DURHAM NORTH CAROLINA...

Volume 3, Issue 1

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Durham Crisis Intervention Team

Observe, listen, create a plan, communicate and connect

Inside this issue:

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New Synthetic Drug on the Market

Synthetic drug use on the rise

By Monica Drake
For the Daily Tribune

Synthetic drug use has been on the rise this year, first with K2/Spice, then with "bath salts" and, now, with a relatively new hallucinogen drug. The drug is called 25B-NBOMe or 25I-NBOMe, also called N-Bomb or Smiles. Some medical experts say it's more dangerous than the so-called bath salts.

And it is not illegal in Michigan.

The Synthetic Drug Abuse Prevention Act of 2012 outlaws nine synthetic psychedelic drugs in the "2C" family with a makeup similar to 25-B or 25-I. But the compound has been changed slightly to form these legal drugs.

RELATED ASSETS

"It is not currently banned," said Shanon Banner, Michigan State Police spokeswoman. "We've had several reported cases of possession of it. We are aware that some kids have been hospitalized for seizures attributed to it."

The drug 25-I, which mimics LSD, is sold in both liquid and powder form.

An anonymous Detroit paramedic who lives in Wixom said one teenage boy and one teen girl were hospitalized after taking 25-I or a similar 2C drug last week. The teens used a liquid mixture of the drug, putting it into their noses with an eye dropper.

"The girl got it at a party from a stranger," he said. "My partner found the guy upstairs seizing. The girl was having a very bad anxiety-type reaction, afraid she was going to die, very upset, emotionally distraught and was seeing (light) trails."

The two did survive the drug use, and the paramedic said he hopes the teenagers learned their lesson to stay away from it.

MSN.com reported a recent death related to the drug on Oct. 30. Clayton Otwell of Little Rock, Ark., died after inhaling only one drop of 25-I at New Orleans' annual Voodoo Fest art and music. Nationally, three people are believed to have died from overdosing on the substance earlier this year. The article incorrectly states that the drug is banned in all 50 states, but an effort is underway to ban it; however, other state rules or a federal law could criminalize it.

Crisis Collaborative Efforts

Inter-Agency Partnerships at their best!!

Special points of interest:

www.durhamnetworkofcare.org

This site is up and running as a one-stop resource directory to help you locate needed services and supports throughout the Durham com-

Tell us about the great job your officers do every day. We want to know!!

Sgt. Ray

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'Familiar Faces' strain services, show a failure to communicate

BY JIM WISE, JWISE@NEWSOBSERVER.COM

In 2012, 25 people accounted for 423 calls to Durham County Emergency Medical Services, and 326 EMS transports to emergency rooms at Duke and Durham Regional hospitals.

Over the year, the cost to serve those 25 people totaled more than $275,000 – for EMS alone.

"That's a pretty significant impact on the system," said Brandon Mitchell, special operations coordinator with Durham County EMS.

"The fact of the matter is, if we add up everything that all of our health and human services and all our nonprofits ... are spending, we're often spending four or five times ... on the same individuals but not getting the outcomes that they deserve and not getting the outcomes we want for them," said Michelle Lyn, community-health director at Duke Medical Center.

Mitchell and Lyn were among about 50 local medical, social-service, law-enforcement and administrative personnel who met last week to talk about "Familiar Faces" – people who, for a variety of interconnected reasons, put a high and recurrent burden on public services including emergency rooms, 911 responders and jails.

"Those folks ... deserve our help," County Manager Mike Ruffin said. "We've got to figure a better way ... to give them what they need, keep the cost down and be sure we're all talking to each other."

Figuring out how to do all that could also create the model for future health care for everyone else, as well.

"Thinking about our Familiar Faces, (who are some of) our most complex and vulnerable in our communities, would probably go a long way into creating a system that really works for everyone and makes sense," Lyn said.

"Familiar Faces" is a polite term for a population previously known, among health-care workers, as "frequent flyers," often associated with homelessness.

Advocates for comprehensive homelessness-prevention projects, such as the "10-Year Plans" that Durham and hundreds of other American communities, have devised, have pointed to the drain on public services represented by those who are chronically in and out of public shelters. Many have addictions and/or mental illness but get only occasional, stopgap treatments over and over again.

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CIT International NEWsletter

CODE 5/ 5R *REMINDER*

If a call concerns a mental health concern in any way– please clear the call *10-24, code 5.* If the call requires an incident or arrest report– clear *10-24, code 5R*. All referrals should be supported with a CIT Report as well.

Tell us about the great job your officers do every day. We want to know!!

Sgt. Ray

Anosognosia - Lack of Insight

Anosognosia - Lack of Insight: Nearly everyone is aware of the problem: Many people with mental illness deny that they are ill, and therefore refuse treatment. Most people understand the psychological concept of denial, which is a refusal to believe an uncomfortable truth. Who hasn't heard a heavy drinker, eater, smoker, or drug user say, "I can quit any time I want."

Anosognosia is quite different. It is not simply denial of a problem, but the *genuine inability* to recognize that the problem exists. It is a common consequence of brain injuries, and occurs to varying degrees in such disorders such as schizophrenia, bipolar disorder, and Alzheimer's disease. It is, in fact, a symptom of some disorders.

This obscure word, which is pronounced "uh-no-sog-no-zha," means "unawareness of illness," and is often the basis for a person with mental illness not wanting to take medication or treatment.

Someone who has anosognosia isn't being difficult, or refusing to face the truth. He is literally *unable* to believe that his illness is, in fact, an illness. Many of them will refuse to take medication for schizophrenia or bipolar disorder, because they do not believe they are ill. It's best not to try too hard to convince the person of his illness. If they are pushed too far, they may become angry and withdraw further.

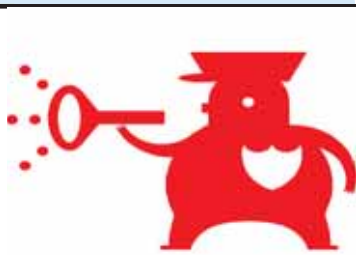
Consider for a moment a scenario where someone is trying to convince *you* to take some medication for schizophrenia. You KNOW you don't have a mental illness and don't need it, so you refuse to take it. That belief is every bit as real to a person with anosognosia.

In the case of paranoid schizophrenia, where the patient believes others are conspiring to harm him or control his life, the combination of anosognosia and paranoia can provoke him to attempt to escape his "persecutors" -- as he sees them. Dr. Xavier Amador, brother of a man with serious mental illness, has spent many years studying anosognosia, and has written a book on the subject: "I am not sick; I don't need help." This is a valuable resource for families who are united in the frustration of being unable to get help for their loved one. You can view Dr Amador at: http://namityler.blogspot.com/2009/08/video-on-anosognosia-lack-of-insight-on.html

www.durhampolice.com/units/crisis_intervention_team

CIT FORMS

OFFICERS, PLEASE MAKE SURE YOU FILL OUT **THE ENTIRE CIT FORM,** FRONT AND BACK AND SIGN YOUR NAME! WE WANT TO BE ABLE TO KNOW WHO TO MAKE CONTACT WITH IN CASE OF FOLLOW-UP QUESTIONS AS WELL AS GIVING CREDIT TO THE OFFICERS !!



NEW! Come visit our Durham CIT web link at:

www.durhampolice.com/units/crisis_intervention_team

Welcome Aboard Our Newest Member

Laylon Williams;

from a small town named Johnston in SC. Laylon is the older of 2 children on his mother side of the family and one of the oldest out of 6 children on his father's side of the family. He was the first to not only attend college, but to attend and graduate college from his mother's side of the family. He received his Bachelor of Science Degree from Morris College in Sumter, SC in May of 2002, but he had already moved to Durham NC after completing all of his course requirements in December of 2001. While attending Morris College, Laylon met his then girlfriend, but now wife, Shana Williams. To this union recently on February 26, 2013 was born a baby boy by the name of Christopher John Williams "CJ". When Laylon relocated to Durham, NC in 2001 he was working initially in Telecommunications, but after being laid off in 2006 he realized his strength of working with people and loving to help others so he started working in Mental Health and Substance Abuse with Adults and Children. After working with several agencies over a span of 5 years and getting face to face experience, Laylon got hired with The Durham Center to work in the Call Center and help individuals. After The Durham Center merged with Wake County, to become the MCO of Alliance Behavioral Healthcare, Laylon applied for another position, **Durham Jail Liaison/ CIT Coordinator** and this is the current role that he will be serving within.

C.I.T. Class #16

In March 2013, the 16th C.I.T. Class certified a collaboration of 30 officers. Durham Tech sponsored the event. In attendance were 11 Durham Police Officers, 2 Duke Officers, 8 Durham County Sheriff's Deputies, 1 Durham Tech Police Officer, 3 Officers, 3 NCCU Officers as well as 2 from EMS.

Our 17th CIT class will be held June 10-14, 2013. This class will be sponsored by Duke Police and the Veterans Administration Police Department. The actual location will be sent out prior to the class.

Send an email to Cpl. Drinker at Tracy.Drinker@durhamnc.gov if you are interested in attending.

2013 CIT SCHEDULE

DUPD/VA Sponsor Dates:

June 10-14, 2013

DCSO/EMS Sponsored Dates:

September 9-13, 2013

Durham Tech/NCCU Sponsored Dates:

November 4-8 2013

April, 25th 2013

National Crime Victims' Rights Week

Social & March Against Violence

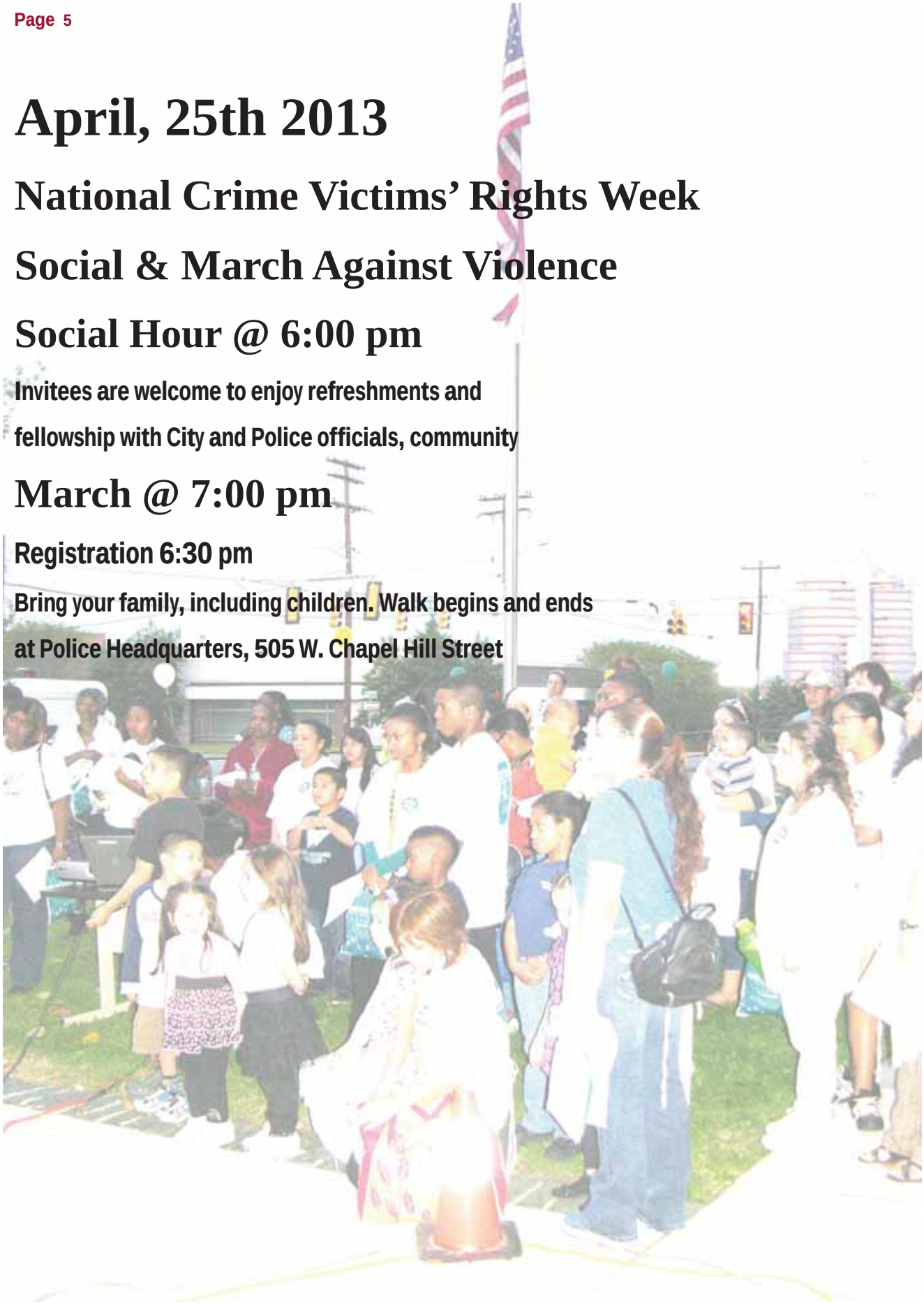
Social Hour @ 6:00 pm

Invitees are welcome to enjoy refreshments and fellowship with City and Police officials, community

March @ 7:00 pm

Registration 6:30 pm

Bring your family, including children. Walk begins and ends at Police Headquarters, 505 W. Chapel Hill Street



SPOTLIGHT RESOURCE:

NAMIWalks

National Alliance on Mental Illness

Each year NAMI North Carolina and our 36 local affiliates provide hope and help to individuals living with mental illness and their families.

Save the date for Saturday, May 4, 2013 and join the thousands of voices that are raising the public's awareness of mental illnesses and breaking the stigma surrounding it.

NAMIWalks North Carolina will once again be held on the historical Dorothea Dix Campus!

Come Be A Part Of NAMIWalks:

START A TEAM! If you were a Walk Team Captain last year and you haven't already done so, sign up your team online and start recruiting!

JOIN A TEAM! If you'd prefer not to lead your own team, join a team online and urge others to do the same.

VOLUNTEER! We appreciate all the help we receive each year from our dedicated volunteers. Sign up early to volunteer for the Walk. Help with Sponsorships, collect donations, recruiting Walkers and Team Captains, marketing the Walk , Walk day logistics, and more!

SPONSOR! Show your support of NAMIWalks by being a sponsor! Sponsorships range from $250-$10,000 so there is something for everyone! Show the community your support - contact Susan today at 919-788-0801 x 6.

There is no walker registration fee for the Walk. Team Captains and Walkers should register on-line to attend. All Walkers are encouraged to collect donations from family members, friends, co-workers, and business associates in support of their participation in the Walk.

All of the funds raised will be used to support NAMI's programs across North Carolina. These programs include education, support and advocacy involving depression, anxiety disorders, bipolar disorder, schizophrenia, obsessive-compulsive disorder and post-traumatic stress disorder.

My team NAMI Durham Source Energy is walking with 2013 NAMIWalk North Carolina on May 4, 2013 10:00 AM.

Come join in the fun by clicking on the link below:

http://namiwalks.nami.org/positivevibe?TSID=392654

From our Team Page, click on the ‘Join My Team’ button to register and help us fundraise. If you can’t join us, you can also support our team by making a donation online.

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Spokeswoman Banner said Michigan State Police are working with the Department of Community Health to obtain an emergency ban of the drug. The Board of Pharmacy, part of the Department of Licensing and Regulatory Affairs, has the authority to temporarily ban a substance to avoid an imminent hazard to the health and safety of the public.

Dr. Sandford J. Vieder, chairman of Emergency Medicine at Botsford Hospital in Farmington Hills, said he hasn't seen any hospitalizations in Oakland County because of the drug, but he knows it's only a matter of time. He wants to get the word out to prevent people from trying it.

Vieder said the effects of the drug are more intense than MDMA, the stimulant-hallucinogen drug known as ecstasy.

"A single dose is completely unpredictable. You lose complete sense of control," he said of the new drugs. "Often times, people will do things that don't provide them a second chance, for example, running into traffic, driving into an object or jumping when they're elevated, thinking it's only a step. That loss of reality is the biggest issue and what ultimately leads to significant injury or death."

Vieder said two people could take the same dose of 25-I and have completely different effects.

"Because different labs are cooking this stuff, you never know what they're cutting it with," Vieder said. "The message is don't do it at all."

He also said that when mixed with any other prescription such as anti-depression medicine, it's more likely to be lethal.

Even when a person survives the first dose, the long-term effects are a possible brain hemorrhage, heart attack, fatally high blood pressure and organ damage, Vieder said.

Richard Isaacson of the Detroit Drug Enforcement Agency said 25-B and 25-I are not sold at local convenience stores, as K2/Spice was.

"My belief is these are being sold on the black market and not openly like with the synthetic cathinones problem or the synthetic cannabinoids problem last year and earlier this year," said Isaacson, a resident of Oakland County.

Isaacson said there have been cases of Michigan residents taking some form of a 2C, or Smiles, drug.

"Just because something is not technically illegal, doesn't mean it's not deadly. We've learned that firsthand here locally. This is phase three of the synthetic problem we've seen here in Michigan," he said. Isaacson referenced the Analog Enforcement Law of 1986, which makes a drug illegal if its effects are substantially similar to an illegal drug. He said if a person is found in possession of 25-I or 25-B, the compounds will be tested by police to determine if the person could be charged under the Analog Enforcement Law.

Since 2009, Isaacson said, law enforcement labs have identified 138 different synthetic drug compounds.

"It seems to be the wave of the future. You have these nefarious chemists out there who are devising these new drugs that are technically not illegal because they're staying one step ahead of the law. But that doesn't mean they're any less dangerous," he said.

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“Just stably housing people can be the most powerful medical, mental-health, substance-abuse intervention you can imagine,” said Assistant County Manager Drew Cummings.

Familiar Faces aren’t necessarily homeless, but typically live “on the edge,” said Ann Oshel of Alliance Behavioral Healthcare, the substance-abuse and disability agency serving Durham, Wake, Cumberland and Johnston counties. And, as with homelessness, a large part of the problem is a lack of connection between the agencies that deal with them.

Often, Mitchell said, individuals with a health or addiction crisis arrive at an emergency room or jail because the police or emergency technicians don’t know where else to take them, and then once the crisis is passed the patient is summarily discharged.

”If they go to jail, there’s no follow-up,” said Mitchell. “If they go to the emergency room ... they’re sent back to the streets.”

One agency may be providing a service without knowing some other agency is duplicating it. Patients get doctors’ orders, but no one checks to make sure the orders are followed. Laws, technology, habit and “silo” thinking make it difficult for agencies to know what each other are doing with the same people, and those people are often typically “not the best historians of their own care,” said Durham Center Access Director Anita Daniels.

“We’re spending dollars over and over but not getting the coordinated response system we’d like,” Lyn said.

Getting started

Coordination and cross-training could save money and make emergency care easier to get for those who need it by diverting those who use it because they, or those who transport them, don’t know where else to go, Mitchell said.

He said a Fort Worth Community Health Paramedics program that enrolled frequent emergency callers and provided post-crisis oversight in collaboration with non-emergency services cut the number of 911 calls by 86 percent over a year, saved $1.6 million in emergency service costs and $7.4 million in emergency room costs.

Mitchell and others in Durham would like to emulate that program, if they can find money to get it started.

“We’ve got to do something about the costs,” Mitchell said, “and, beyond costs, in taking care of our community.”

Getting beyond costs means a different way of thinking about health care, Lyn said.

“We’re really trying to transform from ... a reactive point of view to a proactive community-wide system that really looks for ways to improve the health of the entire community,” said Lyn, a former Southern High School teacher who engaged Duke in setting up a school clinic years ago.

“Health-care reform has certainly opened the conversation,” she said. “How do we really create a model of care and a model of health that gets us where we need to be – for the money we’re spending?”