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Representative Head and members of the Health and Human Services Committee,

Per the request made by Rep. Head to investigate and provide the committee with detailed information on reports of alleged “narcant parties” and “resurrection parties”, I have compiled an addendum to my testimony before the committee on April 28<sup>th</sup>, 2017 in support of LD 1326 “An Act to Reduce Morbidity and Mortality”. I hope this addendum provides additional clarity and sufficiently addresses the concerns raised by Rep. Head.

Naloxone has no psychoactive effects and the medication’s sole use is to temporarily dislodge opioids from the brain triggering the unpleasant experience of withdrawal <sup>(21)</sup>. Despite consistently voiced fears, there is a lack of empirical evidence supporting the hypothesis naloxone increases drug use. In fact, empirical evidence consistently demonstrates substance use remains stable <sup>(22, 26, 31)</sup> or decreases with increased availability of naloxone <sup>(23-25, 27)</sup>.

Dr. Alexander Y. Walley, a prominent addiction medicine specialist at Boston Medical Center provides a fitting contextualization of these research findings. He asserts claims that increased naloxone availability will encourage riskier drug use is comparable to arguing seatbelts inspire riskier driving <sup>(36)</sup>.

Our unscientific Google search of “narcant parties”, “resurrection parties”, and “Just Narc Me” produced a total of 17 results. These 17 results included 10 news reports <sup>(1-6, 9, 11, 12, 13)</sup>, three editorials <sup>(7-8, 15)</sup>, two Facebook posts <sup>(10, 14)</sup>, one news report on YouTube <sup>(16)</sup>, and one YouTube podcast <sup>(17)</sup>. More than half of these results (13) were generated from allegations made by five distinct law enforcement agencies. Notable commonalities among allegations of “narcant parties” or “resurrection parties” include:

- Uncorroborated allegations devoid of empirical data, specific case examples, or basic evidence.
- The claim “narcant parties” or “resurrection parties” represent a new trend as opposed to an indication that people who traditionally used opioids together now do so with the added protection of readily available naloxone.
- Naloxone is present at these gatherings to enable an overdose as opposed to respond in the most effective way possible if an overdose does occur.
- The claim that *one* fellow opioid users is designated to serve as a “wingman” charged with refraining from opioid use and providing naloxone to multiple intoxicated users if they overdose.



Despite the concern and alarm raised by various news reports, there was not a single verified instance of a “narcant party” or “resurrection party”. As of June 2014, nationwide 644 local programs in 30 states and Washington, D.C. recorded 26,453 overdose reversals<sup>(31)</sup>. Given the tens of thousands of overdose reversals, one would expect far more reports of “narcant” or “resurrection” “parties” if indeed these alleged incidents are a statistically significant trend especially given the high level of scrutiny leveled at people who use drugs<sup>(33,34,35)</sup>.

It is important to note people who use drugs have consistently used drugs in groups. For at least 2 decades and long before naloxone was distributed to users, news reports have documented physical sites where users gather to use heroin and other drugs<sup>(39)</sup>. In fact, using together is preferable because it maintains the possibility of a peer calling 911 in the event of an overdose<sup>(18)</sup>. Nevertheless, these sites and gatherings could be perceived as “parties” regardless of whether the intention of those present is to achieve a hedonistic outcome, cope with physical or emotional injuries, or stave off withdrawals.

The first report of “narcant parties” appears to come from allegations made by US District Attorney for North Dakota Chris Myers<sup>(12, 13, 16)</sup>. Mr. Myers claims “kids” in “opiate culture” “go out and party and always have a wingman”. A wingman is a fellow user who “wouldn’t be using that night and they would make sure that if somebody overdosed, they could inject them with Narcan, to hopefully save their life”. According to Mr. Myers- “ ‘Just Narc Me’ is something drug users who are about to overdose say to someone who is sober, asking them for a shot of Narcan.” Mr. Myers further claims a recent criminal case he prosecuted demonstrates his claim, but does offer any specifics to corroborate the allegation. Third party attempts to corroborate Mr. Myers allegations were unsuccessful<sup>(15)</sup>.

Mr. Myers statements appear to cast life-saving harm reduction strategies in a negative light as well as present unlikely, if not impossible, scenarios. Foremost, harm reduction and public health professionals routinely implore drug users “Do not use alone”. Using alone is highly dangerous because there is no one available to respond appropriately to an overdose by calling 911, administering naloxone, and using CPR<sup>(18)</sup>. Mr. Myers does identify a growing trend although he seems to misinterpret what this trend represents. People who traditionally used opioids together to increase safety now have an added, albeit imperfect, safeguard: naloxone.

Likewise, the criticism of supposed “wingmen” is misguided. Using in the company of a sober individual would be vastly safer than using in the company of intoxicated individuals. Importantly, Mr. Myers account does not indicate people are “chasing the ultimate high”, but rather seeking to reduce the likelihood of death “if” they overdose<sup>(12, 13, 16)</sup>. Rather than disturbed, we should be encouraged that research demonstrates between 85%-89% of drug users are willingly to provide naloxone to their peers during an overdose<sup>(28,29,30)</sup>.

The claim users casually say the statement “Just Narc Me” prior to overdosing deserves particular scrutiny. One should question how an individual on the verge of an overdose would be a). Capable of predicting their imminent overdose in the fugue of intoxication b). Conscious enough to be coherent. Contrast the purported casualness of saying “Just Narc Me” with actual first-hand accounts of opioid overdose reversal from survivors.

"Coming 'round is horrible. I guess it feels like being a rabbit caught in the spotlights. You have no idea what's going on;...You are disorientated, confused, weak, and very scared. You just want to sink back into the protective wraparound the heroin brings; you want everything and everyone to just go away. Every piece of you wants to get up and run, and just keep going, but there's no energy, nothing—total disassociation from reality, with everything around you playing out like a shit reality show in which you're the unwilling star with nowhere to hide " <sup>(37)</sup>.

“It hurts, it hurts bad,...You wake right up, but you feel real bad. You sick now. Maybe the next day you can get better” <sup>(19)</sup>.

“You could do 30 bags and you’re not going to feel nothing for hours” <sup>(19)</sup>.

These accounts are reflective of published studies that have documented that naloxone makes withdrawal “symptoms...more intense”. Moreover, “people who use opioids and who have experienced the acute withdrawal effects that accompany naloxone consistently deny that they are more comfortable using heroin frequently or in higher doses because of naloxone availability” <sup>(20)</sup>.

The distress of having to save another’s life should not be understated either. Based on research drawn from interviews with opioid users, Andrew McAuley, a senior epidemiologist at Health Protection Scotland reflects “To fellow heroin users, some of whom will still be high from their own hit, rescuing your injecting friend is often a harrowing experience. As with anyone suddenly called on to save the life of someone dying in front of their eyes, they told him their overriding emotions were panic and fear” <sup>(19)</sup>.

Three the news reports of “narcant parties” were based on allegations made by Chief Jack Soberick of Lansford, Pennsylvania <sup>(1-3)</sup>. Notably, what appears to be the original article from which the additional reports were generated indicated “They (the police department) *believe* (emphasis mine) people are taking part in Narcant parties”. The report goes on to state, “The police chief said the heroin problem has actually plateaued and the major issue is crystal meth in Lansford.” <sup>(2)</sup> This seems to indicate even if Chief Soberick’s *belief* is founded the use of naloxone has not correspond with an increase in new users.

Two other new reports referencing so called “narcan parties” come from Pennsylvania as well <sup>(9, 11)</sup>. One report includes claims made by Lancaster County District Attorney that naloxone availability has produced a “liberalization”, “fearlessness”, and users more willingly to take “more risks”. The District Attorney offers no data or specific case(s) to support these claims. The additional news article includes two quotes from Pennsylvania state legislators “kids are having opioid parties with no fear of overdose,” and “I can tell you, drug dealers are throwing Narcan parties”. Again these claims are not supported by any data, specific case(s), or particular example(s).

Another three news reports and one related Facebook Post come from Ohio specifically Bath Township and Toledo <sup>(4-6)</sup>. One report raises alarm that alleged “resurrection parties” are occurring. No data or specific case(s) are offered in the report which notes “Bath Police have not been called out to any of these ‘resurrection parties’ ”. In the second report, an Ohio treatment provider Matt Rizzo responds to “reports” of “narc parties”, “resurrection parties”, or “whatever they are calling them.” The third report consists of two one line paragraphs. Again these claims include no specific data, case(s), or example(s).

To summarize, reports of “narcan parties” and “resurrection parties” are sparse, uncorroborated by data, specific cases, or even verifiable evidence. Significantly, one claim often produces two or more news reports giving the impression the allegations are more widespread than a claims made by a handful of individuals. Further, these reports stand in stark contrast to the body of available peer-reviewed research that naloxone availability does not increase high-risk opioid use. In all likelihood, the reports are based on a misunderstanding or misrepresentation of the widely accepted harm reduction strategies of using opioids with others and with the added safeguard of live-saving naloxone.

As a community, Maine certainly has major challenges to overcome before reversing the opioid crisis. Heath and I are happy to make ourselves available to provide more detailed research to inform the hard work ahead. Our contact information is below.

In closing, I want to thank Rep. Head and the members of the committee and the legislature at large for raising important questions, critically examining the information brought before them, and doing the hard work of crafting public policy aimed at preserving human life in the face of this drug crisis.

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