

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

# How Law Enforcement Agencies and Officers Can Work Proactively With Health-Adjacent Programming

## Part I: Naloxone

### Introduction

Opioids are one of the primary contributors to drug overdose deaths, with an estimated 68 percent of overdose-related deaths attributed to either prescription or illicit opioids. The opioid epidemic is a public health crisis requiring a holistic response.<sup>1;2</sup> Health-adjacent programming includes approaches that allow multiple community entities, like medical providers or law enforcement officers (LEOs), to address the epidemic together in a responsive and flexible manner. For example, although a medical response will ultimately be required for a person experiencing an overdose event, LEOs are often the first to respond to the scene. When

supported through a public health approach, law enforcement agencies (LEAs) can therefore play a critical preventative role in opioid overdose deaths by implementing straightforward medical interventions like naloxone distribution. This article will discuss naloxone distribution as a public health approach to overdose prevention and will offer COSSAP grantees steps for implementing naloxone programming.

### What Is Naloxone?

Naloxone is an opioid overdose reversal drug. It has minimal adverse side effects, making it very safe to use in instances of suspected opioid overdose. Naloxone is also easy to use; anyone who has been given instructions can administer it. Naloxone comes in two forms: an intramuscular injection (which may be packaged as a vial and syringe or as an auto-injector) and a nasal spray. Naloxone is often referred to by a common brand name, Narcan.

### Importance of Timing in Naloxone Administration

Death from opioid overdose occurs as a result of respiratory depression (i.e., difficulty breathing).



Without sufficient oxygen, the person's body will begin to shut down. The longer someone experiences respiratory depression, the higher the risk of death or long-term health damage, such as kidney failure, heart complications, seizures, stroke, cognitive impairment, and diminished physical functioning.<sup>3</sup> Thus, the sooner someone intervenes and administers naloxone, the less the person who has overdosed will risk death or long-term damage to his or her brain and other organs. The timing of administering naloxone is even more crucial in the current illicit opioid market. Fentanyl, a synthetic opioid that is more than 50 times more potent than heroin, dominates illicit opioid supplies in most regions of the United States. Fentanyl has an increased risk of sudden, unexpected opioid overdose that can quickly result in death.

## Training LEOs in Naloxone Administration

As the first ones to respond to many opioid overdoses, LEOs are in a unique position to administer naloxone quickly. In recognition of the importance of naloxone and the timing of its administration, many LEAs have begun providing officers with naloxone and training them in how to administer it in the event of an opioid overdose. In fact, more than 41 states across the country have LEAs with naloxone programming.<sup>4</sup> Training typically involves teaching about the importance of naloxone, detailing signs and symptoms of opioid overdose, and instructing on how to administer naloxone. After training, LEOs have consistently demonstrated their ability to accurately recognize symptoms of opioid overdose and to effectively administer naloxone without significant adverse effects.<sup>5</sup> Places where LEOs have been trained in naloxone administration have witnessed noticeable decreases in the rates of opioid overdose mortality.<sup>6</sup> For example, in 2012, the Suffolk County, New York, Police Department reversed 32 opioid overdoses within the first five months of a Narcan pilot

program. The success of the program led to a quick and successful expansion, resulting in more than 350 additional opioid overdose reversals in the following three years.<sup>7</sup>

In addition to decreasing opioid overdose deaths, training LEOs in overdose prevention and naloxone administration has been shown to increase LEOs' self-efficacy in responding to opioid overdoses, improve relations between LEOs and community members, and contribute to more engagement in treatment among people who use opioids.<sup>8,9</sup>

## Example From the Field



The Quincy, Massachusetts, Police Department<sup>10</sup>

began participating in the Massachusetts Department of Public Health's Overdose Education and Naloxone Distribution (OEND) program in 2010, which was established in response to sharp increases in opioid overdose deaths between 2008 and 2009. LEOs in the town of Quincy were identified as key participants in the OEND program, as LEOs are usually the first ones to arrive to overdose calls. Quincy police officers were trained to recognize opioid overdoses and administer naloxone, and they were provided with naloxone kits to keep in the glove compartment of their patrol car. Opioid overdose death rates decreased 66 percent in the first year of the program; by the sixth year, more than 500 overdoses had been reversed with naloxone.<sup>11</sup>

## Naloxone Leave-Behind Programs

In addition to administering naloxone, LEOs are also in a unique position to engage members of the community in opioid overdose prevention by



providing people with naloxone to have on hand. Given the dire importance of timing in administration of naloxone, laypeople can also play an important role in combating the opioid overdose epidemic. While law enforcement officers are often the first to respond to an opioid overdose, there are still critical minutes that pass between when someone overdoses and an LEO arrives. Laypeople who are present at the scene of an opioid overdose can then administer naloxone immediately.

Naloxone leave-behind programs present an ideal opportunity for members of the community to be provided with naloxone and trained to administer it. Such programs allow first responders, such as LEOs, to distribute naloxone kits when they respond to an opioid overdose. These kits are most frequently given to bystanders or others at the scene of an overdose, like family members or friends of the individual who experienced opioid overdose or, in some circumstances, to the person who overdosed. Naloxone kits commonly include two doses of naloxone (in case one is not sufficient to fully reverse the overdose), instructional steps for responding to an overdose, aftercare information, and information for getting naloxone refills. Naloxone kits can also

include contact information for local resources, such as treatment or other community programs. When giving people naloxone kits, LEOs also provide instructions for identifying an overdose and administering naloxone, and they emphasize the importance of calling 9-1-1 in an opioid overdose.

Naloxone leave-behind programs have been shown to successfully expand naloxone access to affected communities and to increase the likelihood that individuals who overdosed will connect with follow-up services like peer support specialists.<sup>12</sup> Such findings demonstrate how LEOs' and medical providers' engagement with community members, particularly those directly supporting individuals with substance use disorders, can contribute to the successful prevention of future overdoses.

## Example From the Field

The Illinois Law Enforcement Alarm System, in partnership with the Illinois Department of Public Health, is implementing the Narcan Leave Behind Initiative with selected counties in southern Illinois. This pilot program aims to increase people's chances of surviving an opioid overdose by providing naloxone to people most likely to witness an overdose, thus shortening the response time during an event. First responders, including LEOs, leave four-milligram doses of naloxone and accompanying resources with overdose victims or community members on the scene of an overdose. Other resources in the kit include instructions for the use of Narcan and information about local treatment providers and coordination services.

## Next Steps for COSSAP Grantees

In addition to reviewing [BJA's Law Enforcement Naloxone Toolkit](#),<sup>13</sup> communities whose LEAs do not have naloxone administration or leave-behind programs may consider implementing such initiatives in three stages:

### 1. Inform LEAs about overdose treatment without providing them with naloxone.

- a. Communities can develop LEO-specific trainings that cover the opioid epidemic as a public health crisis, signs and symptoms of opioid overdose, the importance of naloxone, and harm reduction.
- b. Resource: [Law enforcement training on harm reduction](#)<sup>14</sup>

### 2. Provide LEAs with naloxone to use when encountering overdose events.

- a. Push for legislation that allows LEOs to administer naloxone immediately upon arrival at the scene of an overdose, without facing liability.
- b. Areas prepared to provide naloxone to LEOs can develop training on how to administer naloxone and what to do after administration.

### 3. Provide LEAs with naloxone to distribute to community members or victims of overdoses.

- a. In states that require a prescription for naloxone, LEAs can instead include information in the kit about how to get the prescription, rather than including the medication itself. While not a traditional leave-behind program, this approach still allows community members to acquire naloxone to have on hand in the event of an overdose emergency.
- b. Resource: [How to assemble naloxone kits](#)<sup>15</sup>

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