

PHOTO COURTESY OF LEXI REED HOLTUM



Lexi Reed Holtum and her fiancé Steve Rummier, who died of a heroin overdose in 2011. As vice president of the Steve Rummier Hope Foundation, Reed Holtum has been pushing a bill to increase access to naloxone. The legislation will be known as “Steve’s Law” if it passes.

# Reversing tragedy

Proposed legislation will increase access to an antidote to opioid overdose.

BY JEANNE METTNER

**W**hen Sen. Chris Eaton of Brooklyn Center lost her 23-year-old daughter Ariel Eaton-Willson to a heroin overdose in 2007, it was heart-wrenching and painful. It was also preventable. Eaton-Willson was in a Burger King parking lot in Brooklyn Center with another person when the overdose occurred; but instead of calling 911 right away, her companion spent 20 to 30 minutes purging the car of drug paraphernalia and other incriminating evidence. Hearing the commotion, the restaurant manager summoned a nearby police officer, who called paramedics. At the scene, the paramedics administered naloxone (Narcan), a drug that, in seconds, can reverse the effects of an opiate or opioid overdose. But it was too late, and Eaton-Willson was pronounced dead a short time later.

In February, Eaton, along with Rep. Dan Schoen, introduced a bill that she hopes will prevent others from enduring the same loss. Known as “911 Good Samaritan + Naloxone,” the proposed legislation has two components: It provides immunity to those who call 911 in good faith to prevent an overdose death, and it authorizes law enforcement officers, emergency medical responders and staff from community health and social service programs to administer naloxone if they encounter someone experiencing an opioid or opiate overdose. Currently in Minnesota, naloxone can only be administered by medical professionals and paramedics.

During a press conference last December, Eaton called the bill “a simple solution to a terrible problem,” noting that she was unaware that her daughter was using heroin.

In 2012, Hennepin and Ramsey counties reported 129 deaths due to opiate overdoses—a 40 percent increase from 2010. The estimated number of emergency department visits attributed to heroin nearly tripled in the past several years—from 1,189 in 2004 to 3,493 in 2011. The jump in ED admissions for “unspecified opiates/opioids” has been even more staggering—162 admissions were reported in 2004 compared with 1,619 in 2011.

The 911 Good Samaritan + Naloxone bill has support from multiple organizations and agencies, including the Minnesota Board of Pharmacy, Minnesota Department of Human Services, Minnesota Society of Addiction Medicine, Minnesota Department of Health and Minnesota Medical Association. Thus far, it has encountered no formal opposition. If it becomes law, Minnesota will join 17 other states and the District of Columbia in having some form of naloxone legislation in place.

## Quick, safe, life-saving

An opioid antagonist, naloxone binds to opioid receptors in the central nervous system, blocking the action of an opioid. When administered to someone who is overdosing from an opioid or opiate, it can reverse the effects of the drug, often improving respiration in just seconds. “The good news is that it very quickly reverses the effects of overdose, which is life-saving and necessary,” says Cody Wiberg, executive director of the Minnesota Board of Pharmacy. He explains that naloxone also will cause symptoms of physical withdrawal, such as agitation, trembling, nausea, sweating and mood changes in persons who are addicted to opioids. “While these things are not pleasant,” he says, “the alternative is death from respiratory depression.”

Naloxone can be injected or inhaled. When injected, it works almost immedi-

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ately. The intranasal formula, which is not being used in Minnesota, takes effect in minutes rather than seconds.

Research has shown that administering naloxone saves lives. A team from Boston Medical Center, Boston University Schools of Medicine and Public Health, and the Massachusetts Department of Public Health compared deaths in 19 communities before and after they distributed naloxone to potential “overdose bystanders” (eg, social service staff, families and friends of opioid users, and opioid users at risk of overdose) and taught them when and how to administer it. In an article published in the *British Medical Journal* in February 2013, they reported a 46 percent reduction in opioid overdose deaths after distributing the drug. Another article in the February 2012 *Morbidity and Mortality Weekly Report* reported findings from a

survey of the 50 community-based opioid overdose prevention programs known to distribute naloxone in the United States. Since 1996, when the first naloxone program began, about 53,000 people have been trained to administer naloxone, which led to 10,171 overdose reversals.

“These reports point to the fact if someone is overdosing from an opiate, this is the antidote,” says Gavin Bart, M.D., director of the Division of Addiction Medicine at Hennepin County Medical Center. “It does it quickly; it does it safely. It does not have street value, it’s not a sought-after drug, no one can get intoxicated off it. It doesn’t cause any kind of organ damage. And it works really well.”

**“Steve’s Law”**

The 911 Good Samaritan + Naloxone legislation (SF 1900 and HF 2307) was intro-

duced on February 25. Lexi Reed Holtum, vice president of the Steve Rummeler Hope Foundation, which has been helping advance the bill, expects it to be approved in both legislative bodies. (At presstime, it was still alive in both the House and Senate.) If it is, it will be known as “Steve’s Law,” named after her fiancé, Steve Rummeler, who died in July 2011 after taking heroin for the first time.

Although Rummeler was alone when his body was found, others were believed to have been with him when he overdosed. “We can and must give first responders and citizens the tools they need to save a life,” says Reed Holtum. “We would have preferred that 911 was called and he was alive than to see someone in jail after his death—as would every single person who’s lost a loved one to this epidemic.” MM

Jeanne Mettner is a frequent contributor to *Minnesota Medicine*.



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