

Overdose: A National Crisis Taking Root in Texas

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Overdose deaths are an emerging public health epidemic. Nationwide, they more than doubled between 2000 and 2006. More people died in the U.S. from overdose in 2006 than from HIV/AIDS or homicide. Significant federal funding is directed toward preventing HIV/AIDS and homicide, but virtually no federal dollars are designated for overdose prevention.

The overdose crisis in Texas is startling. Between 1999 and 2007, overdose deaths in Texas increased by more than two and a half times. Government officials and the public have largely ignored this hidden crisis.

Scale and Urgency of the National Crisis

Nationally, accidental drug overdose – from both legal and illegal drugs – now ranks second only to auto collisions among leading causes of accidental death in the United States, having surpassed deaths due to firearms in 2005. In 2006, the last year for which national data is available, over 26,000 people died from accidental overdose. Government officials and the public have largely ignored this hidden crisis, and this inaction results in tens of thousands of preventable deaths every year.

Overdose is second only to motor-vehicle accidents as a leading cause of injury-related death in the U.S.¹ And in sixteen states, overdose leads car crashes as the leading cause of accidental death.² Data from the Centers for Disease Control and Prevention (CDC) showed that, for the first time, in 2005:

- More people aged 35 to 54 died of drug overdoses than in motor-vehicle accidents.³
- Drug overdose became the number two injury-related killer among young adults ages 15-34.⁴
- Among adults ages 35-54, overdose is the number one injury-related cause of death, and among young adults ages 15-34 it is number two.

Texas Hit Hard by Overdose Epidemic

This serious but largely overlooked national crisis has taken root in Texas – and the numbers are startling. Between 1999 and 2007, overdose deaths increased by more than 150 percent.⁵

Statewide, accidental poisoning (most commonly due to drug overdose) is the third-leading cause of injury-related death in Texas, behind car crashes and suicide.⁶ While a majority of these poisoning victims are middle age adults or older (ages 35-54), almost one-third (31.4%) were either youth or young adults (ages 15-34).⁷

Overdose affects every community in Texas, but some cities and counties have been particularly hard hit. For instance, in 2007 more people died from accidental overdose in Houston than from car crashes. Legal prescription opioid drugs such as oxycodone and hydrocodone were identified in 50% of all accidental overdose deaths between 2005 and 2009 in Houston, claiming more lives than all illegal drugs combined. When heroin is included, the percent of deaths involving all types of opiates rises to 56%.⁸ These figures mean

that over half of all accidental overdose deaths in Houston in the past five years could have been prevented if the overdose reversal medication naloxone, coupled with overdose prevention education, had been available to people at risk of an opiate overdose and their loved ones. The city of Austin, has also seen an alarming increase in overdose deaths in recent years.⁹

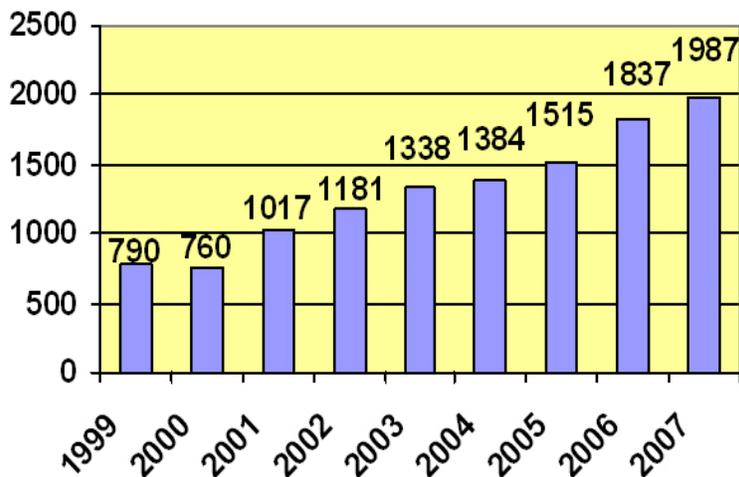
In the Dallas area, media reports indicate that overdoses from a mixture of heroin and Tylenol PM®, known by the street name “cheese”, have increased.¹⁰ According to the *Dallas Morning News*’ analysis of Dallas County medical records, this heroin mixture has claimed the lives of at least 30 people age 18 or younger in the county since 2005.¹¹ Still, prescription opiates are the major driver of the overdose epidemic in Dallas, as elsewhere in the state.¹²

The scope of the crisis in Fort Worth prompted one local commentator to remark, “The Tarrant County medical examiner’s office reports that 161 county residents died in 2008 because of the overuse of illegal and prescription drugs. More than 85 percent of these deaths were listed as accidental, which means they were unintended and preventable.”¹³

To varying degrees, however, these communities all face the same crisis – with the same solutions.

Moreover, these statistics almost certainly under-represent the problem. Data collection and reporting practices are insufficient in most jurisdictions, creating a lack of information necessary to quickly and accurately identify and combat trends in overdose incidents and related fatalities.

State Of Texas: Unintentional Overdose Deaths



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Standards for reporting an overdose vary from state-to-state. Death certificates list drugs that are coded by state scientists into broad categories, such as “narcotics” and “sedatives.” Some overdose deaths are improperly coded or missed altogether. Details such as identification of specific drugs and place of death are usually not transmitted from the county level to the state epidemiology office and CDC.¹⁴ Budget constraints are creating serious reporting gaps of injury-related death surveillance capacity in many states.¹⁵

But the true impact of the overdose crisis is felt by the families of its victims, like the parents of Sarah Aviles, who died of an overdose of heroin and cocaine in 2009, two months before her 18th birthday;¹⁶ or 15-year-old Marisol Prado, who relapsed and overdosed within days of Aviles;¹⁷ or Andrew Dillon Young, a Frisco 16-year-old who died of a heroin overdose in October 2009;¹⁸ or Jacob Stiles, a 20-year-old sophomore at Southern Methodist University (SMU), found dead from an overdose in his fraternity house in 2006;¹⁹ or his schoolmate, 21-year-old SMU sophomore Joseph Hunter Green, who was discovered dead in his dorm from an overdose of prescription medications and alcohol.²⁰

"You never get over it," said Tina Nelson of Abilene, who lost her 24-year-old daughter Jennifer to an overdose in October of 2004. "There will always be an emptiness...This death affected me more than any other death -- it was totally unanticipated...caused me to re-evaluate every aspect of my life."²¹

Returning veterans in Texas and across the country are also falling victim to the overdose epidemic after coming home from tours of duty. Iraq war veterans Spc. Eric Georgevega, 30, of Austin was found dead on March 14 in San Antonio of an accidental drug overdose,²² and Sgt. Robert Nichols, 31, died as a result of “accidental mixed-drug intoxication”, according to the Brooke Army Medical Center.²³

Despite the severity of this epidemic, the steps the state has taken to date have been ineffective, and even counterproductive. Texas has largely focused on punitive measures, like prosecuting people who use drugs with someone that later overdoses, such as the case of Kristin Metz, a 29-year-old woman sentenced to 10 years for injecting her best friend with heroin, at the friend’s request.²⁴

Instead, the state and federal governments should adopt a comprehensive, health-centered approach, as outlined below, to prevent overdoses and reduce the likelihood of fatality if they occur.

Recommendations: What Can We Do to Reduce Overdose Deaths?

Pass the Drug Overdose Reduction Act

U.S. House Representative Donna F. Edwards (D-MD) has introduced legislation (H.R. 2855) that would direct federal agencies responsible for public health and reducing drug-related harms to take action to reduce overdose deaths. The Drug Overdose Reduction Act will:

- Support new and existing overdose prevention programs in communities across the country through the creation of a grants program, making federal dollars available for overdose recognition and response trainings, the distribution of naloxone and other overdose prevention activities.
- Improve the government's ability to monitor and report trends in overdose deaths, enabling public health officials and professionals to warn the public about emerging overdose threats.
- Direct the Centers for Disease Control and Prevention to create a national strategy for reducing overdose deaths and direct the National Institute on Drug Abuse to conduct research on new and existing overdose prevention methods.

Expand Programs to Reverse Opiate Overdose

Naloxone, or *Narcan*, is a life saving tool used to reverse opiate-based drug overdoses. Naloxone has been FDA-approved since 1971, and presents no potential for abuse as it has no pharmacological effect; it also has no effect if it is taken by a person that does not have opiates in their system. It needs to be made more readily available to those who may be in a position to respond to an overdose.

- Drugs that can be reversed include heroin, Oxycontin, methadone, vicodin, percocet, fentanyl, and morphine. Naloxone takes as little as two minutes to start working, and provides the brief but critical 30–90 minute window to call medical assistance during an overdose.

- Rescue methods also buy time and save lives. Training people, especially those at-risk of an overdose, as well as those who reside with, interact with or care for people at-risk for a drug overdose – such as family members, health care providers, spouses, law enforcement officers and correctional officers – will greatly increase the likelihood that a drug overdose won't become fatal.^{25,26}

- Increased access to naloxone and training in rescue methods are especially vital in rural areas, where emergency medical services may take longer to arrive. Rural communities throughout the country have seen a dramatic increase in prescription opiate overdoses in recent years.²⁷

Pass Medical Amnesty Laws

911 Good Samaritan Laws encourage people to call 911 by creating an exemption from arrest, charge or prosecution for possession of small amounts of drugs or alcohol when needing or calling for medical assistance in the event of an overdose. The policy prioritizes saving lives over arrests for minor drug or alcohol law violations. Such laws are essential because overdose fatalities often occur when peers delay or forego calling 911 out of fear of arrest or police involvement, which researchers identify as the most significant barrier to the ideal first response of calling emergency services²⁸.

Such legislation does not protect people from arrest for other offenses, such as selling or trafficking drugs. This policy protects only the caller and overdose victim from arrest and prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence.

Texas' neighbor, New Mexico, became the first state in the nation to adopt a life-saving Good Samaritan law in 2007.²⁹ Washington passed a Good Samaritan law in

2009 and several other states are considering similar legislation.

In fact, Good Samaritan policies for alcohol and/or other drugs are already saving lives at many of Texas's major universities, including the University of Texas at Austin³⁰, Rice University³¹, Baylor University³², Southern Methodist University³³, and Texas Christian University,³⁴ as well as nearly one hundred other college campuses nationwide.³⁵ SMU's decision to adopt a Good Samaritan policy for alcohol and other drugs was a direct response to the tragic overdose deaths of several students in recent years.³⁶ According to school officials, the policy appears to be working: students are less reluctant to call for help now that they do not face student conduct sanctions.³⁷

Such policies have proven effective in encouraging students to seek help in the event of an alcohol or drug overdose; in 2006, researchers found that Cornell University's Good Samaritan policy led twice as many students to call 911 in a drug or alcohol emergency, while substance use among students did not increase.³⁸ "Solving this problem requires a partnership among students, parents, institutions and the larger community," said SMU Vice President for Student Affairs Lori White.³⁹

Improve Government Overdose Data

Standards for investigating overdose deaths, recording details about the death, and determining the underlying cause of death vary from state-to-state. Important details such as identification of specific drugs involved in overdoses, place of death, age and gender are usually not transmitted from the county-level health department to the state epidemiology office and CDC. Budget constraints are creating serious injury-related death surveillance capacity gaps in many states.

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