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

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

WHAT IS HARM REDUCTION?

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.

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.

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 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 I couldn’t afford the prescription medication on the street, it was cheaper going to the heroin and that’s what I did.”

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“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.”

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“The 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.”

Participants’ perspectives and preferences when responding to an overdose:

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

A peer administering naloxone

Driving victim to hospital

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

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

“...'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.”

“Response Law Enforcement
Emergency Medical Services (EMS) and 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.

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