hannah Brewery, BSW - University of Southern Indiana

Hannah is an avid human rights advocate and has worked toward the realization of survivor-centered, trauma-informed systems of care aimed at engendering equitable changes for all people in several local agencies over the last decade. She has committed her Bachelors degree in Social Work and experience with crisis intervention and de-escalation, to positions serving at risk youth and those experiencing homelessness, domestic and sexual violence. Hannah has supported ERA since our inception in 2019, identifying with our salient efforts for the human rights of people who use drugs and the intersections of harm associated with drug use. Hannah believes that honest public health discourse and policy must include harm reduction for effective change. With Hannah's guidance we hope to pursue a youth-based harm reduction education series in collaboration with Overdose Lifeline in 2025.

OUR SERVICES 2024

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All of our services are free, open to the public, without requirements or referral. Our services directly save lives and link participants to necessary medical and quality of life resources, education, and empower dignified, self-directed recovery opportunities

PARTICIPANT CARE COORDINATION

ERA staff assist with navigating substance use treatment programs, infectious disease testing and treatment, re-entry services, food and clothing pantries, referrals to community partner case managers, health insurance and providers, finding employment and/or housing. Our synergetic Community Partnerships in these services have expanded Harm Reduction throughout Evansville

NALOXONE ACCESS

All of our staff, volunteers, and Community Partners are authorized to provide naloxone, the opioid antagonist that reverses the effects of opioid overdose, as well as training on how to recognize and response to an opioid overdose using naloxone. All Community Partners are equipped as Naloxone satellite access points, and our NaloxBoxes offer Evansville 24hr access. Each Overdose Rescue Kit is complete with instructions, linkage to care providers, and legal protections. These methods of distribution have been shown to reduce opioid overdose deaths by 61%



SMART RECOVERY

Our Peer Support Specialists offer a range of guidance on concern with drug use, anxiety and depression, grief, trauma, psychosis, or difficulties adjusting to life. Our approach is to build on your strengths and to enhance coping skills. The SMART model is built on psychological tools of cognitive behavioral therapy and motivational interviewing. SMART was initially developed by medical professionals seeking more effective methods to treat patients. In total, 71% of participants reported a reduction in alcohol/drug use since beginning SMART Recovery

HARM REDUCTION & WOUND CARE

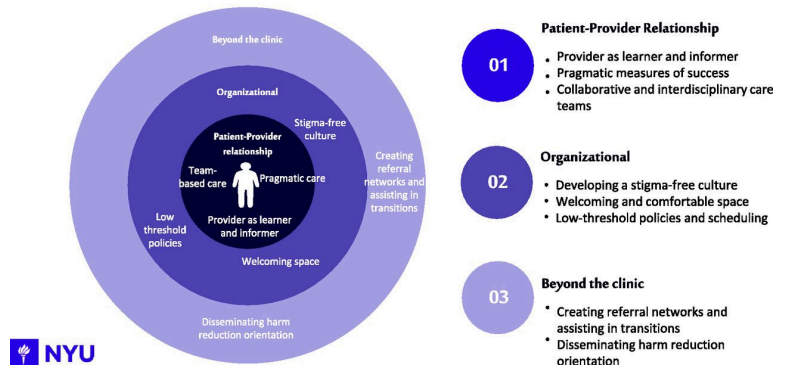
All ERA are experienced and trained in providing harm reduction guidance and supplies for safer injection techniques, overdose prevention, HIV and hepatitis prevention, substance use management, substance testing, and various methods for achieving any positive change. Harm Reduction is associated with an approximately 50% reduction in HIV and HCV incidence and are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs

Harm reduction has a long history in the United States. The field itself and harm reduction practice emerged decades ago, as direct community action and mutual aid in response to effects of the “War on Drugs,” an early and incomplete scientific understanding of substance use and substance use disorders, and government inaction to swiftly respond to the growing HIV/AIDS epidemic in 1983.

Harm reduction is practical in its understanding and acceptance that drug use and other behaviors that carry risk exist — and responds in a compassionate and life-preserving manner. Harm reduction seeks to reduce the harmful impacts of stigma, mistreatment, discrimination, and harsh punishment of PWUD (People Who Use Drugs), especially those who are Black, Indigenous, and other People of Color

Substance Use Disorder is the only instance where a person will be discharged from care if they demonstrate they are in need of that care. Harm reduction ensures that person survives with support and resources during those gaps in service without additional barriers.

A Model of Harm Reduction-Informed Patient Centered Care



Harm reduction opens the door to more options for PWUD, for whom traditional treatment approaches are inaccessible, ineffective, or inappropriate — and who want to make safer, healthier choices with their life and health. Access to harm reduction services is consistently shown to improve individual and community outcomes. By viewing substance use on a continuum, incremental change can be made, allowing for risk reduction to better suit a person’s own individual goals and motivations. Most importantly, harm reduction approaches save lives.

The SAMHSA definition of harm reduction contains six pillars, 12 principles, and six core practice areas that give life to harm reduction approaches, initiatives, programs, and services. The pillars are essential building blocks that are the foundation of what makes harm reduction effective. The pillars are further divided into supporting principles that are the specific concepts and ideals supporting each pillar. The SAMHSA Framework also describes the core components of community-based harm reduction programs.

SAMHSA Principles of Harm Reduction

SAMHSA Principles of Harm Reduction	Existing Best Practices
Assist, not direct	Patient Centered Care
Provide support without judgement	
Provide many pathways to well-being across the continuum of health and social care	
Connect with community	Trauma-informed care
Value practice-based evidence and on-the-ground experience	
Practice acceptance and hospitality	
Cultivate relationships	
Promote safety	Motivational Interviewing
Engage first	
Prioritize listening	
Respect autonomy	Advocacy
Work toward systems change	

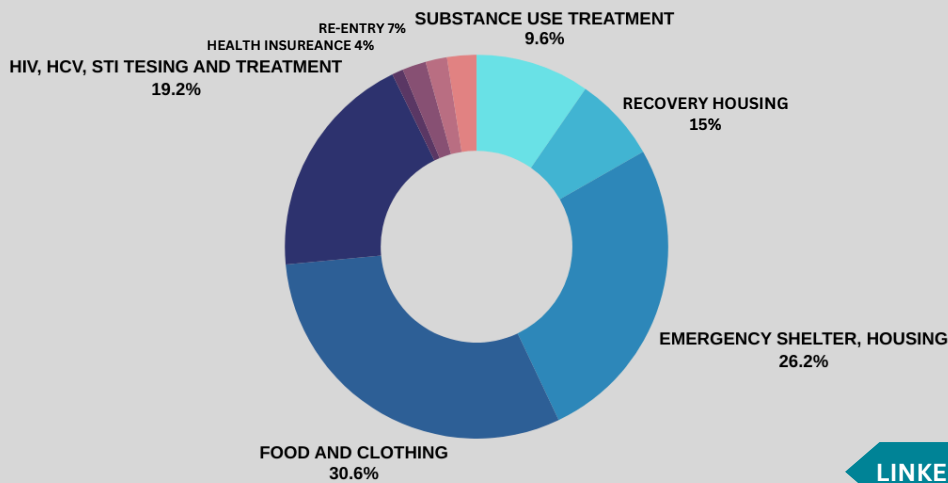


OUR IMPACT - 2024

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ERA PARTICIPANT CARE COORDINATION 2024



ERA PARTICIPANT CARE COORDINATION

LINKED 321 PARTICIPANTS TO VITAL RESOURCES

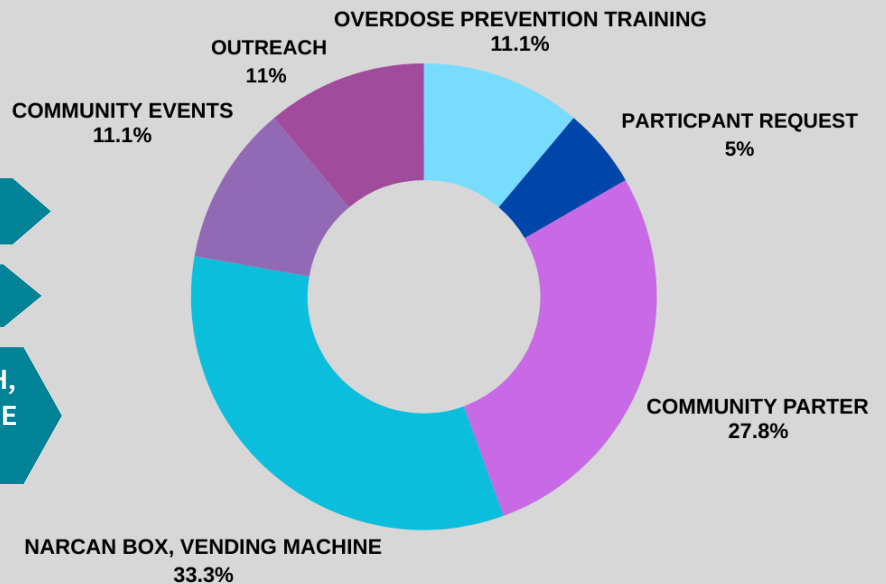
NALOXONE DISTRIBUTION

DIRECT DISTRO - 12,000 DOSES

COMMUNITY PARTNER - 6K DOSES

450 SOCIAL WORKERS, PUBLIC HEALTH, STUDENT NURSES ATTENDED OVERDOSE PREVENTION TRAINING

ERA NALOXONE DISTRIBUTION 2024



SMART RECOVERY - CPSP

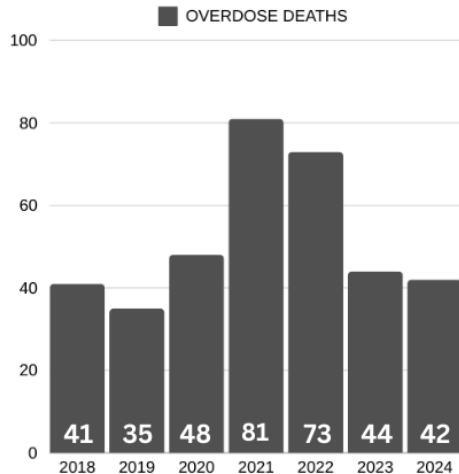
130 PARTICIPANTS ENGAGED
TWICE PER WEEK

HARM REDUCTION

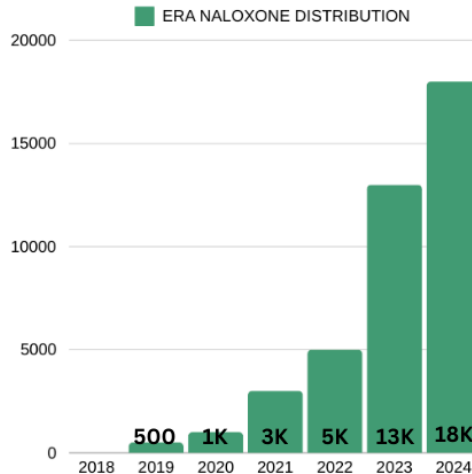
570 SAFE USE KITS, 2K CONDOMS,
120 WOUND CARE KITS

VANDERBURGH CO OVERDOSE DATA COMPARED WITH NALOXONE ACCESS 2019-2024

VANDERBURGH COUNTY OVERDOSE DATA- INDIANA
STATE HEALTH DEPT OVERDOSE DASHBOARD



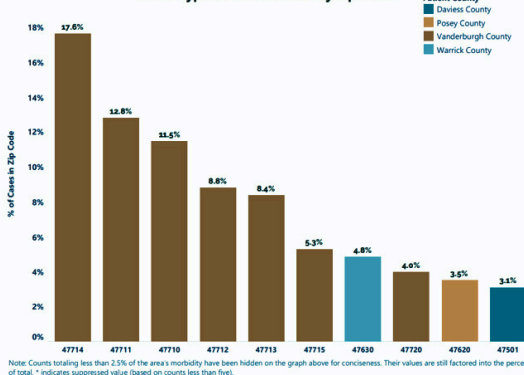
EVANSVILLE RECOVERY ALLIANCE NALOXONE
DISTRIBUTION



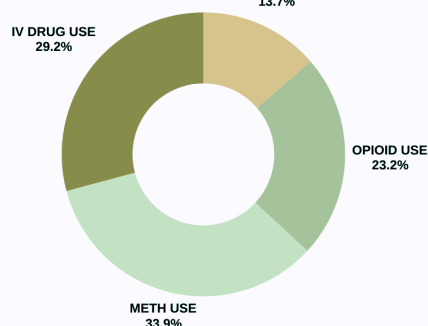
- U.S. drug-related overdose deaths rose in 2021 and 2022. A study starting in March 2020 with the coronavirus (COVID-19) pandemic national emergency declaration and related lockdowns began in mid-March, attributed this rise in overdose primarily to increased drug use resulting from the societal disruptions, greater social isolation and reducing access to prompt treatment when an overdose occurs
- According to the CDC, synthetic opioids (like fentanyl) are the primary driver of overdose deaths in the United States. Comparison between January 31, 2020 - January 31, 2021 during this period: Overdose deaths involving opioids rose 38.1 percent Overdose deaths involving synthetic opioids (primarily illicitly manufactured fentanyl) rose 55.6 percent and appear to be the primary driver of the increase in total drug overdose deaths

INDIANA SUBSTANCE-USE RELATED SYPHILIS OUTBREAK 2020-2024

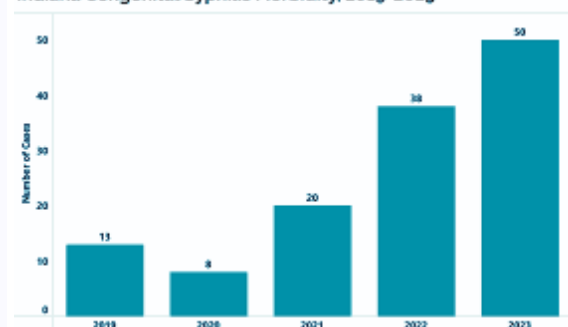
Adult Syphilis Cases (2022) by Zip Code



SYPHILIS EXPOSURE RISK FACTORS
SELF-REPORTED 2020-2021



Indiana Congenital Syphilis Morbidity, 2019-2023*



- Substance use, particularly methamphetamine use and IV drug use, appears to be highly correlated with rising rates of syphilis and other STIs. Among pregnant women with syphilis, substance use is nearly twice as high among those with a child with congenital syphilis than those without transmission
- Since reaching a historic low in 2000 and 2001, the national rate of Primary and Secondary (P&S) syphilis has increased almost every year, increasing 28.6%. In Indiana, the rate of P&S syphilis increased 38% from 2020 to 2021. Early non-primary/non-secondary syphilis rates for the state also increased (+33%), while late or unknown duration syphilis rates increased the most of all stages, by 73%. Notable risk factors among syphilis cases include men who have sex with other men, incarceration in the past year, use of both injected and non-injected drugs like methamphetamines and heroin, and injection drug use in general. This is a 150% increase in 5 years

COMMUNITY PARTNERS

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ERA Trained Naloxone distributors



ERA Trained Good Samaritan Employers



OUR GOALS 2025

RECOVERY COMMUNITY ORGANIZATION CERTIFICATION

RCO'S conducts ongoing assessments of local recovery support needs through surveys and focus groups. Additionally, the organization organizes policy and advocacy activities centered on recovery, enhances the capacity and expertise of the recovery workforce through training and education, and implements outreach programs to engage individuals seeking recovery, those in recovery, and those requiring recovery-focused support services. Furthermore, RCO conducts public and professional education events to raise awareness and provides peer recovery support services.

ADVOCACY

Law Enforcement and Community Safety Act

In order to protect Indiana law enforcement from accidental needle-stick injury and potential disease exposure, this bill states that a person who alerts an officer to the presence of a hypodermic needle or other sharp object prior to search shall not be charged with possession of the needle or other sharp object. This exemption does not apply to other drug paraphernalia present and found during the search. Officers in IN frequently get needle sticks. Arrests for possession of syringe have doubled, with increased danger to officers. A bill is needed that will decriminalize needles if a person who is carrying needles (new or used) declares them to an officer prior to a search. This bill must include used needles because the needles with residue in them are the ones most likely to have HIV and viral hepatitis. Passing this will allow for legal syringe disposal without fear of arrest, reducing syringe litter from our communities



MOBILE OUTREACH VAN

In response to the intersecting opioid and HCV crises, the HepConnect initiative supports community partnerships to combat the growing HCV infection rates in Indiana. A weatherized and outfitted Outreach Van would allow safe and private testing for infectious disease in high risk areas for early detection. In addition to scheduled weekly neighborhood-centered clinics where we could provide reliable support to a network of individuals otherwise disconnected from health care; the model affords our program the flexibility to respond to emergent needs in other areas of the community. We continue to monitor overdose trends and population health data and can deploy the van to communities experiencing increased overdose rates or acute public health crises.

SALARIES FOR FT STAFF

Since we were established in 2019, ERA has never secured salaries for its staffing needs. As a Harm Reduction 501c3 our grant options are limited to the supplies that are legal to distribute per city/county restrictions such as on syringe service program. We are at our most optimal performance with salaried Executive Director, Development Director, Care Coordinator (CPSC), and Outreach Director. We would also benefit from a stipend Participant Advisory Panel, sustainable funding for supplies, events, and mileage for outreach and program development.