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DATA BRIEF

Perspectives and Behaviors Related to Overdose, the Good Samaritan Law, and Harm Reduction Among Persons Who Use Opioids in Vermont

Findings from the Vermont Opioid Use Harm Reduction Evaluation

Pacific Institute for Research and Evaluation (PIRE) conducted the *Vermont Opioid Use Harm Reduction Evaluation* between June 2018 and November 2019 in Franklin, Rutland and Windham Counties, Vermont. Participant interviews and a questionnaire were completed with 80 individuals who currently used opioids or had formerly used opioids.



WHAT IS HARM REDUCTION?

"Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."

-Harm Reduction Coalition

Harm Reduction Strategy Examples

- Safer drug use behaviors
- [Syringe access](#)
- [Treatment access](#)
- [Naloxone access](#)
- Fentanyl testing
- [Knowledge of and trust in the Good Samaritan Law](#)

FINDINGS

Context of Opioid Use

Most participants explained that their opioid initiation arose from an injury, disease, or medical procedure that led to an opioid being prescribed by a medical professional for pain.

"I had some major operations and I was issued high doses of oxycodone and fentanyl for pain management for a long period of time. Then overnight they were just taken away from me... so I in turn started getting the same medications on the street and then what happened was is I couldn't afford the prescription medication on the street, it was cheaper going to the heroin and that's what I did."

Participants' Experience with Overdose and Use of Naloxone

- 51% had ever experienced an overdose themselves, with 26% experiencing two or more overdoses.
- 84% had ever witnessed an overdose, with 30% witnessing six or more overdoses.
- 52% of participants reported keeping naloxone on hand "always" or "often", and 32% reported "rarely" or "never" keeping naloxone on hand.

Participants' perspectives and preferences when responding to an overdose:

A hierarchy related to preferred responses to an overdose emerged throughout the participant interviews, with many sharing the preference to try other overdose reversal methods prior to calling 911.



Try other overdose reversal methods before naloxone (e.g., cold water)



A peer administering naloxone



Driving victim to hospital



911 Calling 911 (and either staying until help arrives, or leaving once the call is made)

Attitudes Related to Calling 911 for an Overdose

Participants repeatedly conveyed their or others' fear of getting in trouble by calling 911 in part due to them having legal trouble such as warrants or bad rapport with law enforcement.

Participants wanted to avoid interactions for fear of judgment and stigmatization.

Some participants described that a peer administering naloxone is preferable to calling 911.

Some participants described how they or others might offer assistance in the case of an overdose, including by administering naloxone or calling 911 or both, but then not stick around and wait for emergency medical responders and law enforcement to arrive.

"I was hesitant on calling or not because I was like, 'Oh my God, I might get locked up for this.' And then I was like, 'I don't care. She's dead.' And I just called."

"It's just not a great feeling to have a whole group of people come flying into your house who have no concept of what it's like in your shoes and sort of, you know, pass judgment on what they're seeing."

"...it [fear of questioning from police] still keeps people from calling or you know they're trying to do like everything they can before they have to call."

"I would call 911...If I wanted to leave, I would leave, because a lot of people don't want to get involved...the cops are always asking the question, what kind of bag was it, what's the name of the bag, you know? Cops shouldn't ask that question when there's an OD involved. They shouldn't ask nothing...People don't want to talk to the cops because as soon as they see you talking to a cop you're going to be labeled a rat and everyone is going to give you shit."

Attitudes related to Emergency Medical Services (EMS) and Law Enforcement Response

Participants detailed some of the perceived detrimental repercussions of calling 911.

We heard a preference for only having EMS respond to overdose calls.

"They're always invasive, worried about where the hell the dope came from and this and that. They're not trying to help the situation. They're trying to solve the problem, the bigger problem, which isn't the current problem, and that's a problem... it makes the people who did call 911 express anger and regret and it makes them anxious."

"If you call 911 and say it's an overdose, the cops will come and then they start drilling and wanting to get in your house...so that makes it so people aren't going to call because they don't want to deal with it. If an overdose is called in, it should just be like anything else, because I've called for an overdose and said the person fainted and no cops came, just the EMT, and they dealt with it and left, and it was much easier."

Awareness of the Good Samaritan Law

There was a lack of awareness of the law, with individuals unsure that it truly exists and unclear about what it entails.

Participants conveyed a high degree of skepticism about the protections provided by the Good Samaritan Law.

Participants shared dangerous actions that were a result of the mistrust of law enforcement.

"I've seen people have tried to drag someone out and leave them somewhere, just really screwed up things. I mean the legal thing it's a huge issue...even though there's that law that says if you call 911 you can't be penalized. First of all, there's not a lot of trust in law enforcement. Some law enforcement officials have earned trust in the drug community but a lot of times they tell us things that aren't true, or they tell us stuff just to get what they want and then they like turn and go, well, no I can lie to you if I need to get information and then, you know, slap cuffs on them. So, there's not a lot of trust."

"I think a lot of people that don't [call 911]...are the ones that are afraid they're going to get in trouble. That's basically the bottom line, that they're going to get in trouble if they call 911... That's the biggest downfall I think....I didn't know about this Samaritan Law..."

"...for a lot of people, they're just, it's like poo-poo, yeah right, that's set up, you know what I mean? People get jaded around this stuff. They don't trust authority."

"I guess I have kind of trouble trusting cops or believing them that they wouldn't get you in trouble or whatever for possession or whatever..."

HARM REDUCTION MESSAGING

Participants had many ideas about the type of information they would like to see shared with individuals at risk for overdose. Law enforcement officers have the unique ability to share these messages with individuals at risk for overdose and may have an even more important role due to COVID-19 as people's engagement with other programs or services has declined.

Participants felt it was important to share the following information with people who are at risk for overdose, as well as the wider community:

- General information about **Syringe Services Programs**, such as their location, hours, the types of services they offer, and that services are free and confidential. They also felt it was important to share the rationale behind these programs (disease and overdose prevention and treatment connection) in order to build community support and reduce stigma.
- Information on **overdose risk and prevention**, such as the dangers of fentanyl, including that it has been found in other, non-opioid drugs, as well as information on how to access free and anonymous fentanyl test kits and naloxone.
- A focus on the **Good Samaritan Law**, including messaging that is about trust-building in addition to information sharing. Participants felt that utilizing law enforcement to share this messaging was important.
- Information on risk-reducing **behavior changes** (e.g., always use with someone else and have naloxone present, watch the quantity of drugs and go slow, and safer injection messaging).
- Sharing the **consequences** and health dangers of injecting or using opioids, including the trauma to family or friends who witness an overdose and to those who lose a loved one to an overdose. Participants also felt it was important to share the general changes that opioid use can cause in people (e.g., people change into someone unrecognizable).
- Information on **access to resources and services**, including financial resources, MAT providers, recovery resources, group schedules, housing and other community resources, and the overall message that places like SSPs and substance use disorder treatment centers are welcoming and non-judgmental.

"...if they could say on the radio about that law, that if you see, if you're with someone and you do the right thing and call 911, that nobody there will get charged. That message should get broadcast because that might save lives and that would be like one of the biggest things, actually, because I don't think a lot of people know that. I've seen people run, still, and why, you know? People that usually are sharing together are some kind of friends."

FOR MORE INFORMATION:

Please contact
Vanessa Berman
vberman@pire.org
(802) 490-5138

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