Centre County's Silent Killer: The Heroin and Opioid Crisis

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INTRODUCTION

Heroin and opioid abuse is a widespread problem that has plagued the United States in recent years, increasing in scope to affect people in all economic brackets and locations. Opioid overdose was the leading cause of drug-related deaths in 2015 killing over 20,000 people. Deaths caused by heroin do not fall far behind that figure, as just under 13,000 people were killed in 2015 from overdosing (American Society of Addiction Medicine). These numbers have continued to rise in recent years and Centre County is not exempt from this national trend. In fact, according to state officials, this county has seen 34 deaths from overdoses between 2014 and 2015 (StateCollege.com). Over the past few years, the rate of heroin and opioid use has dramatically increased as opioids have climbed to the top of the drug food chain. With this rise in illicit drug use, conversations on how to combat the problem in Centre County continues to be a top priority for most members of the community.

To understand how this issue is prevalent specifically within Centre County, it is important to know exactly who this issue affects most. In the late 60's and early 70's heroin use was most commonly used by young men living in more impoverished urban areas. However, today, those who are primarily grappling with heroin and opioid addiction are white men and women in their 20's that live in larger suburban counties. Within the last decade there has been a shift of drug use from minorities to white individuals, who composed nearly 90% of all heroin addicts in 2014. There has also been a shift in the proportions of addicts of each gender; men had made up almost 80% of heroin users since its outbreak in 1960's, but since 2010 this number has evened out, with men and women making up about equal percentages of heroin users (LiveScience).

In order to address this problem head-on, we, as members of the Centre County community, need to distinguish a way for addiction to be less stigmatized in the proceeding years. To develop progress on this topic, we need to make clear that the laws under which drug use operates begin to get recognition for the heroin and opioid addiction. Meaning, that these addictions need to be seen by non-affected individuals as a mental disease rather than a character flaw or poor life choice. The three approaches: education awareness, law enforcement, and harm reduction choose to outline and elucidate some potential options in which the heroin and opioid epidemic here in Centre County could experience an upturn of events.

The first approach at hand provides a means to combat the rising addict rates with proactive progress in Centre County by ensuring all ages receive education on the opioid crisis. Intensive education, and research on which methods of education best conveys the information, is essential to ensuring we all understand the severity of addiction and how to avoid the substances at all costs. This approach focuses on students who are still in school, but also hopes to educate medical staff and personnel in order to ensure they prescribe correct doses to all patients. This path primarily would help to prevent narcotic addictions, but also prevent addicts from being supported by local hospitals. Different methods of education are currently being implemented through drug-abuse education programs including CASASTART and DARE, which center their attention on Middle and High School populations. When educating the general public, it is also important to close the gap of knowledge between children and parents, giving them both the material needed to have honest discussions about drug use rather than leaving the matter up to children's' curiosity.

The second approach discussed in this deliberation pertains to the challenges of legal enforcement of the heroin and opioid crisis with focus in Centre County. To witness change within the community, it can be stated that a decrease in volume of drugs scrambling into the hands of suppliers and dealers is essential. This approach differs from the other two by focusing on both the proactive and reactive legal and social aspects of the heroin and opioid system. Recently, law enforcement agencies are understanding that placing addicts in prisons does not actually help the problem because once those addicts have fulfilled their sentencing, they are just as likely to continue heroin and opioid use (ACLU). Thus, within many cities changes are being

made where addicts are placed in specialized programs, such as LEAD which is mental health program that allows the drug users to remain out of jail and keep a clean record. When law enforcers have better relationships with the community, those who are suffering from addiction are more likely to trust the police and call in overdoses.

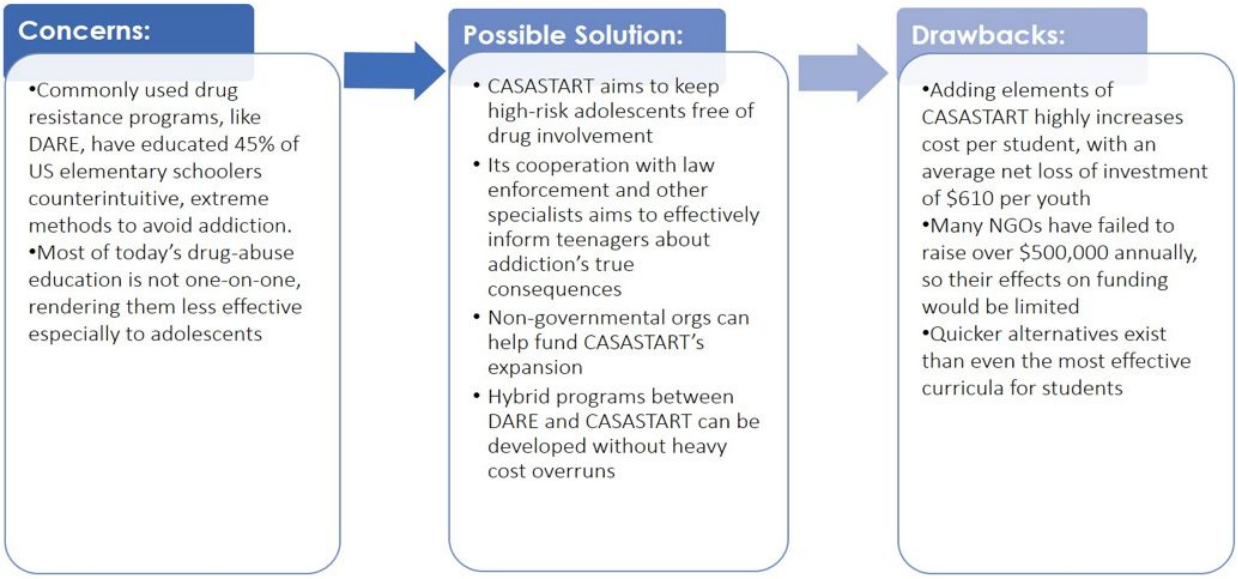
The third approach that we will offer as a means for resolving the heroin and opioid addiction problem in Centre County is harm reduction and medication therapy. This approach advocates for specialized facilities providing addicts with access to narcotic analgesics, which are drugs which mimic the effects of heroin in order to satisfy the addict's craving while being a safer, legal alternative. Addicts shift from heroin to these alternative drugs in a controlled environment, and while they complete these medication therapies they are provided opportunities to pursue treatment to ultimately end their addiction. The rationale is that by providing addicts a legal way to satisfy their cravings without continuing their heroin use, communities will be safer, have fewer overdose deaths, and protect addicts from the elevated risks of using street drugs, which lack the quality control of their clinically administered alternatives.

Through this deliberative framework, we aim to highlight the multiple dimensions of the problem and to present several options for moving forward. The options presented below are rooted in concern for the community and offer a unique approach for constructive action, but each course of action has its respective drawbacks and limitations. By critically examining our position concerning such a critical topic and the issues and lives at stake, we can facilitate a deliberative public forum in which community members can voice concern and work towards shared understanding and action.

APPROACH 1: CONCERNS WITH EDUCATION

A lack of education is a key contributor to the widespread addiction throughout American society. From coast to coast, widespread consumption of such drugs like opioids and heroin regularly occurs without consideration on their harmful effects. Even in Centre County 34.5% of the youth have stated that they "took prescription drugs from a family member living in my home" in the Pennsylvania Commission on Crime and Delinquency's *2015 Pennsylvania Youth Survey*.

===GRADE SCHOOLS===



The K-12 education system currently fails to significantly dampen possible introductions to mass consumption of such pain-killing drugs. However, it is important to note that drug education programs have had prominence for generations. For instance, the single curriculum DARE (Drug Abuse Resistance Education) had garnered utilization by 45% of US elementary schools in 2008 (Time Magazine). But this staggeringly high proportion of children were taught to "just say no," an extreme practice coined by Nancy Reagan bound to have counterintuitive effects. According to the US Justice Department, the DARE curriculum has a "limited to essentially nonexistent effect on drug abuse," and has been deemed ineffective. In fact, a study in Pennsylvania, by the Research Triangle Institute in 2016, shows that students participating in DARE have actually increased drug usage by a shocking 29% (Cook).

Truthfully, DARE's lecture-style system is a byproduct of the growing American trend of increasing class sizes, forcing its message to be steadfast and inflexible to individual backgrounds. Such messages, in DARE's system, are often given by local law enforcement, an authority often welcomed by elementary schoolers, but harder for adolescents to welcome. Psychologist William Colson has gone so far to say that "as [students] get a little older, they become very curious about these drugs they've learned about from police officers" (Live Science).

Competitors have certainly found opportunity to benefit from DARE's fallacies. Notably, CASASTART, a Colorado-based upstart program, aims to keep high-risk adolescents free of drug involvement. Through its initiative, key stakeholders such as schools, law enforcement, social agencies, and other preventive services are paired up one-on-one with at-risk pupils, aiming to build resiliency in children and make neighborhoods safer for families. Participants are offered after-school and summer youth development activities where they conduct case meetings with local law enforcement and are matched one-on-one with an expert in the field. Importantly, its direct, flexible method of conveying messages could especially help adolescents develop closer connections to experts in the field, and can more effectively inform teenagers about the true consequences of addiction.

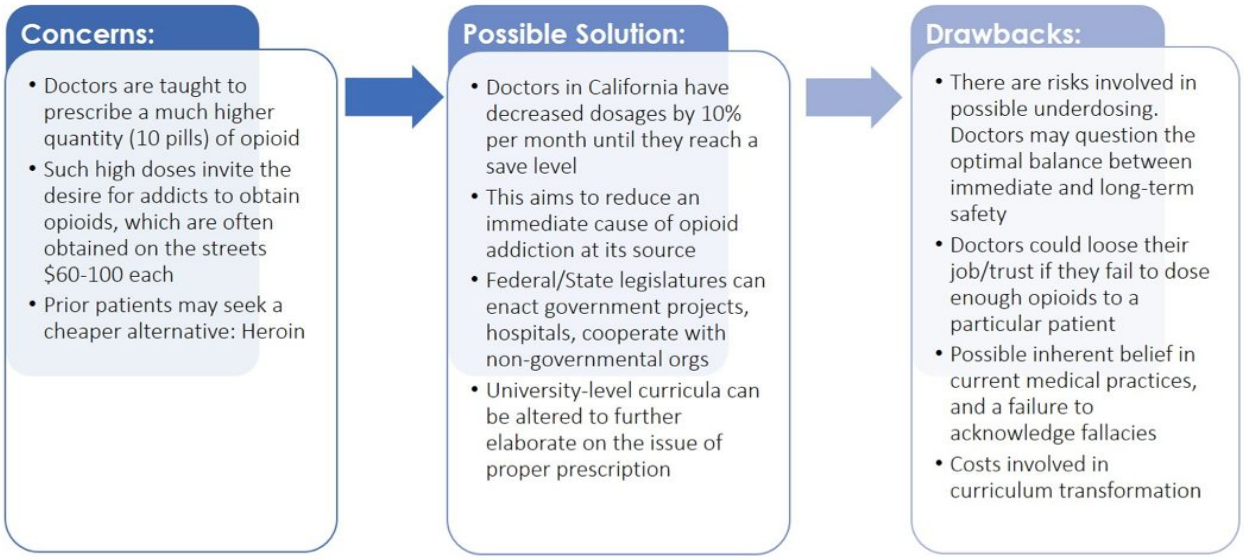
However, while CASASTART is effective, its lowered student to mentor/teacher ratio has severely limited its widespread adoption (and expansion of similarly-constructed programs),

due to increased costs over traditional lecture-style curricula. According to a 2013 study by the Washington Institute for Public Policy, the CASASTART had an average negative return on investment of $610 per youth (Military Family Readiness). Similarly developed programs may have a positive return on investment, but are nonetheless more expensive to operate than the lecture-based curricula of DARE-type programs.

Non-governmental organizations, such as the Drug Free America Foundation, can certainly raise a sizable amount of funds to pay for the adoption of tutorial-based systems like CASASTART. However, due to a lack of public knowledge about such NGOs, most have failed to raise over $500,000 annually the past five years (SourceWatch). Ultimately, then, tax dollars are required to fund a curriculum transition, to enable state legislatures to more readily enact such policy. Even if such an enactment *does* occur, it is important to note that CASASTART's current membership of 560 students pales in comparison to the more established programs like DARE, so any early successes may not last as its scale grows.

Local high schools have sought to find a balance between programs like DARE and CASASTART. State College High School utilizes a hybrid between the two curricula. The school's *Straight Talk* initiative gives twice-monthly presentations on drugs and addiction, given from a wide range of stakeholders, similar to those in CASASTART, but conveys its message in a more lecture-based manner, a la DARE. Both Penns Valley and Bald Eagle High Schools have monthly assemblies in which speakers deliver a story on personal experiences with addiction. On the other hand, Bellefonte High School utilizes a School Resource Officer (SRO) to discuss one-on-one with at-risk students and teenage addicts through case studies, but its reach to the high school's student body is limited. Clearly, it is difficult to reach an equilibrium that satisfies all needs, and the lecture-heavy programs of most local schools still have a lot to be desired in terms of developing one-on-one relationships.

===PROFESSIONAL SECTOR===



This prevalent issue of opioid and heroin addiction can also be fixed by the education of medical professionals. Currently, commonplace practice involves overprescription of opioid use. For example, there have been cases in which patients were given dozens of pills for symptoms resolvable by small opioid use and moderate aspirin use (Cook). Between 1991 and 2013, opioid prescriptions escalated from approximately 76 million to 207 million (Volkow, Nora D.) Also, the United States is the biggest global consumer of these drugs, purchasing almost 100% of all Vicodin and 81% of Percocet. This ubiquity of available medication paves the way for individuals to develop a dependency on the prescribed opioids. When these pharmaceuticals are no longer obtainable lawfully, they may be obtained illegally on the street for exorbitant amounts of money, sometimes up to $60-$100 per pill (Cook). Over time, they seek the cheaper alternative: Heroin.

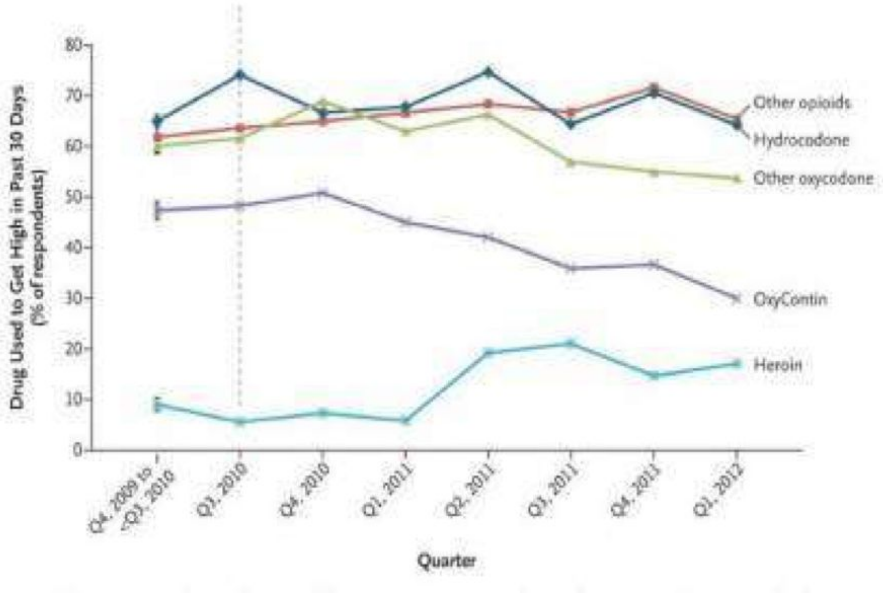


Figure 1. The proportion of respondents using certain opioids and heroin to get high

As illustrated in Figure 1, the use of heroin has risen with the decline of opioid use[1] (Volkow, Nora D.). Though not an infallible connection, this correlation is indicative of patients' transition from prescribed medication to unregulated, fraudulent medication. Doctors, nurses, etc. must attend courses on prescribing medication prior to their graduation from medical school (Cook). While some may believe this negates the aforementioned concerns of the community on the education of medical professionals, the courses they attend do not discuss the topic of addiction. Therefore, the lack of information presented to doctors regarding the proper medication amounts of opioids has corroborated the transition from prescription medication to illegal heroin.

The health maintenance organization Kaiser Permanente of Southern California and the insurance company Blue Shield have recognized the implications of overprescribing opioids, and have thusly decreased dosages by 10% per month (Plevin). Applying the proposed link between prescription addiction and heroin addiction, similar practices could be established, as state and local legislatures could potentially enact policies requiring the conservative dispersal of opioid medication. Rather than rely on a systematic alteration of medical firm guidelines, the education framing the practices of each individual doctor could be adjusted to account for the issue of

addiction. This would be attained by adjustments to university-level curricula. To that end, the American Medical Association is a primary contributor to standardized curricula requirements. As such, the AMA must acknowledge the fallacies of current higher education courses and implement changes pertinent to the inclusion of opioid prescription addictive impacts.

Doctors are the most likely group to express displeasure towards this measure. After years of interminable education, practice, and research, professionals may have developed an inherent trust in their methods of treatment. Therefore, educating these doctors may cut into the value they place in their initial education. In addition, measures to lower the prescription dosage of opioids reintroduces a dilemma. Would doctors allocate less medication and neglect the needs of patients wrought with pain, or maintain the status quo and neglect the needs of those made addicted to opioids? If patients were to die as a result of lowered medication dosages, the doctor's credibility and job could potentially be in jeopardy. Therefore, some medical professionals will inevitably promote the status quo, a system of practices that ensures future employment.

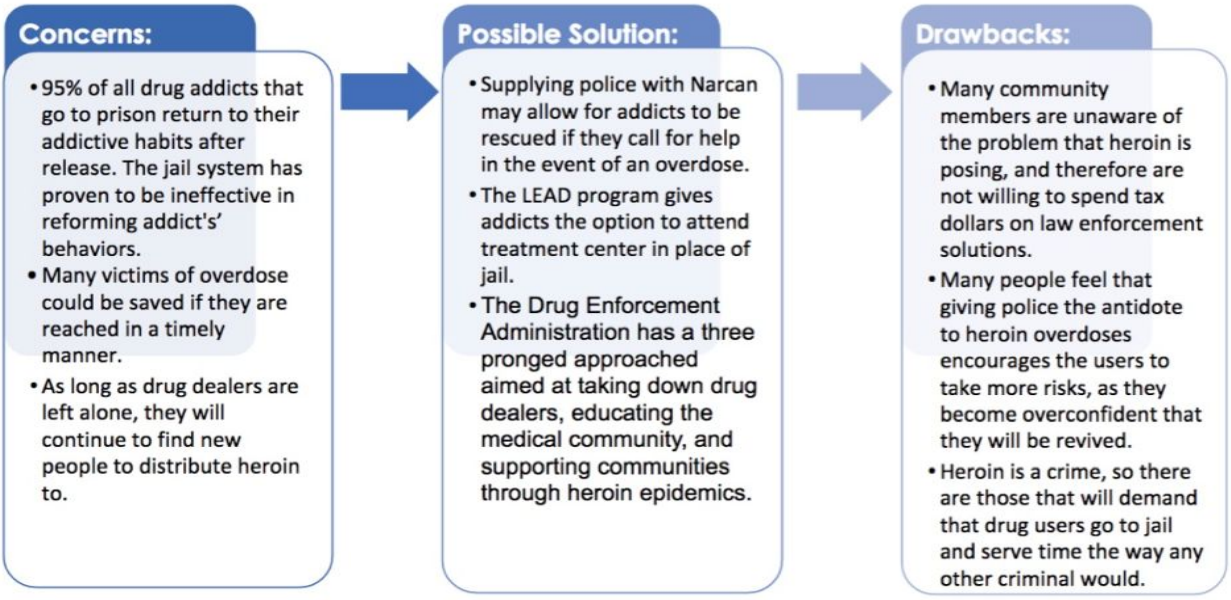
===DISCUSSION QUESTIONS===

1. What are your experiences with elementary school drug-resistance programs, and what would you change to better prepare students on the effects of addiction?

2. Programs like CASASTART are undeniably difficult to implement on a broad scale. Could a flexible system prove to be an effective middle-ground? Discuss possible middle-grounds.

3. A doctor's primary responsibility is to keep society safe. Is short-term or long-term safety more effective to our society? Are there any possibilities of finding common ground between these two objectives?

APPROACH 2: LAW ENFORCEMENT



Rural parts of Pennsylvania, including Centre County, have been greatly affected by heroin use in recent years. Based on research from the OAG's Anthony Sassano, heroin that would usually be sold for about $5 in Pittsburgh or Philadelphia can be sold for $20 in Centre County because of the extraordinary demand (Falce, Lori). However, the community has been taking a stand. There have been recent efforts attempting to create a drug court to help those with addictions as opposed to simply putting them in jail (Falce, Lori). Drug courts are used after a drug user has been arrested and convicted of crime, combining the elements of criminal law with outreach programs (What are Drug Courts?). In addition, combating addiction cannot be entirely effective until the supply from dealers is cut off, which is no easy task. This differs from other proposed solutions to the heroin epidemic because instead of helping those that are addicts, the law enforcement strategy focuses on the drug dealers and suppliers. Their unique ability to influence treatment of addicts while also infiltrating the supply line and enforcing narcotic dosages in medical settings makes law enforcement a very powerful tool in combating the heroin epidemic (Wexler, Chuck).

One main problem with law enforcement and the policing of drugs is a lack of trust in the officers or the system (Wexler, Chuck). There is no clear way to solve the heroin and opioid issue, and in the past, the handling of this issue has mainly involved long jail sentences.

However, changing the way law enforcement handles drug users is a good place to start. As research begins to point out that addiction is more like a disease than a character flaw, law enforcement is increasingly able to help drug users as opposed to just placing them in a jail, an approach which is increasingly shown to be ineffective and decreases trust in the ability of police officers (Yates, Sally Quillian). There is more and more research that shows placing drug users in jail does not solve the drug problem. According to a study done by the National Association of Drug Professionals, 95% of all drug addicts that go to prison return to drug abuse after release ("Drugs and Crime in America."). Therefore, society needs to find a new way to approach the handling of drugs and drug users.

Strong relationships between police officers and citizens also becomes important in preventing deaths from heroin overdoses through the Good Samaritan law. The Good Samaritan law states that if a person calls the police because their family member or friend is overdosing, they cannot be charged with any crime, regardless of their status (Wexler, Chuck). This law only works if the members of the community trust the police to follow this law, and therefore a healthy police-community relationship can add yet another path to lives being saved. It is important to note, however, that citizens must be aware of the Good Samaritan law before they can even consider putting it to use (Wexler, Chuck).

This trust has more ramifications; if the police are called in a timely manner, they are better equipped to help. State College has just recently joined a growing trend of supplying each police officer with Narcan (Ahmed, Jalelah). Narcan is a life-saving medicine that police officers can give to people who are overdosing. The medicine has been known to bring addicts back from the brink of death if it administered quickly enough (Yates, Sally Quillian). This strategy that encourages addict outreach to police is also being done in major metropolitan areas such as New York City (Wexler, Chuck). Many people argue that arming police officers with Narcan makes addicts feel safer to overdose, as they become overconfident that they will be saved even if they reach a near-death point. However, there has been no conclusive research that shows a correlation (Yates, Sally Quillian).

Some areas like Seattle and Albany are implementing programs that keep users out of jail while allowing police to focus on catching dealers (Wexler, Chuck). At the simplest level, if the

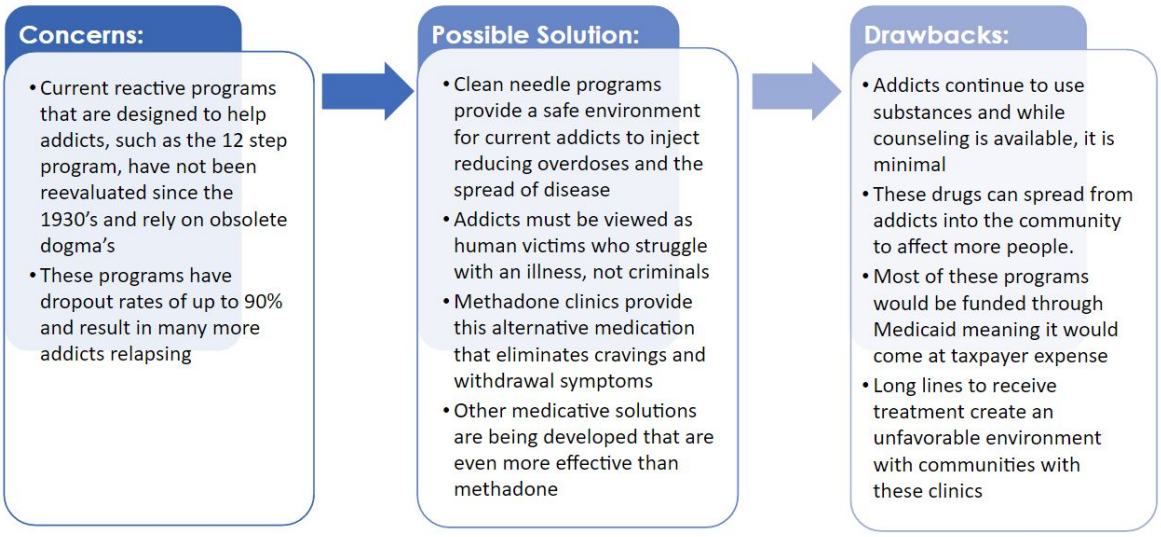
drug users are caught using drugs or in possession of drugs, they are given the option to enter LEAD, a program that allows the drug users to stay out of jail and not have a record. If they accept to enter the LEAD program, then instead of jail the drug user is immediately taken to a mental health services facility (Wexler, Chuck). The major distinction between LEAD and drug courts is that the LEAD program starts (if it is the chosen option) immediately after an arrest, whereas a drug offender does not go to drug court until they are found to be eligible and have already been booked by police (Wexler, Chuck). Many police stations are adopting these types of programs, also referred to as pre-booking diversion plans. With the introduction of these methods, drug addicts have time to focus on improving their lives rather than sitting in the prison systems (Wexler, Chuck).

At a national level, The Drug Enforcement Administration (DEA) developed a new way to combat the heroin and opioid crisis called the 360 Strategy ("DEA Announces "360 Strategy" in Manchester To Address Fentanyl, Heroin, Prescription Drugs and Violent Crime."). Usually, this approach utilizes three steps to combat the heroin epidemic. First, they establish coordinated Law Enforcement actions against drug cartels and traffickers that are supplying heroin that makes its way into communities. This basically means that the police stations focus their efforts on taking down dealers and relentlessly strive to take down their operations ("DEA Announces "360 Strategy" in Manchester To Address Fentanyl, Heroin, Prescription Drugs and Violent Crime."). Next, the DEA coordinates with drug manufacturers and pharmacies to increase awareness of the prescription drug and related heroin problem, and to push for responsible prescribing and use of these medications. Finally, they encourage communities to overcome the heroin epidemic and prevent its return by creating community outreach programs through local partnerships. This program was initially rolled out in Pittsburgh in 2015, and has since spread to many other locations throughout the United States ("DEA Announces "360 Strategy" in Manchester To Address Fentanyl, Heroin, Prescription Drugs and Violent Crime.").

Even if addicts are treated, to entirely eliminate heroin from a community, the supplier and dealer must be located. In Virginia, when police are informed of a heroin overdose that results in death, they treat the case as a homicide (Wilber, Del Quentin). Most heroin overdoses are results of a “bad batch” of heroin that is distributed from a local dealer. For this reason,

overdoses tend to happen in waves. So, when the first overdose occurs in a location, they immediately track down the dealer, as it is imperative to locate the source of the bad "batch" of heroin and prevent any further distribution, while also removing a dealer from the streets (Wilber, Del Quentin).

Programs such as LEAD and tools such as Narcan often come with pushback from the community. For one, many citizens do not wish to pay their tax dollars towards heroin programs due to the public perception of addiction. However, these programs do a lot in the way of stopping the heroin epidemic as well as building a trust between the community and the police, which is especially important in modern America. The split reception of these programs has made them incredibly divisive, which is the reason that we have yet to see large scale implementation of such tactics as of yet.



===DISCUSSION QUESTIONS===

1. Would you be willing to put your tax dollars towards any of these possible solutions?

2. Would having any of these programs/solutions affect your feeling of safety within the community?

3. What is the proper balance of upholding the law while also taking care of community members in need?

APPROACH 3: HAR

- Clean needle programs provide a safe environment for current addicts to inject reducing overdoses and the spread of disease
- Addicts must be viewed as human victims who struggle with an illness, not criminals
- Methadone clinics provide this alternative medication that eliminates cravings and withdrawal symptoms
- Other medicative solutions are being developed that are even more effective than methadone

- Addicts continue to use substances and while counseling is available, it is minimal
- These drugs can spread from addicts into the community to affect more people.
- Most of these programs would be funded through Medicaid meaning it would come at taxpayer expense
- Long lines to receive treatment create an unfavorable environment with communities with these clinics
- Current reactive programs that are designed to help addicts, such as the 12 step program, have not been reevaluated since the 1930's and rely on obsolete dogma's
- These programs have dropout rates of up to 90% and result in many more addicts relapsing

M REDUCTION

For those who have already become addicted to heroin, preventative measures such as stricter enforcement and education, will do little to help them and protect the community. Traditionally, addicts are prescribed a 12-step program, which parallels that of the AA 12-step program. Unfortunately, this method is extremely ineffective, with dropout rates of up to 90%

(Mann). To treat these citizens requires a separate approach known as harm reduction. Harm reduction is a way to reduce negative consequences associated with drug usage, in this case heroin, which accounts for 34% of drug related deaths alone in Centre County (PCA).

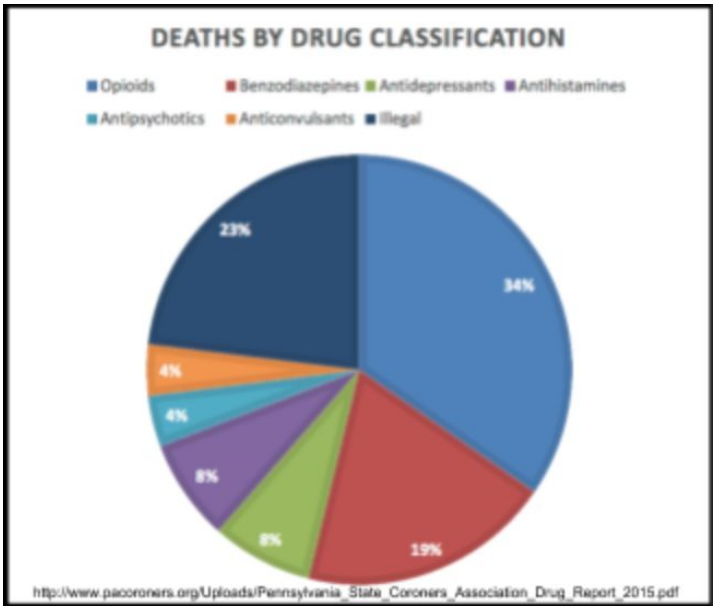


Figure 2. Proportion of overdose fatalities caused by certain drug classifications

Harm reduction can be seen as a social justice movement in which we avoid treating drug users as criminals, but rather as addicts that suffer from the disease. Harm reduction accepts that people are going to use drugs. Instead of judging them, it chooses to assist by providing them with heroin in a safe environment. This includes providing clean needles, courses of optional treatment, or preventing overdose death by providing information on how to save those who overdose. Additionally, it provides medicative therapy, which focuses providing pharmaceutical treatments that help to stabilize addicts. Both of these methods have found to be extremely effective when implemented properly for current addicts. However, due to misunderstanding of the program's focus has made it extremely difficult to bring these programs into existence.

This approach focuses on the humanity of drug users and ways to help them use drugs safely while also providing treatment if needed. It is very important to remember that these addicts are humans and deserve care and help. Addiction is a brain disorder in which the

individual engages in compulsive behavior that offers satisfaction despite consequences. It is a moral obligation as citizens to help those in need much like helping the impoverished or homeless. This approach focuses on improving addicts well-being and has shown to be effective at reducing deaths and infections (HIV, blood borne diseases, etc) caused by drug use. In addition, this approach offers treatments to drug users that have been approved by former and current drug users. Methadone is an opioid medication that has been very successful in moving heroin addicts off of heroin. It has specifically has shown to have high retention rates and low substance abuse. A Drug Abuse Treatment Outcomes Study by the National Institute on Drug Abuse (Lesher) found that methadone treatment reduced participants' heroin use by 70%, reduced criminal activity by 57%, and increased full-time employment by 24%. It also reduces deaths—the median death rate of opiate-dependent individuals in treatment is 30 percent of the rate of those not in treatment. Increasing full-time employment is so important when it comes to this approach because one of the main goals is helping these people get their lives back. In addition to improving life we would see a decrease in overdose deaths in the places that adopt these policies of harm reduction.

There will be opponents of this approach say that methadone is just trading one addiction for another. There is a misunderstanding that harm reduction makes it "okay" for people to use drugs. People often misinterpret this specific solution because it appears that this approach attempts to fix a drug problem with another drug problem. This seems like harm reduction does not actually focus on reducing or eliminating drug use but rather allows for drug us. There are understandable legal and moral objections to this approach because the use of heroin and other drugs is still "illegal" and society should not be promoting drug use. However, these are human beings who need real help to end their heroin use. There is a possibility of addicts abusing these new drugs which also poses a problem. However, the clinics are established as a way to prevent overuse of these new drugs because people can simply come in and get their dose for the day. The implementation of clinics to allocate these drugs might cause resistance within the community because community members do not want to see addicts lined up on the street. In addition, payment for these alternative drugs will most likely come from taxpayers in the form of Medacaid. This would make more people oppose this solution.[2]

Many programs can be established to reduce the harm heroin causes. Clean needles programs and safe injection sites are good ways to help these people suffering. Safe injection sites are legal and medically-supervised facilities which attempt to get drug use out of the public and make the whole process more sanitary. Clean needles programs involve addicts receiving clean needles to inject with to avoid sharing of needles, which has shown to greatly reduce the risk of bloodborne diseases such as HIV/AIDS. In rural counties such as Centre County, this can be a problem, "in rural areas drug users are part of a close-knit community. They tend to know each other, and they tend to inject together" (PublicSource). Safe injection sites is a program that involves giving addicts a clean location to use heroin, with a trained medical staff overseeing injections. This has been shown to reduce overdoses by ensuring regulated doses of injections, as well as reducing the risk of bloodborne illnesses. Both of these services also makes addicts feel more human. When they are cared for and shown respect, addicts are much more likely to seek help for their disease.

However, their programs have strong opposition from the community who see this as just prolonging the issue.[3] This can be seen by the relative obscurity of Methadone clinics. For example, Nittany/State College Medical is a methadone clinic in state college that has recently opened. However this clinic is not easily accessible for people that live outside of town and do not have transportation. Buses in state college run infrequently and vary regarding the places that they do run to. Furthermore this is the only methadone clinic within Centre County, which makes it incredibly hard for addicts to receive treatment, with waitlists extending for months (Rounsaville).

In the United States, social stigma and government regulatory policies in response to this stigma prevent many of these programs from getting started. However, Europe, Canada, and Australia have all had great success with using these programs, as they have been shown to improve many aspects of addicts' lives.

===DISCUSSION QUESTIONS===

1. How would the community react to the implementation of these programs?
2. Is there any validity in helping heroin addicts to be safe while using drugs?
3. How do you regulate dosage levels for Methadone treatment clinics?

CONCLUSION

There is no clear and all-encompassing solution to a problem of this degree. Heroin and opioid addiction is a debilitating mental disease that strips the life those it affects. Centre County's opioid problem stems from institutions that seek to help the community. The over prescription of painkillers from doctors creates an addiction that needs to be satisfied. Unfortunately, more often than not, these addictions seek a cheap alternative when they cannot fix their craving, and this alternative, heroin, is extremely potent. Our group focused in on three possible solutions in order to curb these addictions.

The first solution is to educate the greater population about the addiction crisis through a hybrid CASASTART program. This program could be developed as a low cost, more effective alternative to current DARE programs. There are significant drawbacks, however. There is not a large sample size of CASASTART programs, so the effectiveness is not necessarily reliable. Furthermore, NGO funds can be hard to come by and lead to a stagnant state in education reform.

We then looked to solve this crisis law enforcement. Creating environments that look to first take into consideration the condition of a respective addict, then consider the legal ramifications. This harm reduction method looks to establish a better relationship between addicts and the community by using police as a mediator. In terms of law enforcement, this particular solution looks to eliminate the source of heroin and other opioid distribution. Although this method seems clear cut, the use of narcan is somewhat controversial, as people believe that it just gives addicts confidence that they will be saved upon overdosing.

Our third and final solution looks to reduce harm for addicts. Drug alternatives and cleaner, more controlled settings are the focal point of this solution. Programs that provide clean needles, doctors that prescribe drug alternatives like methadone, and injection sites that provide clean and controlled settings have shown tremendous effectiveness. There is a strong opposition

to this solution though. Many oppose the idea of treating drugs with substitutes, as well as encouraging further instances of shooting up. Like the two former solutions, this opposition is justified and understandable.

In essence, these solutions summarize how difficult it is to find an encompassing approach to solve problems this serious and impactful, but it is fully agreed upon that breaking down stigmas and treating this crisis as a mental disease is the first step to bringing brighter days to Centre County.

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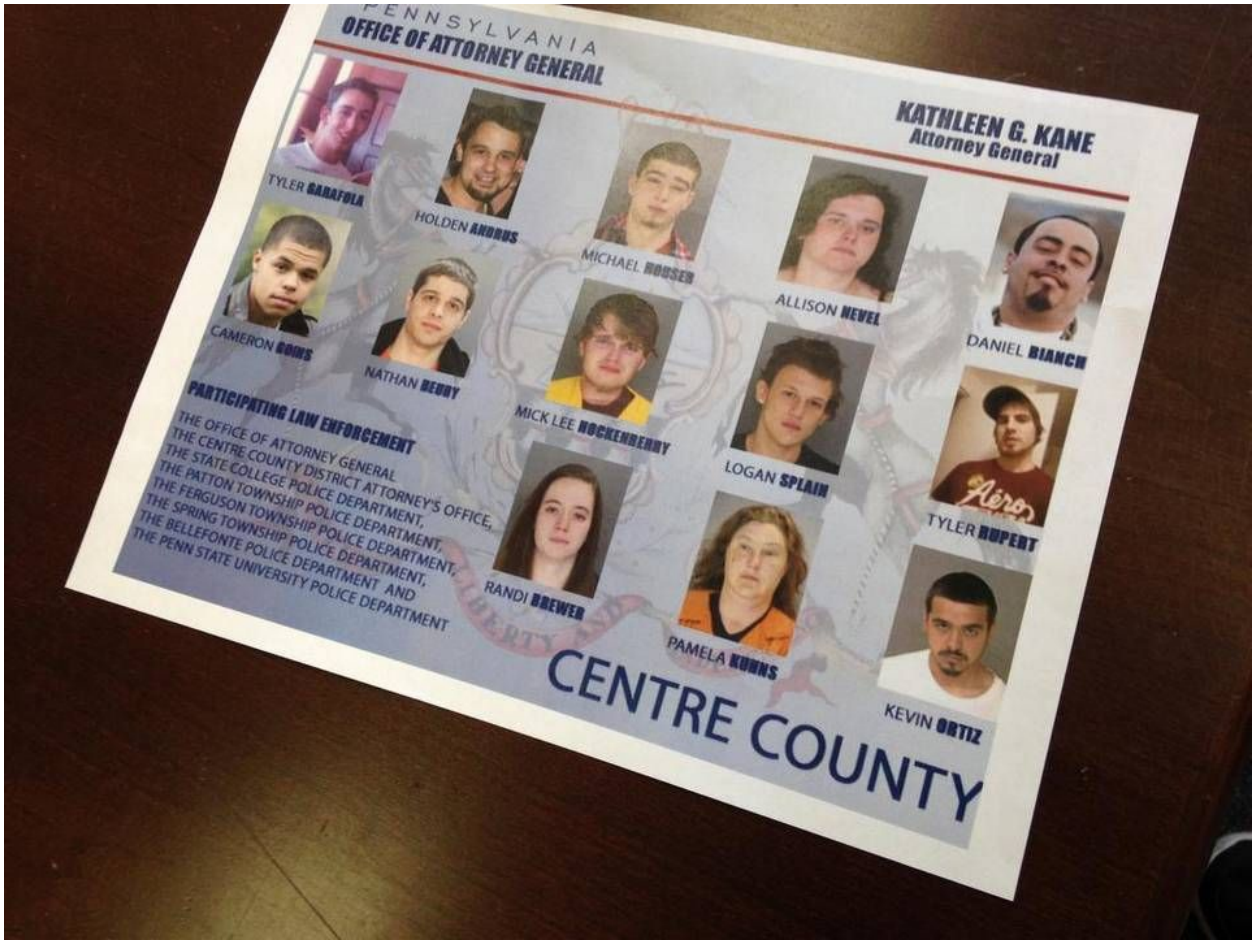
IF YOU WITNESS AN OVERDOSE,
SAVE A LIFE — CALL 911

- **Pennsylvania has a Good Samaritan Law called Act 139**
- **Act 139 provides criminal and civil protections for persons who dial 911 and seek emergency help for persons experiencing an overdose and stay on scene until help arrives**
- **Protection may include immunity from:**
  - **Criminal prosecution for possession of a controlled substance**
  - **Possession of drug paraphernalia**
  - **Violations of probation and parole**
  - **Protections for the person experiencing an overdose**

This message has been brought to you by the Centre County HOPE Initiative.
If you have any questions, please contact the County Drug and Alcohol Office at 814.355.6786 or 814.355.6744.



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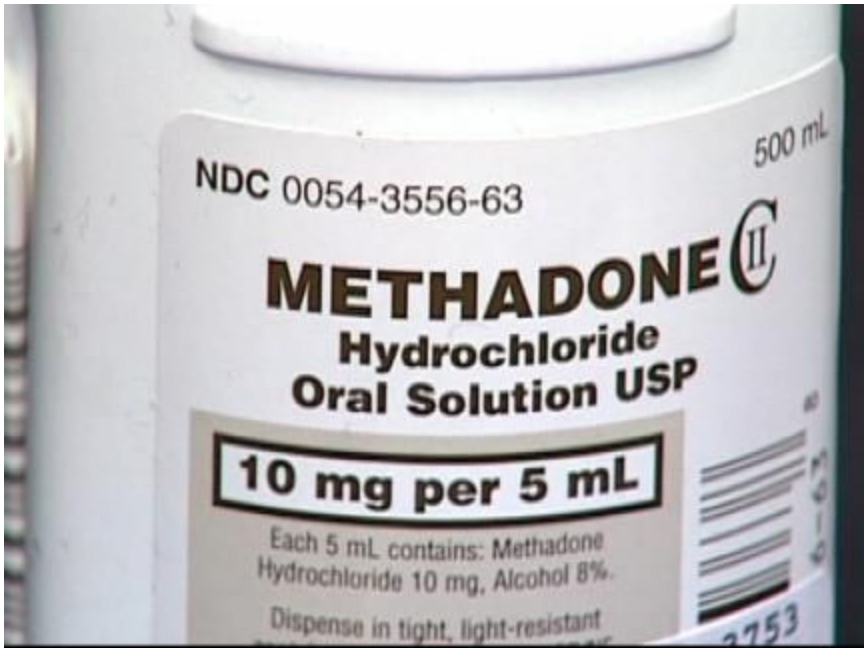

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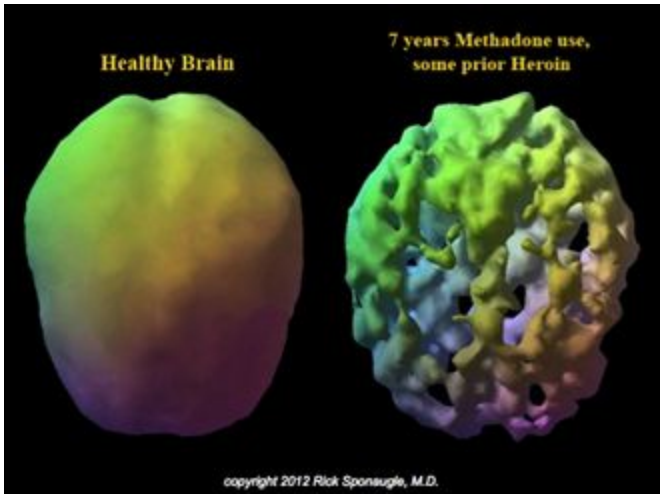

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