



Community and Policy Action on Preventing Drug Overdose Deaths

North Carolina
Harm Reduction Coalition

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A Little About Leilani

- Leilani Attilio, RN/BSN, MPH
 - Harm Reduction Medical and Advocacy Coordinator
 - Registered nurse and was active duty Army officer
 - Deployed to Iraq and Afghanistan
 - Critical care nurse in the Army and civilian side



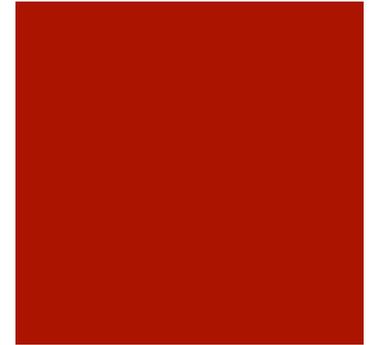
North Carolina Harm Reduction Coalition

- North Carolina Harm Reduction Coalition (NCHRC) is North Carolina's only comprehensive harm reduction program.
- NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis.



NCHRC: What we do

- Provide all people, no matter what gender, culture, language, sexuality, immigration status, lifestyle choice or experience with non-judgmental services
- Syringe decriminalization, biohazard collection, naloxone access and overdose prevention advocacy
- Overdose prevention programming and street based naloxone clinic through a standing order
- Law Enforcement training and organizing on Harm Reduction issues
- HIV, Hepatitis C counseling, testing and referral services; condom access





ADVOCACY & LEGISLATIVE SUMMITS

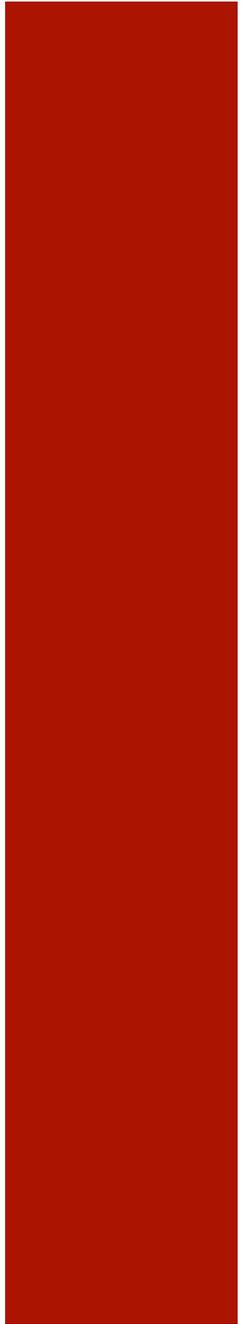


STREET OUTREACH

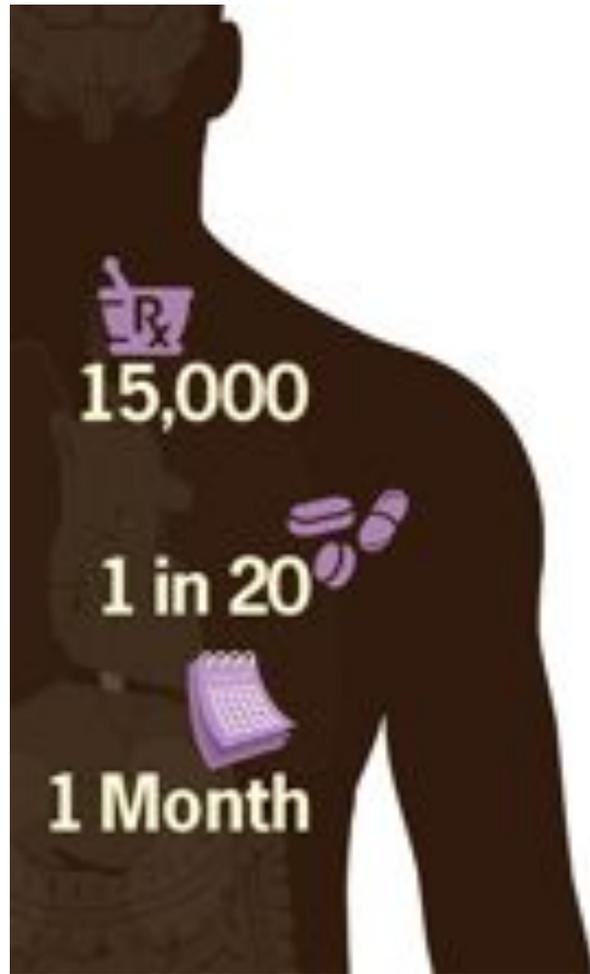


ADVOCACY

Epidemiology of Drug Overdoses



CDC Vital Signs, Nov 2011



- 15,000 deaths annually
- In 2010, 1 in 20 used pain killers for nonmedical purposes
- Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

(Proescholdell, 2013)



CDC Policy Impact: Prescription Painkiller Overdoses

For every 1 death there are...



10 treatment admissions for abuse¹

32 emergency dept visits for misuse or abuse²

130 people who abuse or are dependent³

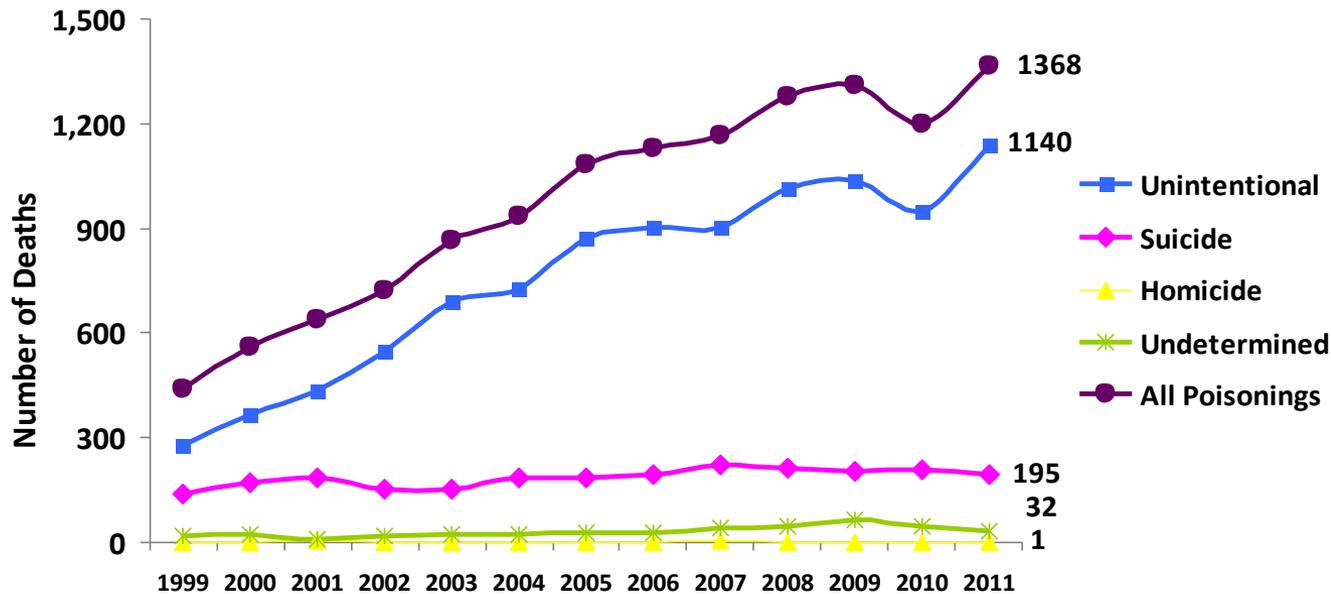
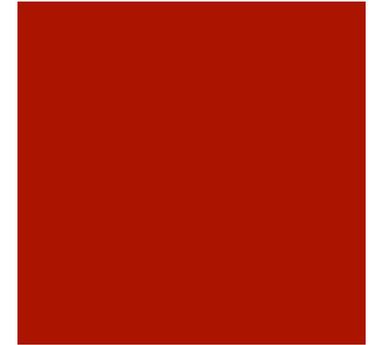
825 nonmedical users⁴

(Proescholdell, 2013)



Source: CDC-www.cdc.gov/homeandrecreationalafety/rxbrief/

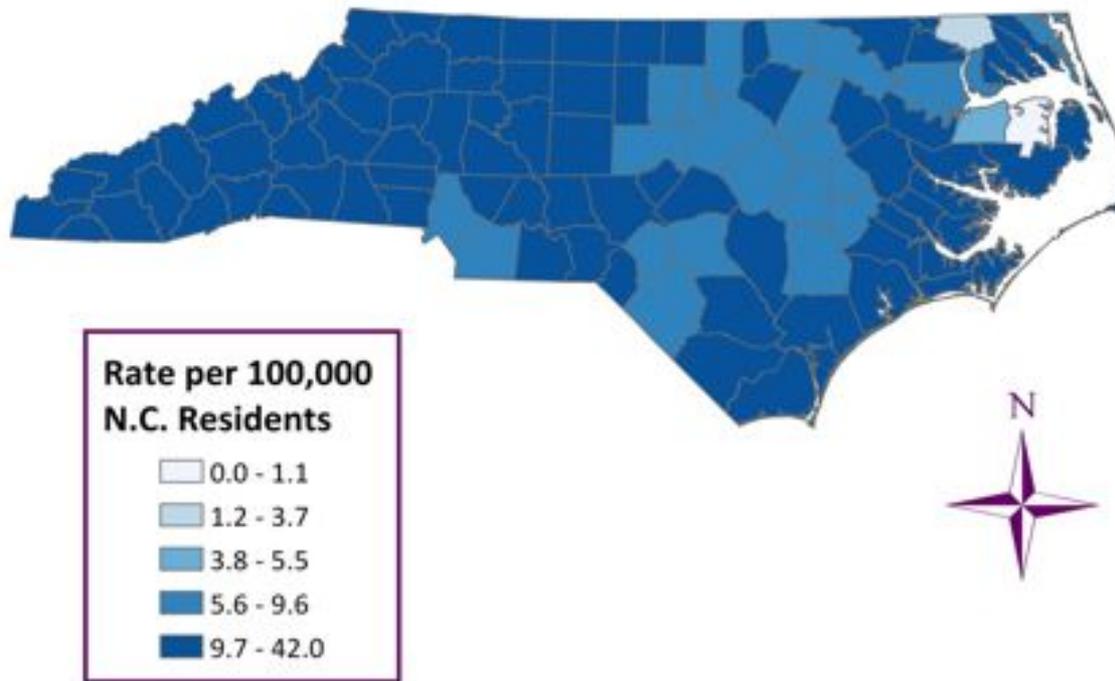
Poisoning Deaths: N.C., 1999-2011



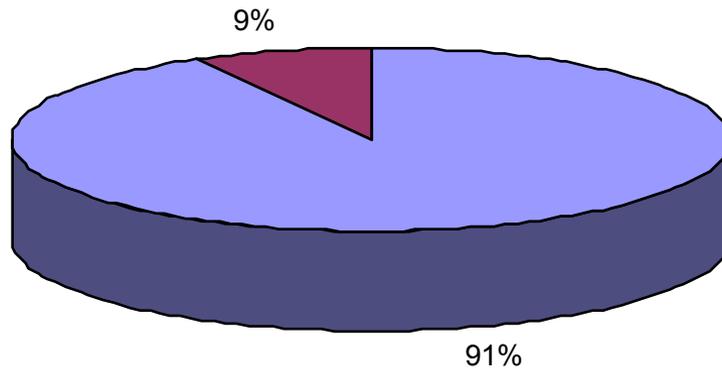
- In 1999, the number of unintentional poisoning deaths was 279; in 2011, the number of deaths was 1,140, an increase of over 309%.

Unintentional Poisoning Deaths by County: N.C., 1999-2009

2006-2009



Primary Cause of Death Due to Unintentional Poisonings: N.C., 2011



Medication/Drug--91%

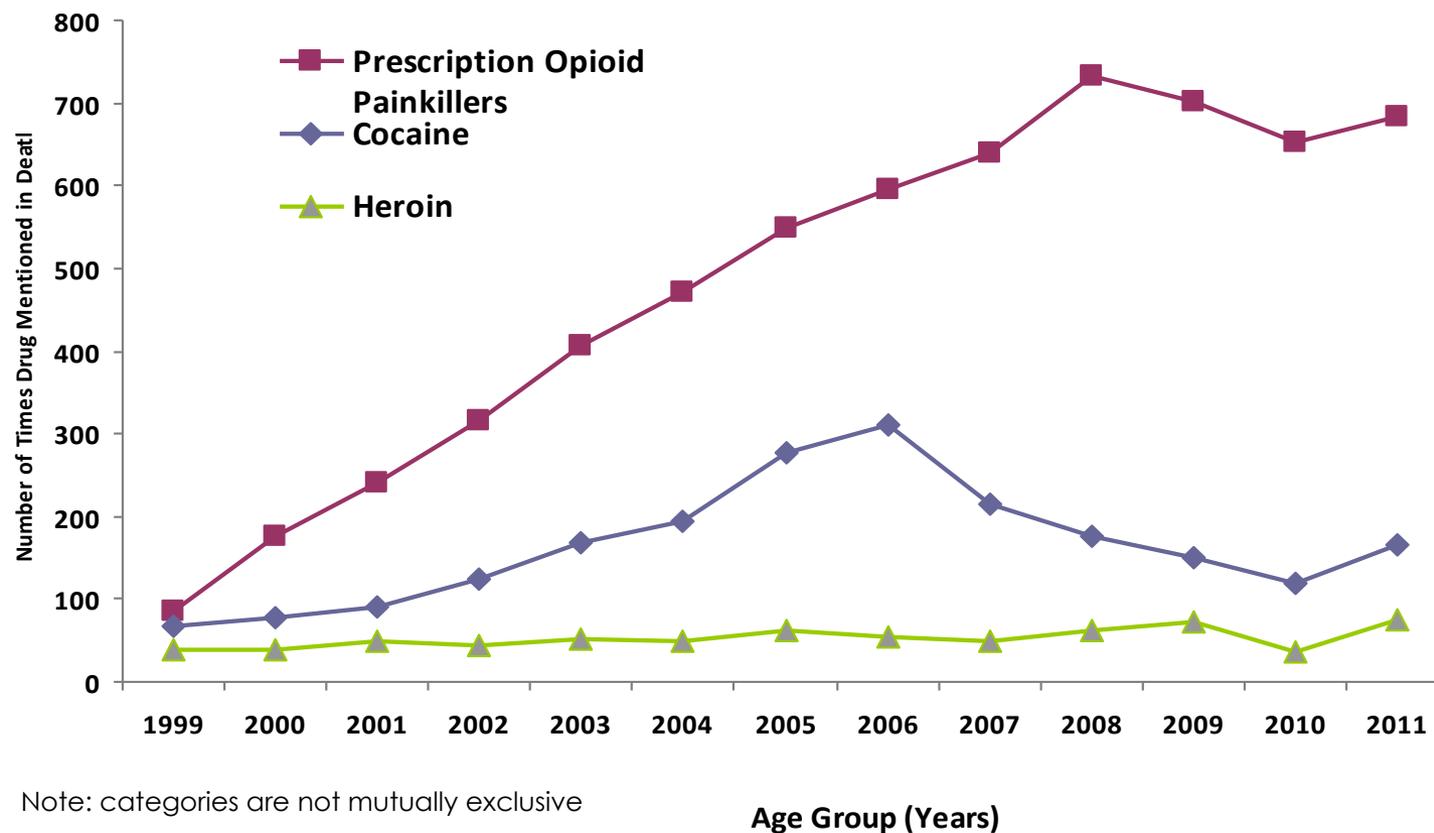
- Opioids/Cocaine--56%
- Other/Unspecified drugs--30%
- Anti-epileptic and sedative-hypnotic drugs--4%
- Non-opioid--1%

Common Opioids

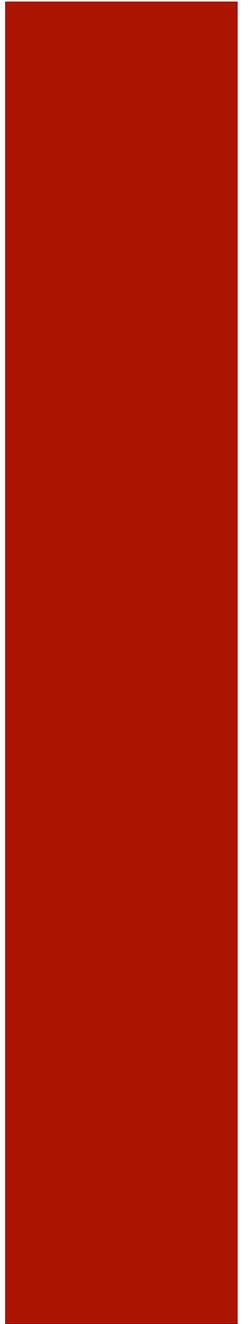
- Heroin
- Codeine
- Demerol
- Morphine
- Roxycodone
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Vicodin
- OxyContin
- Tylenol 3
- Tylox
- Percocet
- Opana



Unintentional Poisoning Deaths by Drug and Year: N.C. Residents, 1999-2011



Unintended Consequences of Policies



What Laws Work, What Cause Unintended Consequences

- What works well
 - Good Sam
 - Naloxone Access
- What has unintended consequences
 - Criminalization of drugs
 - Whoops that didn't work
 - Drug Monitoring Laws
 - Help states figure out what is going on in their state
 - Flips people to H and Street Drugs
 - Leads to increase of ODs



OxyContin Overview

- **Early 2000s:** Concern overdoses and abuse of OxyContin overdoses led to restricted prescriptions
- **2009:** New tamper-resistant OxyContin slowed release and lowered levels of drug to prevent abuse.
- **2010:** Buy back of old formulation and new formulation introduced



Source: Purdue Pharma

Unintended Consequence

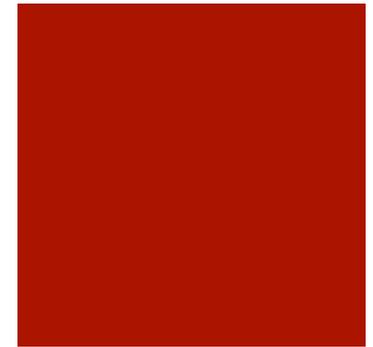


- “Most people that I know don’t use OxyContin to get high anymore. They have moved on to heroin [because] it is easier to use, much cheaper, and easily available.” (Cicero, 2012)
- Overall in NC, heroin cheaper than pills (\$5-\$10 dose of heroin versus \$10-\$70 per pill)
- Abuse-deterrent successful, but no evidence opiate abuse stopped
- Preferential shift

Consequence of Switch

- Dr. Clark: 3 Choices For Users
- quit, treatment, or heroin
- Acetyl fentanyl is five times stronger than heroin
- Heroin users are unaware the batch is cut with acetyl fentanyl

“But with heroin, you’re moving to a market where not only can you not predict the dosage, but you can’t predict the quality—you can’t predict anything—and the risks really start to climb.”—Dr. H. Westley Clark, Director of SAMHSA



This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 20, 2013, 15:15 ET (3:15 PM ET)
CDCHAN-00350

Recommendations for Laboratory Testing for Acetyl Fentanyl and Patient Evaluation and Treatment for Overdose with Synthetic Opioids



News for Immediate Release

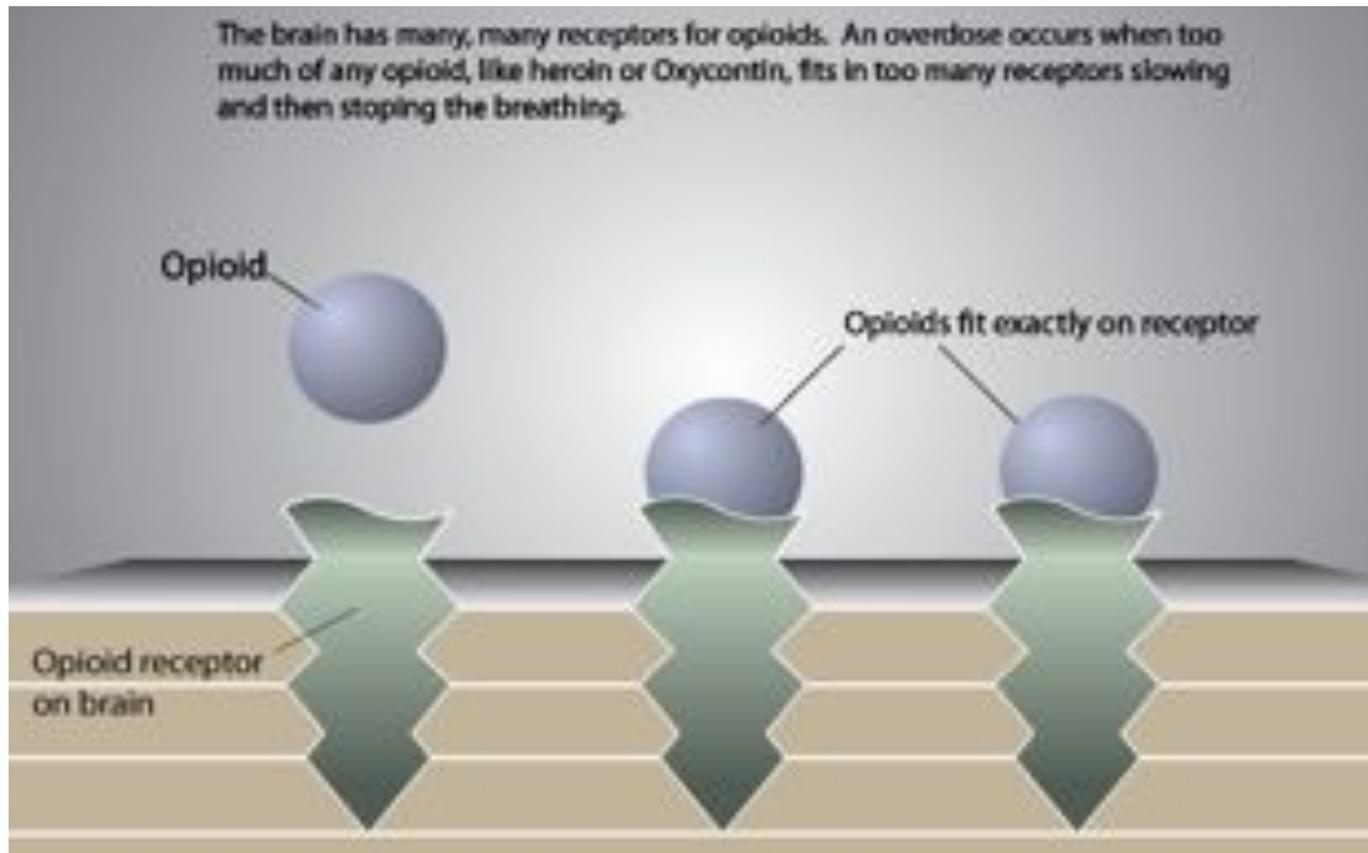
June 27, 2013

Department of Drug and Alcohol Programs Warns about Acetyl Fentanyl Drug Caused at Least 50 Fatalities This Year in Pennsylvania

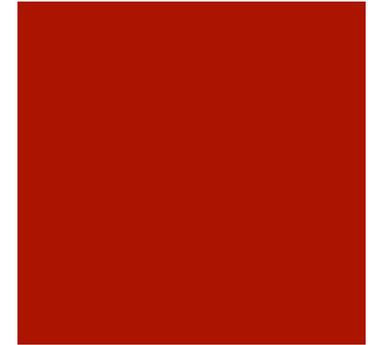
What puts people at risk for ODs?

- Changes in tolerance
- Mixing drugs
- Physical health
- Previous experience of non-fatal overdose
- Using alone
- Variation in strength and content of ‘street’ drugs

What happens in an OD?



What are the signs of an OD?



- Blue skin tinge
- Body very limp
- Face very pale
- Pulse (heartbeat) is slow or not there at all
- Throwing up
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	Heavy nod
Will respond to stimulation like yelling, sternal rub, pinching, etc.	Unresponsive to painful stimuli (i.e. sternal rub, upper lip rub)
	Slow heart beat/pulse

Using your overdose rescue kit

nchrc.org



1. Stimulation

Try to wake them up by calling their name, shaking them, pinching their fingernails, or rubbing their sternum or above their lip with your knuckles.

2. Call 911

If they don't respond, call 911. If you need to leave the person, put them in the **recovery position**. (See below.) Give your address/location and say "The person is unconscious and not breathing." As of April 2013, if you seek help for someone who is overdosing, you and the victim cannot be prosecuted for possession of small amounts of drugs, paraphernalia, or underage possession or consumption of alcohol.

Recovery Position

If you must leave, give rescue breathing until you hear ambulance sirens. Then, put the person on their side with their hands under their head. This way, if they vomit, they won't choke on it.

3. Airway

Make sure nothing is blocking their airway, then put your cheek over their nose and mouth to feel for breathing.

4. Rescue Breathing

Check if they are breathing at least one breath every five seconds. If not, tilt their head back, pinch their nose, and give them one slow breath every five seconds until paramedics arrive.

5. Evaluate

Are they any better? Can you get to the naloxone (Narcan) quickly so that they won't go too long without you helping them breathe?

6. Muscular Injection

Prepare the naloxone and inject it straight into a muscle (upper arm, butt, or thigh). Keep breathing for them until the naloxone kicks in or the paramedics arrive.

7. Evaluate and Support

Are they breathing on their own? If the first shot doesn't kick in after four minutes, give them a second dose of naloxone. Comfort them and try not to let them use more drugs for 90 minutes.

Street Myths on Overdose

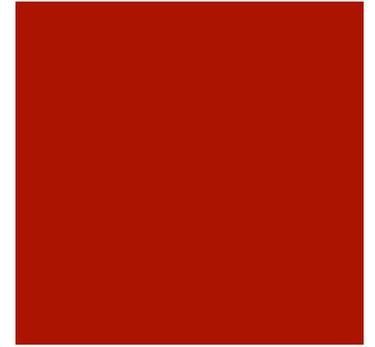


- Letting the person “sleep it off”
- Throwing them in the shower
- Giving them coffee or water
- Rubbing ice on the groin
- The Pulp Fiction thing
- Beating, punching, and/or kicking the person
- Injecting with **anything** (saltwater, cocaine, milk, meth, mayonnaise)

THE VICTIM NEEDS HELP AND NARCAN!!!!!!!!!!!!

911 Good Samaritan laws

- Many states have responded by enacting 911 Good Samaritan laws, which generally provide protection for the caller and overdose victim from criminal prosecution for drug possession, as well as some additional protections.
- North Carolina is proud to join other states in this legislation effort.



Good Samaritan 911 Laws: A Practical Solution That Can Save Lives



- Survival dependent how fast medical assistance arrives
- “...only between 10 percent and 56 percent of individuals who witness a drug overdose call for emergency medical services, with most of those doing so only after other attempts to revive the overdose victim (e.g., inflicting pain or applying ice) have proved unsuccessful.”
- Fear most common reason NOT calling 911
 - Illegal drugs or drug paraphernalia
 - 911 Good Samaritan laws are the best way to encourage overdose witnesses to seek medical help

Evaluating the effectiveness of 911 Good Samaritan Laws



- Good Samaritan Policies have been proven to be effective at saving lives. People start calling 911!
 - A survey of 355 opiate users found that once they became aware of WA's Good Samaritan law, 88% indicated that they were more likely to call 911 during future overdoses.
 - Students who are aware that a medical amnesty policy is in effect are 2.5 times more likely than students who expect to face disciplinary actions to call for help when witnessing the signs of alcohol poisoning.

Naloxone, aka Narcan

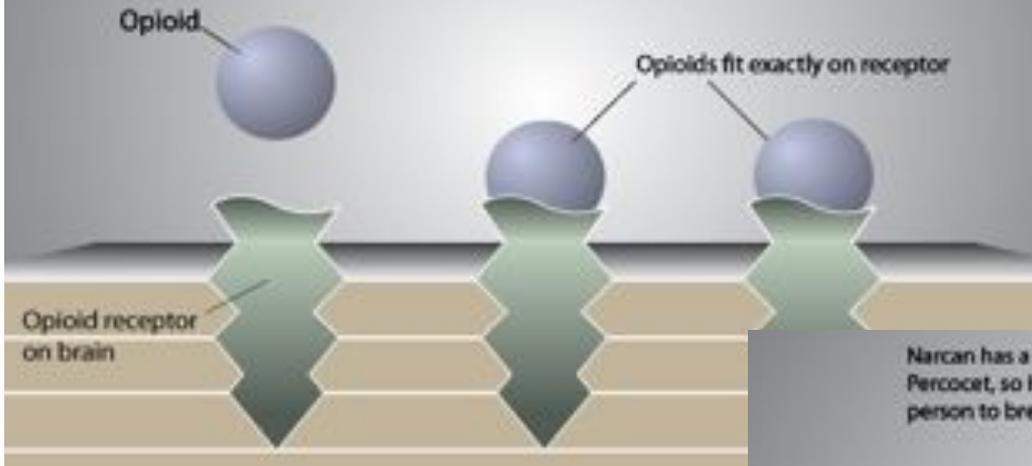
- Many prescription painkiller overdoses, as well as heroin overdoses, can easily be reversed with the administration of naloxone, a non-addictive prescription medication.
- It can be given by intramuscular injection or as a nasal spray using a special adapter.
- Emergency medical personnel have used naloxone to treat these overdoses for over three decades, **BUT** more than half of overdose victims die before medical help arrives.



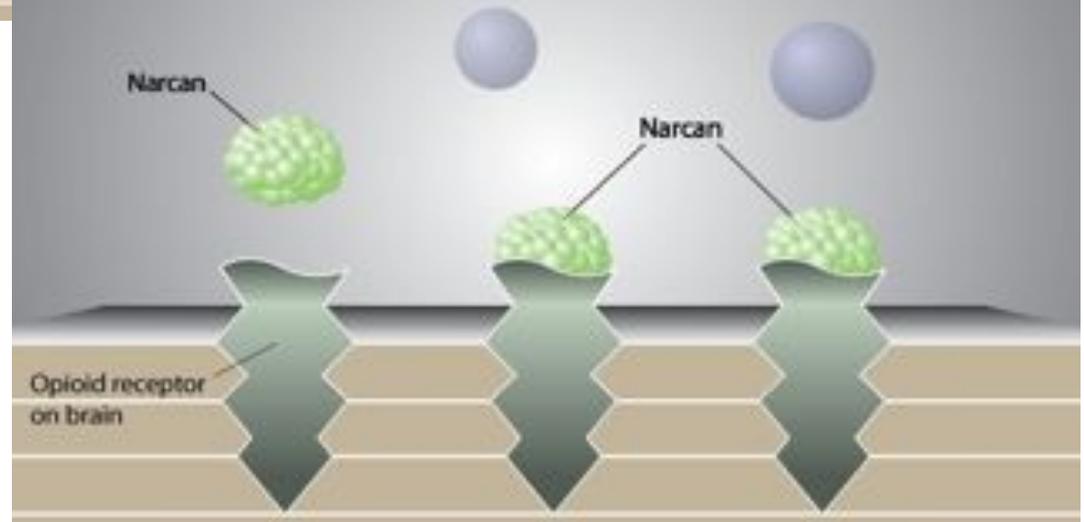
What is Naloxone?



The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



What is Narcan (Naloxone®)



- **Narcan** knocks the opiate off the opiate receptor
- **Temporarily** takes away the “high,” giving the person the chance to breathe.
- **Narcan** works in 1 to 3 minutes and lasts 30 to 90 minutes.
- Therefore, it’s possible that after Narcan wears off the person **could fall out again.**
- **Narcan** can **neither** be *abused* nor cause overdose

Ideal Naloxone Law

- Immunity from civil and criminal liability for prescriber and person who administers naloxone
- Standing order model of dispensing
- Therefore, bystanders such as family members and friends may be in the best position to successfully reverse an overdose because they are often the “first responders” on the scene.



Misconceptions on Narcan



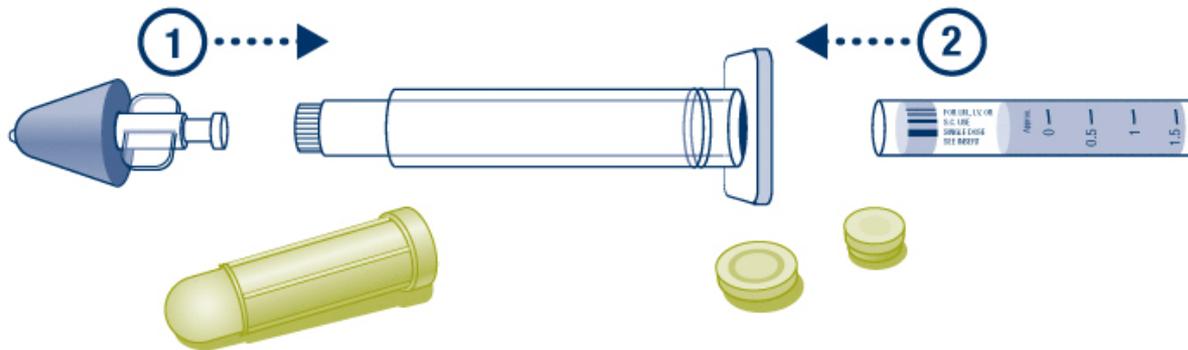
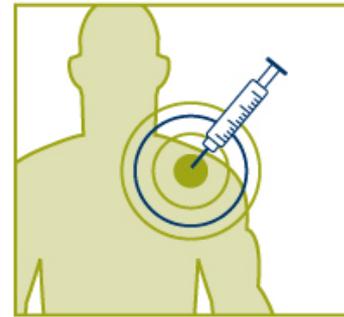
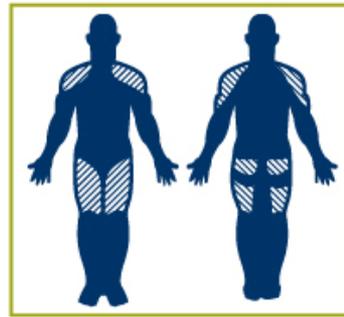
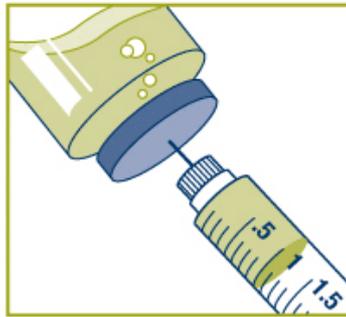
- There is a very little you can do when a person is having an opioid overdose since he/she could die instantaneously
- It is really hard to prevent someone from dying from a drug overdose since people usually use drugs in private
- Preventing death due to an overdose is not easy and you have to complete a lengthy, difficult training

Misconceptions on Narcan



- It is a waste of time to give opioid users Narcan, since they are not capable of recognizing and managing an OD
- The person who receives Narcan will react violently when the medication is administered and his/her OD is reversed
- The fact that drug users can have access to Narcan will postpone their entry into drug treatment, and it will also encourage riskier drug use

How to Expand Naloxone & Drug Overdose Prevention in Your Community

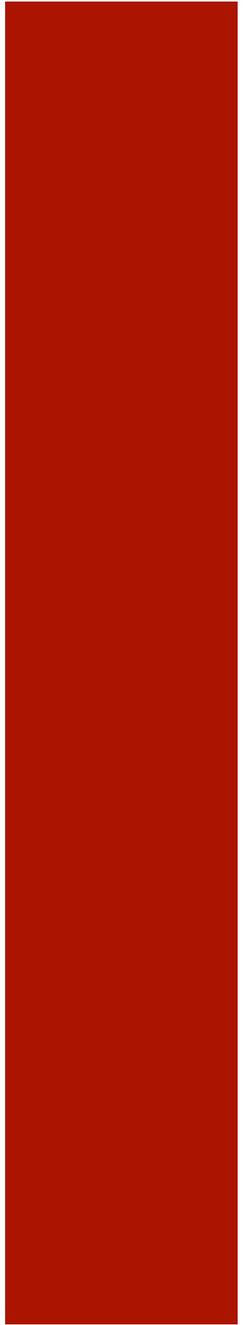
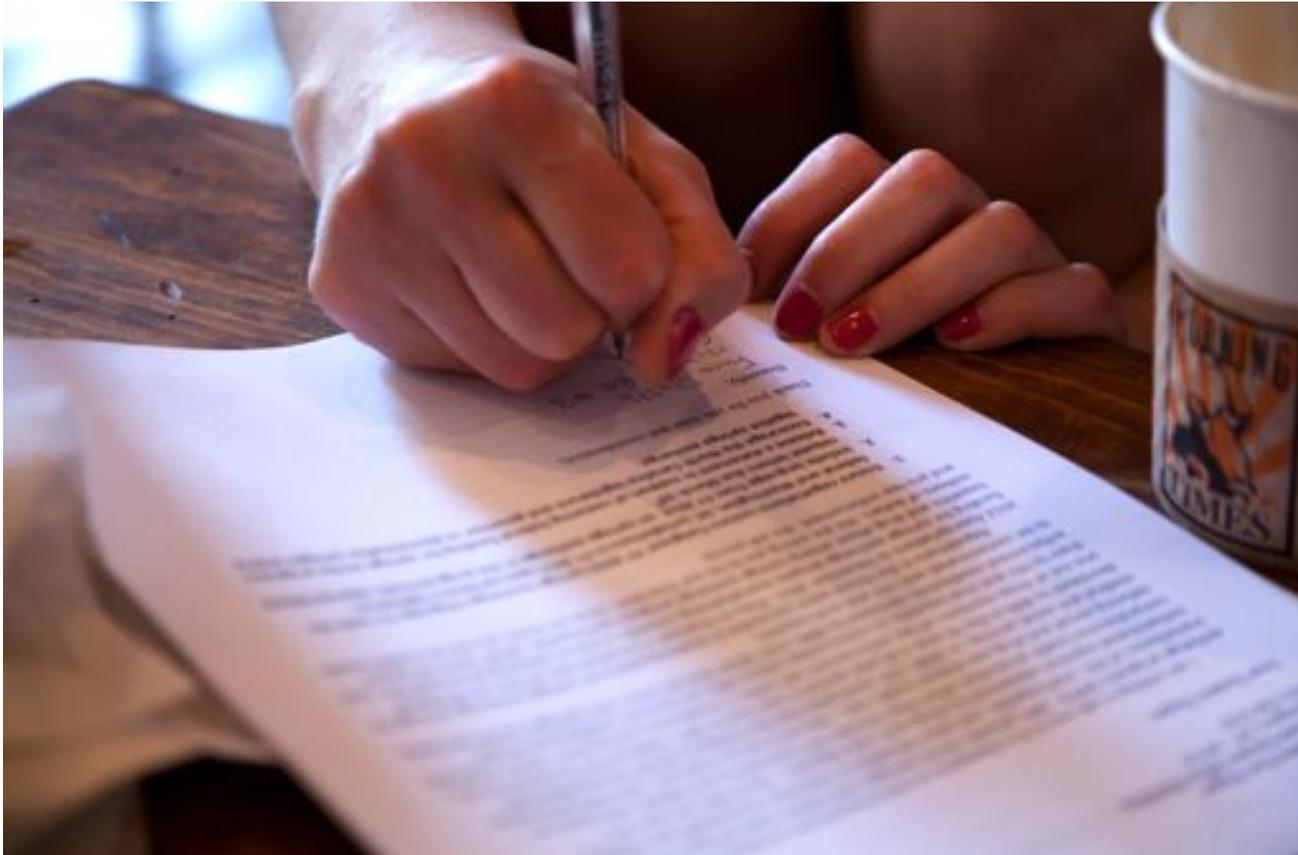


Campus Advocacy



- States with Narcan laws
 - Train resident assistants (RA) to carry Narcan
 - Train campus security to carry Narcan
 - Narcan distribution program out of the Student Health/Wellness Center
 - If schools won't let you, then student organizations can invite programs to train those interested and dispense directly to the student
- States with or without Narcan laws
 - Alcohol amnesty on campus
 - Drug amnesty on campus

Keys to Advocacy NCHRC Strategies



NCHRC Advocacy Focus

➤ Law Enforcement Focus

- Law Enforcement has been tough to get on board historically, NCHRC focused on making sure they were 100% on board
- NC Law Enforcement Lobbies

➤ Set the Media Coverage

- Set the state wide tone and conversation on the issue
- NCHRC had over 360 media articles during the year
- NCHRC had a hard core crew of folks focusing on getting media coverage of our issues
- NCHRC tracked reporters who covered our issues and directed advocacy efforts towards them



NCHRC Advocacy Focus

- Focused on Keeping it Conservative!
 - Republicans own a super majority in NC
 - Message and advocacy based off conservative values
- Focused on being consistent, present, and meeting people where they are at
 - NCHRC was present and presented at all relevant meetings concerning our HR/DP legislation and made our voices heard
 - Advocate like mad within advocacy strategy at each legislative step (Visits/Calls/Media work/Etc.)
 - Committees/Bills Hearings
 - House/Senate Votes & Governor's Desk



NCHRC Advocacy Focus

- Make Sure the Right Legislators Are On Board
 - Foster Relationships with the Legislators You Need to Pass Bills
 - Pick Solid Bill Sponsors to Focus Advocacy On
 - **SB20**
 - One of the most conservative legislators was a primary (Allran)
 - One of more liberal, pro health Republicans (Bingham)
 - Former LEO Officer helped with getting LEO lobbies down with key concepts of bill (Faircloth)
 - Identified champions in committees and House



Conservative Legislative Buy-In

- Make sure materials and advocacy centers around their values (e.g., pro-life, fiscally conservative)
- Use neutral language
- Don't be a too liberal or too conservative
- Stick to talking points (don't veer off into "social and racial injustices" or "human rights" of issue)
- Find a conservative/liberal mother-in-law to test conversation and material with
- Present yourself in a way that your key partners feel comfortable with and don't want to shut the conversation down at the door



Attend & Present at Conservative Think Tanks

CAROLINA JOURNAL TV HEADLINER EVENT

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N.C. Harm Reduction Coalition's Robert Childs makes the case for syringe decriminalization



Real Time Info
Interviews with John Locke Foundation policy analysts and Carolina Journal reporters and editors on topical issues.

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Key Conservative Values: Value the Voice of Our Mothers



Key Conservative Values: Reliance on Faith

A screenshot of a news article from newsobserver.com. The page has a red header with the site's logo and navigation links: Home, News, Sports, Business, Politics, Living, Opinion, and Communities. The article title is "A life-saving yet illegal syringe program". It was published on July 2, 2013, and has 114 recommendations, 44 tweets, and 7 comments. The author is James Sizemore. The article text begins with: "A pastor operating an illegal syringe exchange program is not something that is considered normal. A pastor operating an illegal syringe exchange program in the South is unheard of and dangerous by all accounts."/>

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POINT OF VIEW

A life-saving yet illegal syringe program

Published: July 2, 2013

Recommend 114 Tweet 44 +1 0 PRINT E-MAIL 7 COMMENTS

By James Sizemore

A pastor operating an illegal syringe exchange program is not something that is considered normal. A pastor operating an illegal syringe exchange program in the South is unheard of and dangerous by all accounts.

Key Conservative Values: Support Veterans



Conclusion

- Drug overdose deaths have preventable
- Drug overdose policies should be comprehensive (i.e., naloxone laws and Good Samaritan)
- Work with conservatives
- Use neutral language
- Get law enforcement on your side
- Meet with potential allies in venues they feel comfortable at (e.g., at their office, bar)
- Build common ground and focus on it



Questions? Contact US!

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Resource List

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