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Research paper

Why are some people who have received overdose education and naloxone reticent to call Emergency Medical Services in the event of overdose?

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ABSTRACT

Background: Overdose Education and Naloxone Distribution (OEND) training for persons who inject drugs (PWID) underlines the importance of summoning emergency medical services (EMS). To encourage PWID to do so, Colorado enacted a Good Samaritan law providing limited immunity from prosecution for possession of a controlled substance and/or drug paraphernalia to the overdose victim and the witnesses who in good faith provide emergency assistance. This paper examines the law's influence by describing OEND trained PWIDs' experience reversing overdoses and their decision about calling for EMS support.
Methods: Findings from two complementary studies, a qualitative study based on semi-structured interviews with OEND trained PWID who had reversed one or more overdoses, and an on-going fieldwork-based project examining PWIDs' self-identified health concerns were triangulated to describe and explain participants' decision to call for EMS.
Results: In most overdose reversals described, no EMS call was made. Participants reported several reasons for not doing so. Most frequent was the fear that despite the Good Samaritan law, a police response would result in arrest of the victim and/or witness for outstanding warrants, or sentence violations. Fears were based on individual and collective experience, and reinforced by the city of Denver's aggressive approach to managing homelessness through increased enforcement of misdemeanors and the imposition of more recent ordinances, including a camping ban, to control space. The city's homeless crisis was reflected as well in the concern expressed by housed PWID that an EMS intervention would jeopardize their public housing.
Conclusion: Results suggest that the immunity provided by the Good Samaritan law does not address PWIDs' fear that their current legal status as well as the victim's will result in arrest and incarceration. As currently conceived, the Good Samaritan law does not provide immunity for PWIDs' already enmeshed in the criminal justice system, or PWID fearful of losing their housing.

In August of 2009, the Harm Reduction Action Center (HRAC), a local Denver Community Based Organization offering harm reduction services to persons who inject drugs (PWID), began a memorial to clients who died from a heroin-related overdose. Photographs and brief notes provided by friends and families, were hung on a wall. By the summer of 2015, the memorial included more than 60 photographs. Between 2002 and 2014, Colorado witnessed a 68% increase in rate of drug overdose deaths (Keeney & Bailey, 2016). In the city of Denver, the age adjusted rate of death exceeded more than 20 per 100,000 residents in 2014, a rate that is

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among the highest in the nation (National Centers for Health Statistics, 2016). This paper describes the center's effort to address this local manifestation of a national epidemic through the implementation of an Overdose Education and Naloxone Distribution (OEND) intervention. Specifically, this study examines why OEND trained PWID, despite being instructed to summon emergency medical services (EMS) in the event of an overdose, were unlikely to have done so even though Colorado's Good Samaritan law provides both the witness and victim a degree of immunity from prosecution. Findings are based on in depth qualitative interviews with PWID who received training and reversed an overdose, and an on-going ethnographic study examining HRAC clients' self-identified health issues.

Background

Community-based programs providing naloxone, an opioid antagonist, and education about overdose to PWID and other persons who might be present at an opioid overdose have become an integral part of the public health response to this decade-long health crisis (Wheeler, Davidson, Jones, & Irwin, 2012). By June 2014, 644 local programs in 30 states and the District of Columbia were responsible for the distribution of over 152,000 naloxone kits and more than 26,000 overdose reversals (Wheeler, Jones, Gilbert, & Davidson, 2015). In addition to teaching participants how to administer naloxone, programs instruct trainees to recognize an overdose, to attempt to stimulate the victim, to lay the victim on their side and clear their airway, to begin rescue breathing, and to call 911, the nationwide phone number for emergency medical assistance. OEND trainings include this step because the half-life of naloxone is short relative to heroin and other opioids; victims may be at risk of repeat respiratory depression hours after naloxone administration (Boyer, 2012; Hawk, Vaca, & D'Onofrio, 2015).

Studies have reported that significant percentages of PWID do not call or delay calling EMS (Clark, Wilder, & Winstanley, 2014). These include studies of PWID who have witnessed an overdose (Banta-Green, Kuszler, Coffin, & Schoeppe, 2011; Follett, Council, Piscitelli, Parkinson, & Munger, 2014; Galea et al., 2006; Pollini et al., 2006; Tracy et al., 2005) as well as studies with OEND trained PWID (Enteen et al., 2010; Doe-Simkins et al., 2014; Seal et al., 2005).

Studies conducted prior to the implementation of Good Samaritan laws found that in addition to not having a phone (Seal et al., 2005), the most frequently reported reasons PWID do not call for emergency medical assistance are because they do not think it is necessary (Bennett, Bell, Tomedi, Hulsey, & Kral, 2011; Bohnert et al., 2011; Pollini et al., 2006; Tobin, Davey, & Latkin, 2005; Tobin, Sherman, Beilenson, Welsh, & Latkin, 2009; Tracy et al., 2005; Wright, Oldham, Francis, & Jones, 2006) and/or fear of the police (Baca & Grant, 2007; Bennett et al., 2011; Bohnert et al., 2011; Davidson, Ochoa, Hahn, Evans, & Moss, 2002; Enteen et al., 2010; Follett et al., 2014; Lankenau et al., 2012; Maher & Dixon, 1999; McGregor, Darke, Ali, & Christie, 1998; Moore, 2004; Pollini et al., 2006; Seal et al., 2005; Sergeev, Karpets, Sarang, & Tikhonov, 2003; Sherman et al., 2008; Tobin et al., 2005; Tracy et al., 2005; Wright et al., 2006; Zakrison, Hamel, & Hwang, 2004). Additional reasons PWID do not call 911 include negative experiences with EMS personnel (Sherman et al., 2008; Enteen et al., 2010), fear of losing custody of their children, the risk of damaging a relationship with an employer (Follett et al., 2014), concern about jeopardizing their housing, and fear of breaching parole or probation (Follett et al., 2014; Wright et al., 2006).

Fear of police as a primary reason PWID do not call for emergency medical services in the event of overdose is consistent with the large body of research demonstrating the influence of criminal justice systems and policing in producing environments conducive to drug-related harm including overdose (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Broadhead, Kerr, Grund, & Altice, 2002; Blankenship & Koester, 2002; Burris et al., 2004; Cooper, Moore, Gruskin, & Krieger, 2005; Darke and Ross, 2002; Dovey, Fitzgerald, & Choi, 2001; Kerr, Small, & Wood, 2005; Maher and Dixon, 1999; McLean, 2016; Rhodes et al., 2012; Sarang, Rhodes, Sheon, & Page, 2010; Small, Kerr, Charette, Schechter, & Spittal, 2006; Small et al., 2011; Wagner, Simon-Freeman, & Bluthenthal, 2013). For PWID, policing is a constant concern that "acts as an indirect force of structural violence" affecting their ability to avoid harm (Rhodes et al., 2012). PWID are fearful of arrest, and in some cases, fearful of physical mistreatment. These fears are amplified in situations of intensive policing and continuous surveillance (Bohnert et al., 2011; Cooper et al., 2005; Sarang et al., 2010), for homeless PWID who spend a great deal of time "on the streets" in public space (Bourgois & Schonberg, 2009; Kerr, Small, Moore, & Wood, 2007; Moore, 2004), for PWID with outstanding warrants (Kerr et al., 2007; Koester, 1994; Moore, 2004), and/or in violation of parole or probation (Follett et al., 2014; Wright et al., 2006).

To address PWIDs' fear of police and encourage them to call 911, 34 states have implemented Good Samaritan laws providing some degree of immunity from prosecution for drug possession to both the witness and overdose victim (Davis & Chang, 2016). In a few states, the law includes immunity for possession of drug paraphernalia, and in some states, the law includes provisions for the Good Samaritan's response to be considered as a mitigating factor in sentencing (Davis & Carr, 2015; Davis & Chang, 2016).

In 2012, Colorado became the ninth state to enact a Good Samaritan law (Colorado Revised Statute § 18-1-711). The statute provides witnesses who in good faith attempt to provide emergency assistance to an overdose victim immunity from criminal prosecution for possession of a controlled substance and/or drug paraphernalia. This same immunity is extended to the victim. The individual providing medical assistance receives immunity "as long as: the person remains at the scene of the event until a law enforcement officer or an EMT arrives or the person remains at the facilities of the medical provider until a law enforcement officer arrives; the person identifies himself or herself to, and cooperates with, the law enforcement officer, EMT, or medical provider; and the offense arises from the same course of events from which the emergency drug or alcohol overdose event arose." (Colorado Revised Statute § 18-1-711).

A year after the passage of a similar Good Samaritan law in Washington state, 88% of heroin users surveyed reported that they would be more likely to call EMS in the event of an overdose (Banta-Green et al., 2011). Yet, our experience with OEND trained PWID in Denver has been that they rarely called EMS in the overdose events they intervened in. Our study explores why, after the passage of Colorado's Good Samaritan law, this is the case.

Methods

This paper combines findings from two complementary qualitative studies conducted with PWID in Denver. The first study was a community-academic partnership research project entitled *Let's talk about life*: *Empowering our community to prevent deaths from overdose*. This study was initiated and funded as a community-academic partnership grant with HRAC. The study's purpose was to learn about OEND through the experiences of trained PWID who had intervened in an overdose. Semi-structured interviews for the *Let's Talk about Life* study were conducted with 13 participants. between October 2013 and July 2014. To triangulate our findings and more fully explore themes that emerged from the *Let's Talk about Life* interviews we drew on the