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MEDICAL SOCIETY**

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July 9, 2015

Colonel Steven G. O'Donnell
RI State Police
311 Danielson Pike
Scituate, RI 02857

Dear Colonel O'Donnell:

You have recently received a letter from Attorney General Kilmartin suggesting what to do in cases of overdose emergencies now that the Good Samaritan Overdose Prevention Act has expired. The Attorney General suggests assessing the substance abuse problem as a condition of bail and referring violators to prison diversion programs.

Writing this letter from a medical perspective and as professionals who deal with the problem of addiction, we strongly disagree with that approach, as we believe it will cost lives. We urge you instead, in using your considerable discretion in applying the law, to publicly commit to not bringing criminal charges against those Good Samaritans who call 911, or against the individuals suffering from overdoses, while the legislature and governor determine the eventual fate of the Good Samaritan Overdose Prevention Act.

Good Samaritan calls to 911 dramatically increase the likelihood of surviving. By classifying an overdose as a medical emergency rather than a potential crime, the Good Samaritan law of 2012 established critical and life-saving legal protections for the people involved. We know that the vast majority of opioid overdose deaths are preventable if victims receive prompt attention. However, punitive drug laws discourage people from calling 911 because they fear arrest and punishment for themselves or for the victim. We cannot treat a person's addiction if they do not survive an overdose.

The medical profession strongly shares the Attorney General's concern about the heroin epidemic and its resultant loss of lives. We are keenly aware that the number of opioid-related overdose deaths has risen dramatically in recent years. In fact, they are now the leading cause of accidental deaths in Rhode Island, far ahead of those from car crashes. Last year, 239 Rhode Islanders lost their lives in this way, and a recent study found that we have the seventh highest overdose death rate in the nation, far ahead of our New England neighbors.

The Attorney General's letter stated that "due to the tremendous power of addiction, intervention by the criminal justice system is often the only way many of those suffering from addiction receive the treatment they need." It is on this assumption that we beg to differ, as the statistics cited above tell a very different story.

Coercion though the criminal justice system is not the preferable, much less the only, route to treatment. In fact, medical research shows that many addicts quit on their own without treatment and that even heroin addicts "mature out" of their addiction with age, if they live long enough to do so. Voluntary treatment works well and may itself involve powerful coercive factors unrelated to the criminal justice system. Addicts may well be motivated to change by financial trouble, or the threat of job loss, or lost personal relationships.

Page Two
R.I. Police Chiefs
July 9, 2015

More to the point, the Attorney General's position fails to recognize that his coercive approach is precisely what the Good Samaritan law is designed to counteract: the fear of many people dealing with an overdose is calling for medical assistance and thereby becoming an unwilling participant in the criminal justice system by that act. We have a public health crisis that cannot be resolved by the criminal justice system.

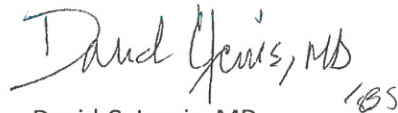
We have witnessed significant addiction treatment successes by making recovery coaches (former addicts) available in Emergency Departments to interact with persons brought there because of an overdose. But again, this type of intervention is only possible if the person survives the overdose.

In response to the current epidemic, Rhode Island has been a leader in providing naloxone to its police departments and training officers in its use. We thank you for the lives you have saved. However, in order to continue to take advantage of these actions, we urge you to join with the efforts of the medical and public health communities to save lives by publicly agreeing to abide by the expired provisions of the Good Samaritan law until the General Assembly can act and, we hope, expand that law's protections in order to save even more lives.

Very truly yours,



Peter Karczmar, MD
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