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State wants pilot drug program in Virginia Beach

By Gary A. Harki
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Honesty Liller had been drinking and taking pills all day when she decided to snort heroin at a house party.

Soon she lay on a bed in the throes of an overdose. Her lips turned blue. Dying breaths rattled her lungs.

At the party downstairs, no one wanted to call for help, for fear of alerting authorities. A friend she called before passing out showed up and dialed 911.

Emergency workers loaded Liller on a stretcher, put her in an ambulance and gave her naloxone – a drug that stops an opioid overdose.

“All of the sudden, I jumped out of the stretcher. They grabbed me and put me back down,” she said. “I was freezing cold, I was hot. ... It was like having the flu but a thousand times worse.”

About 16 years have passed since Liller’s overdose; she was 17 then. She has been sober since 2007 and now runs the McShin Foundation, a nonprofit recovery community organization.

She plans to train the families and friends of heroin users to give the same overdose antidote that once saved her life. Then they can save the lives of others.

Substance abuse workers have begun learning how to use naloxone under a pilot program approved by the General Assembly in 2013. It puts the antidote into the hands of people who might be there when a user overdoses.

“It’s about getting people trained, about getting this out on the street, about getting the number of overdose deaths down,” Jason Lowe, a program analyst with the state Department of Behavioral Health and Developmental Services, said at a training session Friday.

The number of heroin deaths has risen in Hampton Roads and over the state. There were 213 heroin deaths in Virginia in 2013, more than double the 101 deaths in 2011. Last year, 25 people died of heroin overdoses in Virginia Beach alone.

The pilot programs serve Richmond and the southwestern part of the state. Mellie Randall, director of the state Office of Substance Abuse Services, said she wants to start a pilot program in Virginia Beach.

A municipality must be part of a pilot program for friends and family to obtain

naloxone for use on someone else, she said.

“Nationally, there is a huge amount of interest in getting this drug into the hands of lay rescuers right now,” Randall said.

Administering naloxone is simple. First, the rescuer performs mouth-to-mouth resuscitation to ensure the overdose victim receives air. Then, the rescuer inserts the tip of the device into the user’s nose and sprays half the antidote in one nostril, half in the other.

As the drug enters the bloodstream through the nasal passages, it knocks the heroin or other opioid off the body’s opioid receptors – essentially shaking an overdose victim loose of the drug.

Liller said she plans to train the families of heroin addicts soon. Those families want to see their loved ones stop using drugs. Naloxone could keep a user alive to conquer the addiction.

“I wasn’t ready to get off heroin at 17,” Liller said. “There’s a whole process of recovery.”

She’s also hoping, she said, to go to fewer funerals.

“The people getting hooked are getting younger and younger,” she said.

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