



'It's a Russian roulette'



Daily News/Meghan Nelson

Jim Jones, a paramedic with Life EMS in Belding, checks for a bag of medical supplies while sitting inside an ambulance.



Naloxone distribution and use combat heroin overdose deaths

Jim Jones, a paramedic with Life EMS in Belding, sits in the carpool parking lot on the corner of M-66 and M-44. Jones has been working since 7 a.m. By 8 p.m., he still has 11 hours until his shift is over. While he sits, he waits for an emergency call or the all clear to go back to the station. A call from dispatch could send him to the scene of an accident or lift assist, but recently Jones has been responding to a fair number of calls for heroin and opioid overdoses. Between January and the beginning of March, Jones responded to three to four overdose calls in the 10 days a month he works. "Most of my career, I could go a couple years without giving Narcan (the brand name for naloxone), and now, it seems like it's a couple times a month I'm giving it," Jones said, about responding to heroin and opioid overdoses. "This year, just in Ionia County, we've

given Narcan about 15 times, and that's not counting where the fire department or police department gave it before we got there." When Jones began working at Life EMS 25 years ago, he said it would be once every few years the department would get an opioid overdose call, not several times a month. Mandy Van Buskirk is a specialty care paramedic with Montcalm County Emergency Services. As she pulls out of her Stanton station, the possibility of responding to an overdose is in the back of her mind as well. Fortunately, neither of the paramedics responded to heroin overdoses when The Daily News joined them on their shifts, but both paramedics are familiar with the procedure if they are called to the scene of an opioid overdose.

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Above, Mandy Van Buskirk, a specialty care paramedic with Montcalm County Emergency Services, opens a box of naloxone. Below from left, Van Buskirk holds up a single dose of naloxone used in IV or intramuscular treatment, demonstrates how she puts naloxone into a syringe and holds up a package of naloxone, which includes a single dose and a syringe.

Daily News/Cory Smith



It's A RUSSIAN ROULETTE', CONTINUED FROM PAGE 1

"Every once in a while, a batch of heroin comes into Greenville, and we get tons of calls in a month."

RESPONDING TO AN OVERDOSE
Montcalm County Central Dispatch typically alerts paramedics if a call is an overdose. Once Van Buskirk arrives at the scene, she starts working on helping the patient breathe again.

"We don't really want to just slam it (Narcan) and wake them up because it puts them into automatic detox and that makes them very angry," Van Buskirk said. "Our whole goal is to give enough so they can breathe enough on their own so we don't have to. Then they can stay in their high until that wears down."

Kate Behrenwald, a physician's assistant with the Montcalm Care Network, explained that because paramedics administer naloxone intravenously, it has an immediate effect, but the nasal spray and muscular shot are slower and don't have a combative response.

Jones and Van Buskirk noticed the calls they run on come in waves, so one week they might run several, but the next week none.

"Every once in a while, a batch of heroin comes into Greenville, and we get tons of calls in a month. It dies down for a while. Then, you can tell when the new shipment comes in," Van Buskirk said.

Jones speculates the spikes in calls might have to do with a specific batch of heroin and not just that it's making its way to Belding or Greenville.

"Earlier this year, we ran on three or four overdose calls in two shifts, and everyone told us the same thing: 'I didn't get it from the guy I usually do, and the amount I typically use gave me a way different response,'" Jones said.

When Jones responds to any call, he does a general assessment of the patient. If it's an overdose call, he may see friends or family members who tell him they suspect heroin, or he may see leftover syringes on the patient's car floor which alludes to the cause of the problem. Jones administers naloxone if the overdose has affected the patient's respiratory drive to the point where the patient is not breathing. As long as the patient is breathing, paramedics just monitor them on the way to the hospital.

When Van Buskirk goes on an overdose call, her goal is to find a way to fix the problem. She obtains information from family or friends who she said are typically open about the situation. Then, if there are children nearby, she has them step out of the room in case she needs to perform CPR. She doesn't want children to continue to see their family member in that situation.

"When you have an actual person who overdoses and there are children around — the emotional side of it, they don't teach you that in school," Van Buskirk said, becoming emotional just thinking of an overdose call. "They tell you to be prepared. But having to be the paramedic for the person who overdosed and the family that's there, too, and trying to calm down children that have seen things they should never see, that's something you can't mentally prepare for."

After nearly three decades in the field, Jones said he is desensitized to much of what he sees and he doesn't take his work home with him.

"It's a problem, but it's a problem I can fix right away," Jones said with a smile, referring to saving an overdose patient. "It's something you can walk into and see a difference and know I've helped."

When Van Buskirk revives a patient, she obtains information from family or friends about the patient's medical history and medication before taking them to the nearest medical facility and "hoping for the best for them."

Van Buskirk said the saves outnumber the losses, but there were some people she couldn't save because they had been gone too long. Opioids like heroin cause respiratory depression to the extent that a person can't breathe. They may sustain brain damage from the loss of oxygen.

And, there are times when either of the paramedics comes across an overdose — or any medical call — victim who has already died. It was unsuccessfully resuscitated, they contact an investigator from a medical examiner's office.

"While the police will do most likely do an investigation, any out of hospital death requires an investigation through the medical examiner's office. An investigator will respond to the scene to investigate the scene and the body. Then, the body will be transported to the medical examiner's office for a post mortem examination," Jones explained.

"We heard a lot of arguments that these people deserve to die. That's not true."

THE AVAILABLE ANTIDOTE

Jones described naloxone as the antidote to opioid overdose. In Montcalm County, any adult has access to that medication and the ability to save a life.

Behrenwald was instrumental in obtaining naloxone for distribution throughout Montcalm County. There are three forms of naloxone applications: Intravenously (IV), intranasally and intramuscularly.

Naloxone IV kits are used in emergency services. Behrenwald and the Montcalm Care Network provides the nasal spray for law enforcement distribution and the muscular shot for community distribution. Anyone 18 or older can walk into the Montcalm Care Network at 611 N. State St. in Stanton and receive training on why overdoses happen, how to prevent an overdose, how to safely administer naloxone and what to do after giving naloxone. They will also receive a naloxone kit and learn about available resources in the area.

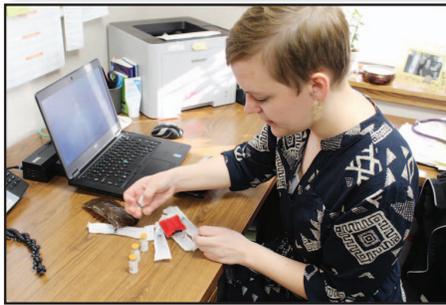
When asked why she decided to seek out a grant to bring naloxone to Montcalm County, Behrenwald simply stated it was the right thing to do.

"I think for a long time there has been a bias against people who have a substance use disorder, and I've heard a lot of arguments that these people deserve to die. That's not true," she said.

Naloxone works by blocking heroin or any opioid from the brain's opioid receptors for 30 to 90 minutes, providing many patients with

HEROIN ADDICTION RESOURCES

- Health Services
Montcalm Care Network, 611 N. State St., Stanton, phone: (989) 831-7520. Anyone 18 or older can visit the Montcalm Care Network and receive training about why heroin overdoses happen, how to prevent an overdose, how to safely administer naloxone and what to do after giving naloxone. They will also receive a naloxone kit and learn about other available local resources.
North Kent Guidance (counseling), 106 S. Greenville West Drive, Suite 3, Greenville; phone: (616) 754-2264. North Kent also has a location at 5250 Northland Drive NE, Suite A in Grand Rapids; phone: (616) 361-5001.
Wedgewood Christian Services (counseling and short-term treatment), 3300 36th St. SE, Grand Rapids; phone: (616) 942-2110.
Treatment Services
Randy's House (long-term women's recovery residence), 203 E. Washington St., Greenville; phone: (616) 498-4608.
Straight Street Recovery Center (long-term men's recovery residence), 1015 E. Washington St., Greenville; phone: (616) 754-7951.
Encounter Addiction Recovery through Encounter Community Church, 1213 W. State St., Belding; phone: (616) 794-5080. The church also offers a program called Parents of Addicted Loved Ones (PALO); phone: (221) 250-5891.
Wheeler Mission (long-term men's recovery residence), 245 N Delaware St., Indianapolis, Ind. 46204; phone: (317) 636-2720.
Law Enforcement
Michigan State Police Central Michigan Enforcement Team (CMET), 1-800-342-0406 (all calls remain confidential).
Greenview Department of Public Safety; (616) 754-9161
Montcalm County Sheriff's Office, (989) 831-7559
Belding Police Department, (616) 794-1900
The Daily News publishes a lengthy list of support groups every Monday with information about local resources for many types of addictions.



Kate Behrenwald, a physician's assistant with the Montcalm Care Network, carefully handles a small sample of naloxone she obtained through a grant for community distribution in Montcalm County.



Four bottles of naloxone sit lined up on Behrenwald's desk. She helped obtain these doses and several more for community distribution in Montcalm County.

HEROIN AND OPIOID USE IN MONTCALM COUNTY BROKEN DOWN

- According to data from the Sparrow Hospital Medical Examiner's reports:
In 2015, 15 out of 16 drug-related deaths involved an opioid or tramadol, an opioid-like medication used to treat pain.
Five of those 15 deaths involved heroin.
Seven of those 15 deaths also involved a benzodiazepine.
In 2016, 10 out of 11 drug-related deaths involved an opioid or tramadol, an opioid-like medication used to treat pain.
Five of those 10 deaths involved heroin.
Three of those 10 deaths involved morphine.
Another three of those 10 deaths involved methadone.
Six of those 10 deaths involved a benzodiazepine.
From 1999 through 2010, there was one or less death from opioids each year.
In 2011, there were four opioid-related deaths.
In 2012, there were six opioid-related deaths.
In 2013, there were six opioid-related deaths.
In 2014, there were five opioid-related deaths.
In 2015, there were 14 opioid-related deaths. (This data differs from the information provided from Sparrow Hospital Medical Examiner's Reports.)
The Mid-State Health Network analyzes data based on the primary substance people were seeking treatment for in Montcalm County.
Alcohol and other opiates/synthetics each comprise 5.2 percent of treatment admissions.
Heroin comprised 22 percent treatment admissions.
Combined, opioid and heroin use comprises 47.2 percent of treatment admissions.

enough time to get to a hospital. "What happens in an overdose is the opioids bind to receptors in the brain and that causes what we call respiratory depression where people essentially stop breathing after a period of time," explained Behrenwald.

According to Behrenwald, in 2016 there were 10 deaths from opioid overdose in Montcalm County, half of which involved heroin. Anyone who has an overdose is 29 times more likely to die in the future from another overdose of opioids.

Behrenwald, Jones and Van Buskirk all advocate for having access to naloxone because even though it won't fix drug addiction, it will at least save lives and reduce harm. "I don't want to say it (responding to an overdose) is good, but you do feel good about that because you were able to do something and see a positive result right away," Jones said. "That makes you feel good as a person because you were able to do something. I just wish we had to do it a whole lot less."

An overdose patient's life isn't the only thing at stake when it comes to heroin use. When administering naloxone and responding to overdose calls, Van Buskirk has to remain vigilant in looking for needles lying around or even stuck in the patient's arm.

"We have to be careful when we go on these overdoses that there's no way we can personally contaminate ourselves with it," Van Buskirk said, waving her hands as if to get away from heroin. "We don't want to get polked, we don't want to any of that, that's another whole patient you have to worry about."

"This new branch of heroin is so potent that if you touch somebody you could get that medication in you as well."

NOT ALL HEROIN IS THE SAME

A new strain of heroin — which includes carfentanyl — poses a new problem to communities.

The Michigan State Police (MSP) has warned of the dangers of the presence of carfentanyl — which is used as an elephant tranquilizer — in heroin. It is 10,000 times more powerful than morphine and 100 times

more powerful than one of the strongest opioid prescriptions, fentanyl.

"This means that amount smaller than a snowflake can lead to overdose and death," said MSP Lakeview Post Assistant Lt. Commander Rob Davis.

So far, carfentanyl has been linked to 19 deaths in Wayne County, and police warn it is only a matter of time before it turns up in other communities throughout Michigan.

"This new branch of heroin is so potent that if you touch somebody you could get that medication in you as well," Van Buskirk said. "I have not encountered it (she knuckles on wood) and I don't want to. We come in skin-to-skin contact with everyone, basically, so we just have to keep that in the back of our mind when we touch them."

Neither Van Buskirk nor Jones has encountered carfentanyl, and they hope they never do, but Jones noted some of the overdoses he has responded to are already taking more naloxone to combat than before.

"It's a Russian roulette what they're getting," Jones said, shaking his head in disbelief. "Is it just heroin?"

Carfentanyl's potency poses a risk to family and friends who want to help. It strengthens the need for naloxone to save not only the overdose patient's life, but also to combat heroin transmitted through contact.

"I'm not saying that if you see someone that overdosed not to go and try to help them, but be very cautious about touching their skin, especially with this new strain," Van Buskirk noted.

"I think of it as we're laying the foundation, the cement. It's their choice how they want to build the walls and roof."

FIGHTING THE STIGMA OF ADDICTION

Heroin and opioid overdose is a severe enough problem in Michigan that Lt. Gov. Brian Calley addressed the issue during a speech at the Greenville Area Chamber of Commerce's Award Dinner on Jan. 26, calling it "an epidemic."

"We have tried and failed for decades to try

and treat addiction with our criminal justice system, and that effort was a spectacular failure because addiction is not a law enforcement issue. Addiction is a health care issue," Calley said. "And, until we realize that a person who is addicted to any substance, but especially someone like opioids, has physical changes in the way the brain operates until we recognize that and treat it as part of the response, we will not have any better outcomes than we see today."

Behrenwald echoed Calley, explaining that regardless of a person's history with prescribed pills or heroin, that person's brain becomes dependent on the opioids.

"No one ever asked to be dependent on a substance, just as no one ever asks to be diabetic," Behrenwald said. "In the same way that I'm going to treat my diabetic patients with insulin, even if they continue to eat doughnuts, I'm going to give people a medication to help keep them alive and prevent complications until they feel they are ready to enter treatment."

But the science behind addiction isn't yet enough to abolish the negative attitudes people often feel toward drug users. Besides the argument that drug abusers deserve to die, Behrenwald said she has also experienced the attitude that providing naloxone is just enabling the users.

"The Medicaid population, when we talk about Narcotics Anonymous or Alcoholics Anonymous alone, it's only about 6 to 8 percent effective," Behrenwald said. "When we're looking at something like a combination of medication assisted treatment and intensive counseling, it's more like 75 percent effective. Those outcomes are dramatically different."

Another attitude Behrenwald is trying to overcome is the stigma of addiction, which she said results in fewer people asking for treatment and help because they are afraid of judgment.

"To try and create the kind of state and type of communities that do not leave people behind, we have to be about redemption," Calley said. "We have to be about solving early problems. We have to carry the attitude that there are no throwaway people."

Besides naloxone, there are rehab facilities throughout Michigan. Near Montcalm County, there are two inpatient rehab centers: North Kent Guidance Services in Greenville and Wedgewood Christian Services in Grand Rapids.

Local schools are trying to combat drug abuse, including heroin, by educating students about the risks before they graduate high school.

For the 2016-2017 school year, Carson City-Crystal, Lakesview and Montabella schools have implemented Project Success, which reviews life skills, including substance abuse prevention.

Don Nowicki facilitates the program in seventh and ninth grade at all three public school districts. The program focuses on adolescence, relationships, coping skills and substance abuse. When talking to students about substance abuse, Nowicki brings up heroin and prescription pills.

"I explain the background about heroin and how it progresses and how individuals transpire from having a surgery and taking prescription pills. And all of a sudden, they're abusing pills, and it obviously can transpire (into heroin use) because some individuals can't afford the pills then," said Nowicki, gesturing with his hands to emphasize each progression.

The rise in heroin use and overdoses has prompted several students to be curious and approach Nowicki with questions on how opioids and heroin affects the brain as well as how addiction works. Nowicki asks students to think about if substance abuse or any other unhealthy behavior will help them with where they want to go in life.

"I think if it as we're laying the foundation, the cement," Nowicki said. "It's their choice how they want to build the walls and roof."

At Greenville High School, school nurses Patti Gray and Wendy DeBruyn are working on implementing a drug component to the freshman health program. The first hour of the presentation on April 12 featured North Kent Guidance Services and Ionia-Montcalm Families Against Narcotics speaking about heroin and opioid abuse.

"There isn't just one description of a student or a child that could be using drugs anymore," said Gray, visibly upset with how things have changed.

Greenville High School Assistant Principal Todd Outley said heroin and drugs are not far out of most students' social circles.

"It used to be 20-, 30-, 40-year-olds that were doing this, now the age has crept down and it's just knocking on the door," Outley said. The threat of an overdose is so real that Gray carries naloxone on her while she's at school.

"I think if I'm realistic, drugs are out there and kids know about them," Gray said. "I would feel bad if I didn't have it and I knew it could be used."

Fortunately Gray hasn't had to administer naloxone yet, but Outley recognizes a growing problem and anticipates naloxone being mandatory in schools in the near future.

"I think two to five years from now ... every school will have it," Outley said. "It's just a matter of time."

Besides education at the school and community level, Behrenwald thinks the next steps in combatting heroin overdoses is talking with the medical community about ways to direct people coming into emergency rooms with overdoses and withdrawals to the world of treatment options.

Naloxone has been proven to decrease the number of deaths and increase the number of admissions into treatment, according to Behrenwald. Unfortunately, there is a lack of resources in Montcalm County, which requires more planning and collaboration within the community.

Next Monday, May 1 Part 4: 'Worth Putting Effort Into' With help from family, Belding pastor overcame serious opioid addiction

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