



LOUIS KRAUSS | THE DAILY WORLD A staff worker at the needle exchange RV in Aberdeen prepares to give a tutorial on administering narcolex. The drug is being used to combat heroin overdose deaths around the county.

County combats opioid overdoses with Narcan distribution

LOUIS KRAUSS ([HTTP://WWW.THEDAILYWORLD.COM/AUTHOR/LOUIS-KRAUSS/](http://www.thedailyworld.com/author/louis-krauss/)) • Sat Dec 9th, 2017

When Andy Astells saw his boyfriend overdose and collapse following a shot of heroin in the neck four years ago, he was terrified that it might be the end for his companion. It wasn't, and an increasingly popular drug called Narcan, which is being used to combat potentially fatal opioid overdoses, may have been the life or death difference.

"When he fell to the floor I could not find a pulse, hear a heartbeat, or see him breathing. It was so very scary," said Astells, 38. "I would say that the likelihood of him not living without receiving the Narcan would've been quite high."

Astells, who had a Narcan kit on hand from the needle exchange in Olympia, then injected the medicine into the same vein in the neck of his boyfriend, Edward Cheleni, and actually had to use two doses.

“The first one didn’t faze him, so I gave a second dose. He came around, gave an ‘ugh,’ made a noise. Then took a deep breath and started breathing again.”

Narcan is the brand name for naloxone, a medicine that temporarily stops the effects of an opioid overdose. It can bring someone out of their unconscious state and get them breathing to prevent a death before medical personnel arrive. The drug can be administered by either a nasal spray or a needle injection.

Thanks to a federal grant in February implemented by the University of Washington that is supplying Grays Harbor with Narcan, public health officials are working hard to get the medicine into the hands of lay (non-medical) people.

The drug takes around two to three minutes to go into effect, and wears off somewhere between 30 minutes to an hour. After that the victim returns to whatever state they would be in otherwise, meaning withdrawal symptoms if the heroin has worn off in that time, or back into an overdose if the heroin was strong enough. It’s a temporary fix, but without it, drug overdose victims can die before making it to the hospital.

Not long after Cheleni’s first incident, and another overdose, the couple decided to get sober to help raise a child, who Cheleni was the biological father to. The two started going to the methadone clinic, have been sober for the past three years, and have jobs and a house in Hoquiam.

“When (my girlfriend) got pregnant, everything changed,” said Cheleni. “It was no longer just me and my boyfriend getting well and getting by.”

For years, it was primarily medical personnel and first responders who had Narcan on hand, but February’s grant to the county health department is now helping to combat opioid addiction, which has been rising throughout Grays Harbor over the past couple decades.

The county has distributed more than 500 Narcan kits since the grant was received, via a variety of avenues, including the needle exchange in Aberdeen, distribution partners such as churches and nonprofit organizations, and directly through the Public Health Office.

“We’re just trying to get as many kits out there as possible,” said Miki Cabell, president of Out and Proud Grays Harbor Coalition. “The more readily available, the more overdoses we can prevent.”

Out and Proud is one of several distribution groups in the county currently distributing Narcan, along with Harbor Calvary Chapel and Revival of Grays Harbor in Aberdeen, and Chaplains on the Harbor in Westport. Staff give them out to any who ask, and rarely ever turn anyone down. The distributor always gives a 10-minute tutorial for how to administer Narcan, explaining where to insert the needle and how to do rescue breathing afterwards.

There are four other organizations working to get permits to distribute naloxone, as well as numerous other locations around town interested in keeping a kit on hand just in case someone overdoses while there, Public Health Manager Kristina Alnajjar said.

“We realize (the needle exchange) is an uncomfortable area for everyone to go, so we’re working with other community partners to give out kits,” said Alnajjar. “A lot of pastors are interested in giving it out in their church. Lots of professionals in nonprofits and local businesses want a kit.”

Hoquiam Police Chief Jeff Myers believes that while Narcan is an “amazing drug” that can reduce the risk of overdose, many in the general public misinterpret it as a cure for addiction. He says it distracts from finding a big-picture solution.

“One of my concerns as a police chief is that sometimes media and social programs tout it as a cure, and it’s not a cure,” said Myers. “What frustrates me is we have a problem with a drug, and so we’re going to find another drug that will take care of the problem and that’s the end of the discussion.”

Aberdeen Fire Chief Tom Hubbard, who said his department has had naloxone kits for around 25 years, did not think Narcan was being touted as a misinterpreted cure, and is focused more on the benefit that it prevents people dying from overdose.

"I haven't seen it advertised like that. My point of view is that it's saving lives," said Hubbard who estimated there being around 20 people saved in incidents he's responded to thanks to Narcan since February's grant. "Is it addressing the epidemic? No, but it will save lives so hopefully people can reach treatment. I don't think it's a crutch, but a tool that's out there."

And while some may think too many view Narcan as a substitute for long-term addiction treatment, the Public Health Department and Alnajjar say they are working with numerous community partners on a strategic plan that outlines how to reduce heroin overdose in the county, and that it should be completed by March.

"Yes, our call is to distribute naloxone, but we're also developing an overdose prevention strategy," said Alnajjar. "It's putting together a plan. We need to figure out where are the gaps, why people are falling through the cracks, work with our partners, and together identify next steps. Money might not be there to take those steps, but it's a strategic plan so we'll know where to go with this."

Myers was also concerned because he says the Public Health Department would only give his staff Narcan if they use it to assist people in the public who suffer from an overdose. He wanted his officers to initially be able to carry Narcan to treat fellow officers should they overdose from the contact opioid fentanyl while handling and checking drugs and other evidence they collect, without having the requirement to also treat people overdosing in public.

"... We've asked for the Narcan kits to be issued to our officers first, because we're concerned officers will be inadvertently exposed to fentanyl," said Myers, who has yet to have any officers come in contact with fentanyl, but is concerned the drug is spreading from the east coast. "We wanted to get the overdose kits available for our officers, but were told by the health department that through the UW grant, they will not provide Narcan to the officers unless we're willing to carry it for the public. It sends a message to our staff that, 'It's OK if you overdose in the course of your job, but we want to make sure the people who are drug users have it.'"

He said the department is currently looking at a policy.

Alnajjar said they want law enforcement officers to be able to use it to save each other in such a case, and that the Public Health Office will continue to work with Hoquiam Police to find a resolution. She also said that the Grays Harbor Sheriff's

Office was recently approved to receive Narcan kits for its officers, and that she is confident it will eventually get distributed to other police departments as well.

Two weeks after Cheleni overdosed and received Narcan, he overdosed again. That time, some acquaintances who had been shooting up heroin with him in a house moments before dropped him near a garbage bin at a convenience store in Aberdeen, fearing that police could arrest them for possessing drugs. Cheleni said he spent hours there unconscious before the store owner came out and discovered him, and then received Narcan from paramedics who arrived later.

“When I went back into the store the next day, the owner made me cry,” said Cheleni, who thought he would be dead had it not been for the Narcan in both his cases. “She explained, ‘We were scared, we found you and thought you were dead.’”

Cheleni didn’t wake up until he was already on his way to the hospital, where he then was made sober and sent into a painful withdrawal. He said that was the final time he overdosed.

Thanks to the 911 Good Samaritan Drug Overdose Law passed by the state in 2010, overdose victims and bystanders are protected from getting arrested for drug possession if they are calling to report an overdose. But Astells said that many addicts are still scared to call one in. Police can still arrest a bystander or victim to an overdose if there’s an arrest warrant out for that person. Chief Myers believes that even without the Good Samaritan Law, those witnessing an overdose would be unlikely to face prosecution for possessing drugs.

“Even without that law, the likelihood that a person would face felony charges are probably slim,” said Myers. “That’s just a reality of the overburdened courts and the lack of ability to file cases.”

The proponents of Narcan know there are some who view it as an enabler, since it can prevent the worst outcome from using heroin. But Alnajjar said that in studies she’s seen, there’s a correlation between having Narcan instruction and using less heroin afterwards.

“It’s not great to go through withdrawal, and that’s what naloxone does,” said Alnajjar. “Research has shown that people who receive overdose training are reported to use less drugs afterwards. Using naloxone and participating in programs that treat overdose are associated with less risk, it’s really a risk reduction strategy.”

Cheleni was strongly opposed to the notion that Narcan enables addicts, as he said the experience of overdosing and waking up afterwards is an extremely unpleasant experience.

“Narcan is not something that lets me say ‘Hey, I can get as high as I want as long as I have this,’ because no addict thinks that way, and it’s stupid that some in the public do,” said Cheleni.

Alnajjar said that even with the increased distribution, their department has not come close to running out of Narcan kits.



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