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HEALTH-FITNESS

Despite the Good Samaritan Law, some addicts still punished for seeking help / Video

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WOONSOCKET — Veronica Cherwinski shouted as she banged on her neighbor's apartment door.

“Call 911!”

Inside Cherwinski's second-floor apartment, her friend lay unconscious on the floor, lips turning blue.

She was overdosing on heroin.

Cherwinski was crouched on the floor, holding up her friend's head, when rescue workers arrived.

They started an intravenous line on her friend to administer Narcan, medication which counters the effects of opioid overdose. And moments later the woman regained consciousness.

Then, the police showed up and arrested Cherwinski on a felony drug charge.

She spent the next 30 days at the Adult Correctional Institutions, in Cranston.

Punishing people who seek help for someone who is overdosing is exactly what Rhode Island's Good Samaritan Overdose Prevention Act was supposed to stop.

The 2012 law offers limited immunity from criminal drug charges for someone seeking medical assistance at the scene of an overdose. (The only exception in the law is for those involved in manufacturing or selling controlled substances.)

In Rhode Island, 233 people died of accidental overdoses in 2013, up nearly 80 percent from the year before, according to the state medical examiner's office. And the rate continues to climb. During the first three months of 2014, 72 people died of accidental overdoses compared with 61

deaths during the same period last year, an 18 percent increase.

Drug overdose is now the leading cause of accidental death in Rhode Island, killing more people ages 25 to 64 years old than traffic fatalities.

Many overdose deaths could be prevented, health officials say, if only people weren't too afraid of getting in trouble to call for help.

Rhode Island is one of 17 states — among them Connecticut, Massachusetts and Vermont — and Washington, D.C. that have enacted Good Samaritan laws with some type of immunity provisions, according to Trust for America's Health, a Washington-based nonprofit health advocacy group.

Public health and law enforcement officials agree that the goal of these laws is to save lives.

But, as cases such as the one in Woonsocket illustrate, health advocates and law enforcement officials disagree about how the laws should be enforced, and who is — and is not — considered a “Good Samaritan.”

On that Saturday morning last August, when police officers responded to the Fire Department's call for back up, they found rescue workers tending to a woman vomiting into a pail.

The police treated Cherwinski's apartment like a crime scene, interviewing witnesses and confiscating evidence.

Cherwinski told police that she'd been cleaning her kitchen when her friend passed out.

“Veronica [Cherwinski] appeared to be sweating heavily and was slurring her words,” Officer Matthew J. Labine wrote in his report, “leading us to believe she may have also been under the influence of the suspected narcotic.”

Labine's partner then showed him a hypodermic needle and a small bag of a suspected heroin on top of the stove. A second needle was found in the bedroom where the woman had collapsed.

“When Veronica saw that we were looking at the needle and suspected heroin that was on the top of the stove,” Officer Labine wrote, “she began yelling at her friend ... as she was being escorted down the stairs by rescue. Veronica was yelling ‘You better take this for me you hear me?’”

Cherwinski was arrested on a felony drug charge and taken to the ACI.

The following Tuesday, at her arraignment in District Court, Cherwinski ran into more legal

problems.

A representative from Attorney General Peter F. Kilmartin's office presented evidence that Cherwinski was a probation violator stemming from a 2010 charge of receiving stolen goods.

She was sent back to prison.

Twenty-four days later, she appeared in Superior Court before Magistrate John McBurney on the probation violation.

She admitted the violation and was sentenced to 30 days in prison. Since she'd already served 24 days, she was ordered back to the ACI to serve the remaining 6 days.

The following day, her court-appointed lawyer, Christopher Smith, filed a motion in District Court to dismiss the felony drug charge against his client, citing the Good Samaritan Overdose Prevention Act.

Law enforcement officials defend their handling of the Cherwinski case.

"I would always tell my officers: If you have probable cause to make the arrest then make the arrest, and let the situation play out," said Woonsocket police Detective Sgt. Matthew J. Ryan. "For us it's got to be black and white ... Unfortunately, it's a gray area when an officer has to interpret this [Good Samaritan] law."

The police acted appropriately, said Amy Kempe, a spokeswoman for the attorney general.

"The police have an obligation if they come into contact with someone who has an outstanding warrant to make an arrest," Kempe said. "It would be no different if the police stopped you for speeding and they find out you have an outstanding warrant for domestic [violence]" and made an arrest.

But public health advocates disagree.

"The fact of the matter is that police are not going to arrest our way out of the problem of addiction or overdose," said Michelle McKenzie, senior project director at The Miriam Hospital, who trains prison inmates and others in overdose-prevention.

If police treat the scene of an overdose like a crime scene, McKenzie said, "it is not in the spirit of the [Good Samaritan] law."

People who use illicit drugs, she said, "often, if not most of the time" have had some type of criminal record. "If they are on probation or parole or have a warrant," she said, "they're vulnerable to prosecution apart from drug possession."

Rhode Island has about 24,300 adults who are on probation, parole or other post-prison supervision — the fourth-highest per capita rate in the country, according to a December 2012 survey by the U.S. Department of Justice's Bureau of Justice Statistics.

“Ultimately, then,” McKenzie said, “the Good Sam doesn't really protect them.”

One afternoon in February, Cherwinski sat on the couch in her living room. On the rose-pink walls were posters that read “Peace” and “I ? Jesus” and “4GVN.”

She used to work as a nursing assistant, caring for patients in nursing homes. Now, at 32, she makes money dancing at strip clubs. She started out using marijuana and cocaine, and last year moved on to heroin.

She held up a small photograph from her boyfriend's obituary.

It was just last May. He'd been drug sick for days, vomiting. She'd left him to go to the store. When she returned 2½ hours later she found him dead. He was 34.

“I wasn't there for Paulie,” she said, tearfully. “I could have helped him.”

The day after he died, police picked up Cherwinski at a Subway restaurant on Reservoir Avenue, in Cranston, after someone reported a woman there who looked distraught. They discovered a Superior Court warrant for her arrest related to the 2010 receiving stolen goods charge.

She spent the next 2½ months at the ACI.

In prison, Cherwinski participated in an overdose prevention program run by McKenzie through The Miriam Hospital, known as PONI (which stands for Preventing Overdose and Naloxone Intervention).

The volunteers talk about the high risk of overdose among newly released prisoners due to their lowered tolerance, show an instructional video and demonstrated how to use Narcan, the brand name for naloxone, the medication used to counter opioid overdoses.

So when Cherwinski's friend, who had just been released from the ACI, started to overdose at her apartment that August morning, Cherwinski knew what to do.

“I seen her turning blue,” she said. “I knew right away she was overdosing on heroin ... I just lost Paulie. I knew I couldn't leave her ...”

Her cellphone had been stolen, she said, and she hadn't bought a new one yet. So she ran downstairs and banged on the door of the building's owner, Steven Bocoski, who called 911.

Bocoski recalls watching police arrest Cherwinski.

“They handcuffed her. They led her out,” he said, “and one of them made a comment: you're going away for a long time.”

A state District Court judge eventually dismissed the felony drug charge.

But in February, Cherwinski received a letter from the public defender's office saying that the attorney general's office was revisiting the felony drug charge.

At the request of the Woonsocket police, the attorney general's office reviewed the case and a preliminary report found “no evidence whatsoever to suggest this defendant, Veronica Cherwinski, was the person who called or is responsible for calling 911,” said Stacey Veroni, assistant attorney general, chief of the criminal division.

“We know what the intent is of the legislation and we want to encourage people to call [911] and we don't want to punish those people,” Veroni said. “But we want to be sure the people who get the benefit or protection of this Act are the right people.”

After an inquiry into the case by The Providence Journal, the attorney general's office asked police to investigate the matter further and confirmed that Cherwinski had, indeed, asked her neighbor to call 911. The office subsequently withdrew the charge against her.

Since the Good Samaritan Act was passed in 2012, police have reported charging 11 people as a result of responding to calls for medical assistance at the scene of an overdose, according to a report from the state attorney general's office. Another 48 people were granted immunity from charges under the law.

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