

Los Angeles Daily Journal TOP STORIES

Thursday January 17, 2008

Teaching Junkies to Save Each Other's Lives

With the Liability Issues Resolved, Advocates Hope Program Can Grow

LOS ANGELES - The heroin felt smooth to Scott Tillisch, but he could see that the stranger next to him was struggling. Crouched in a dark alleyway, Tillisch recognized the overdose by reading symptoms the way he was taught in a training class for Skid Row addicts. But when he reached for the pocket-sized overdose kit a doctor had given him, it was missing. He tried CPR instead and called 911 before fleeing the scene, but paramedics couldn't revive the man. Tillisch said he still regrets not being prepared. "If I had had the kit in my backpack, I could have maybe saved his life," Tillisch said recently while waiting outside a downtown clinic that has trained 90 homeless drug users like him in how to save overdose victims. Tillisch had come for a replacement kit. "I would like to carry a kit with me at all times," he said. "I've learned a valuable lesson."

The homeless 53-year-old said he has overdosed on heroin several times and lost six friends in the last year to overdoses. "I think if more people had these kits, many of them would still be alive," he added.

Since the program launched in September, Skid Row users like Tillisch have reported using the drug kits in 32 overdose emergencies - successfully saving a life in 29 of those cases. But providers say putting more kits in the hands of drug users has been an uphill battle.

In the past, the idea of county-funded doctors training homeless addicts to inject an overdose victim with a counteractive, prescription drug, left county officials and some providers uneasy because of liability issues. "That was the controversy," said Susan Partovi, the Skid Row clinic's primary physician. "I don't think there was any precedent for giving medication to someone to give to someone else."

Last year, state legislators passed a bill that releases some county-approved health care providers from any third-party liability. With that obstacle removed, advocates are pushing for county officials to rush the funding that has been identified for projects like the downtown training.

The clinic, a privately funded nonprofit called Homeless Health Care Los Angeles, runs the overdose program from its Skid Row needle-exchange offices. There, the small staff shows homeless addicts how to treat near-fatal overdoses by injecting Naloxone, a drug known commercially as Narcan, which immediately counteracts opiates and revives the victims.

The program is the only one of its kind in Los Angeles County and is modeled after publicly funded projects in Baltimore, San Francisco, New York and elsewhere.

The Los Angeles program receives no public money - yet. Last year, the county's Board of Supervisors agreed to spend \$100,000 on programs that prescribe Narcan. Advocates of anti-overdose programs say they are frustrated with county health officials for being slow to fund clinics like Homeless Health Care Los Angeles. The county has not opened a competitive bidding process so that providers can apply for funding to expand the services on Skid Row, as well as distribute Narcan kits across the county. In the meantime, they argue, people who shouldn't die are being lost.

"Everyone is ready to go. I'm not sure what the holdup is," said Hilary McQuie, director of the Harm Reduction Coalition. "Narcan only costs about 15 cents a dose, and it saves a life. "It doesn't get much better than that."

Physician Jonathan Fielding, director of the county's Department of Public Health, said a comprehensive plan is in the works. Fielding pointed to continued work with county counsel over liability issues as the main reason for the delay.

Funding Narcan programs "is an important harm-reduction strategy, and we're now focused on implementing it by developing memos of understanding with the community agencies that have started doing it and want to do it," he said.

"We're very proud of the legislation," said Eva Vera Morrow, a principal deputy with the county counsel. "It is new, and we are in the process of working with the Public Health Department with respect to the implementation of the bill."

The Harm Reduction Coalition, which runs a Narcan training program in San Francisco, worked with Los Angeles County officials and local advocates to push for the state bill called the Overdose Treatment Liability Act, SB 767. That bill, written by Sen. Mark Ridley-Thomas, D-Los Angeles, and signed into law by Gov. Arnold Schwarzenegger in October, removed any third-party liability. Although Narcan is considered mostly benign, proponents of the bill said doctors were often deterred from writing prescriptions. "Because of the possibility that the medication distributed by overdose-prevention programs may be used by someone other than [the person] to whom it was prescribed, which would violate drug-prescribing laws, it has been difficult to find physicians willing to prescribe medication for use in these programs," Ridley-Thomas said in a written statement.

The Overdose Treatment Liability Act, which grants immunity to agencies or doctors distributing Narcan, took effect Jan. 1. "We were hoping that, once that happened, there would be no other barriers," said Heather Edney, a coordinator for the Los Angeles Overdose Protection Task Force. "I am alive today because someone administered [Narcan] to me, so personally it is immensely frustrating when all the ducks are in the row and we're still waiting." Edney said she believes the county should expedite the often-lengthy bureaucratic process of preparing a Request For Applications at the risk of taking months to get Narcan on the street.

Fielding said his office is planning to establish funding for as many as four overdose programs "within 60 days." The problem, he said, is that county officials did not expect the state bill to pass and have had to wait for directions from state officials. "It rejiggered our own timeline and approach," Fielding said.

Mark Casanova, executive director of Homeless Health Care Los Angeles, said the new law by itself would not help his clinic without county involvement. "SB 767 cleared me, as the provider, and the doctors, in theory," Casanova said. "But we want to make sure that that umbrella protection works for us, and it can't work until the county steps up."

Fielding noted that the language of SB 767 gives immunity only to programs overseen or "registered" with the county. What that means is not clear, he said. Part of the holdup, he said, has been interpreting that language with county counsel to develop a protocol for registering providers.

Advocates for anti-overdose programs said the delay is unnecessary. "We have the tools and examples from other states that run these programs and register them, that we can utilize and get it going more quickly," McQuie said. "It does not need to be a complex process."

Casanova applauded the county's efforts but said providers are desperately waiting for the end result: funding. He said he believes other organizations will offer Narcan services once the county opens the bidding process. Casanova said his clinic plans to apply for county funding when it is available. He said it has cost \$30,000 to keep the overdose program up and running for 16 months.

Like Tillisch, most homeless heroin users find out about the program when they come to Homeless Health Care Los Angeles to exchange dirty needles for clean ones. They can sign up to take a training course, which features a slide-show presentation and allows participants to practice injecting a test dummy with Narcan shots.

"They went through steps A through Z and questioned us to make sure we were paying attention," Tillisch said.

If they pass an exam, Partovi starts a medical chart for the person and prescribes a kit in the person's name with two pre-filled syringes of Narcan.

The model has been a success so far, according to a study being conducted by the Institute for Health Promotion and Disease Prevention at the University of Southern California's Keck School of Medicine. Karla Wagner, who leads the study and worked with Casanova to develop the program, said the retention rate has been surprisingly high for homeless addicts. About 86 percent of users who were trained have come back for follow-up interviews and Narcan refills, Wagner said. "This is really a chance to do it aboveboard in a legitimate way that will normalize this kind of intervention program," she said.

Wagner pointed to the high number of overdose deaths among the homeless, as well as the increasing rate of overdose among nonhomeless drug users in Los Angeles County, as impetus for the county to move faster.

A study published in December by the Los Angeles Coalition to End Hunger and Homeless found that 22 percent of the 2,815 homeless deaths in Los Angeles from Jan. 1, 2000, to May 28, 2007, were drug-related.

According to SB 767, 2,700 people died in Los Angeles County between 2002 and 2004 from unintentional drug overdoses, with heroin taking more of those lives than any other drug.

Heroin addicts like Robert Williams, 55, know firsthand what it feels like to see those lives extinguished.

On a recent visit to Homeless Health Care Los Angeles for an overdose kit, Williams said he was unaware of Narcan or the response training when a close friend overdosed in front of him last year. The friend, a recovering addict who had stayed clean for three years, relapsed only once, but it killed him. Williams spent two hours trying to keep his friend's heart pumping.

Williams said he recognizes the irony in hard-core junkies being trained to save lives when their behavior seems suicidal. Addicts have to be ready to quit using, he said. Knowing how to survive and stay healthy in the meantime improves those chances, he added.

"I want a kit, but I don't want to use it," Williams said. "I hope I never have to use it."

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