Building an Opioid Overdose Reversal Program

A step-by-step guide to Naloxone use for law enforcement

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THE CASE FOR CARRYING NALOXONE

The opioid epidemic and law enforcement

Law enforcement officers have always been expected to perform basic first aid in the field, but an epidemic of drug overdoses is requiring an expansion of this role. Increasingly, patrol officers are being equipped with an antidote that can reverse the effects of the dangerous drugs. Officers can be trained to administer this drug in as little as an hour, saving lives and improving on the image of the police. The training and administration protocols, methods of obtaining Naloxone, and success stories are well-established and detailed below.

The driver for this new development is the massive increase in the use of heroin, fentanyl and other opioids, and the associated overdoses that come with it[i].

Naloxone

Opioids function by attaching themselves to very specific receptors in the brain, reducing or blocking pain. Naloxone attaches to the same receptors, but with a greater affinity. In the presence of Naloxone, the opioid is displaced from those receptors and becomes free in the blood, eventually excreted in the urine[ii].

In theory, no drug is free from side effects, but Naloxone seems to be very specific for its ability to block the effect of opioids. Side effects are extremely rare and not life-threatening. If the patient has no opioids in their bloodstream, Naloxone has no visible effect. When there are opioids present, the effect is dramatic. Within minutes of administration (sometimes much more quickly), the overdose victim goes from being unresponsive to responsive.

Naloxone has been a staple drug in emergency rooms and on advanced life support (paramedic) ambulances for many years. If a patient exhibits symptoms of opioid overdose, a quick injection of Naloxone either confirms the overdose diagnosis and reverses the effects, or has no effect and demonstrates something else is the problem.

Why it makes sense for law enforcement

Law enforcement is often, if not usually, the first responders on scene. Law enforcement are typically deployed on patrol, rather than dispatched from a fixed station, as are paramedics. This means they are often able to on the scene of an overdose faster, giving them a better chance at reversing the overdose and saving a life. This is especially pronounced in rural areas, where ambulance response times are often extended and law enforcement finds itself handing the overdose situation without assistance for 20 minutes or more.

According to the Bureau of Justice Assistance (BJA), some officers have reported improved job satisfaction as a result of Naloxone programs—due to the ability to “do something” when faced with an overdose. Departments that have instituted programs have also reported improved community relations, an important issue for all agencies. Finally, the coordination between police, public health agencies, and other sectors of public safety have led to self-reported improvements in cross-agency communication.

Success stories

To date there are over 1,000 law enforcement agencies that carry Naloxone. The number of lives saved by these programs is in the tens of thousands. Public response to law enforcement overdose reversal programs has been exceedingly positive.

CASE STUDY: QUINCY POLICE DEPARTMENT

Quincy, MA, which borders Boston, has a population of 100,000. In 2010, after an 18 month period where they witnessed 47 deaths related to opioid overdoses within their borders, the Quincy Police Department adopted a pilot program to help stem the loss of life. In the 18 months after instituting the program (from October 2010 to August 2012), officers recorded 171 overdoses, but only 16 of them were fatal. The Quincy Police Department used Naloxone to reverse 101 overdoses resulting in 99 successful reversals. The results were enough to justify the continuation of the program. Now, every cruiser is equipped with Naloxone and it is also in use in the booking area of the police department headquarters, and with drug units, marine units, and K-9 units. As of October 2015, their personnel have administered Naloxone 419 times, resulting in the rescue of 402 people who would likely have died from an overdose of opioids.

QUINCY POLICE NALOXONE USE

101
Total Overdoses

99
Successful Reversals

CASE STUDY: FAYETTEVILLE POLICE DEPARTMENT

Opioid overdoses reported in Fayetteville, NC (population 280,000) rose from 288 in 2009 to 545 in 2015, according to the Fayetteville Observer. Faced with what Lieutenant Lars Paul described as "an obvious heroin problem", the Fayetteville Police Department adopted a Naloxone program to combat the growing opioid-abuse epidemic in May of 2015. The department trained all 433 of its officers in administering the injections in an hour-long session. Officers were taught how to identify symptoms of an opioid overdose, how to use the device, and what to do after administering the drug. The program was instituted in full, immediately after training and all patrol units and some specialized units are equipped with the auto-injectors. As of July 2016, the department has administered 28 Naloxone auto-injections, all successfully. According to Paul, a few of the reversals were for prescription opioid overdoses, but the majority of reversals were for heroin overdoses.

The department has received positive feedback about the program from its officers and community—some families sent officers thank you letters for saving relatives from overdoses with Naloxone. Given the success of their program, Fayetteville PD recently purchased Naloxone nasal applicators to replace the auto-injectors that have expired, and are retraining officers in administering them.

CASE STUDY: SUFFOLK COUNTY POLICE DEPARTMENT

Suffolk County, encompassing Long Island, New York has a population of approximately 1.5 million. In 2012, they were witnessing an epidemic of opioid overdoses. Heroin overdoses alone spiked from 38 in 2010 to 83 in 2012. The Suffolk County, NY Police Department instituted a limited overdose reversal program in August 2012, training 460 officers. In the first month alone, five documented overdoses were reversed. By December of 2013, that number rose to 159 reversals.

CASE STUDY: LUMMI NATION POLICE DEPARTMENT

In response to a number of overdose deaths, aggravated by 20-minute ambulance response times, the Lummi Nation Police Department in Washington state trained 20 officers and several community members and command staff to use Naloxone. They reversed three overdoses in the first six weeks. The tribal nation has expanded the program to include personnel from their housing security and neighboring tribal agencies.

What about liability?

To date, no one has been successfully sued for using Naloxone. In fact, some states have enacted Naloxone-specific statutes to protect first responders who administer the drug in good faith.

IMPLEMENTATION

Once a department has determined that they will create a Naloxone program, it must then wade through the many considerations required to implement it. Adoption requires coordination with multiple stake holders across different organizations, all while creating and managing new policies, inventories and training requirements. However, this process is not as daunting as it may seem. A Naloxone program can be set up in as little as a few weeks. There are many successful programs to use as models and many great resources already exist for departments interested in starting such a program.

Step 1: Determining the existing guidelines you must follow

The first step to creating a Naloxone program is to get familiar with state and local laws. Because of the wide variance of these laws, it is impossible to write a single policy that will work everywhere. Even so, states have moved toward enacting laws that enable public safety officers with minimal medical training to carry and administer the drug.

To understand exactly what you'll need to do to create this program, you'll need to have a firm understanding of these laws and regulations.

Many states have made strides to make it easier for law enforcement officers to access Naloxone. The New York Board of Pharmacy, for example, has streamlined the process for law enforcement to acquire the medication such that they can order it directly from a wholesaler rather than go through the process of getting a prescription from a health care provider and then through a pharmacy.

Other states have taken steps to make it easier as well. Several states have supported agreements between departments and EMS agencies regarding purchasing and training. Again, because these rules vary so greatly from state to state, due diligence is required up front to fully understand the process involved.

Once you've done the research on local laws, you'll have a better idea of the best organizations to partner with as well. Some resources to get you started can be found in the appendix.

Step 2: Partnership and Procuring Naloxone

Naloxone procurement is restricted by the Food and Drug Administration, so public safety agencies have to obtain the drug through an authorized prescriber or dispensary. There are four main ways to procure Naloxone: through partnering with local EMS agencies, hospitals, or community organizations, and procuring directly from the company or a specialty distributor. However, larger agencies may have a medical director or other licensed staff member on hand to oversee the Naloxone program.

4 OPTIONS FOR PROCUREMENT

Local EMS Agencies

Hospitals

Community Organizations

Company or Specialty Distributor

The agency will, generally speaking, sign a memorandum of agreement (MOA) to formalize the collaboration between the authorizing healthcare organization and the department. This agreement formalizes the roles of the parties involved. Two examples of MOAs, one from the Oklahoma State Department of Health and one from the Massachusetts State Police can be found in the appendix. Included as well is a sample template.

WHAT IS AN MOA?

A memorandum of agreement (MOA) is a written document describing the cooperation between two organizations wishing to work together to meet a shared objective. An MOA serves is a legal document and lays out all of the terms and details of the partnership agreement.

Most law enforcement agencies initiate the process through their emergency medical services provider, which often has a supply chain for prescription drugs already established. The medical authority overseeing the EMS operation, usually a physician licensed to prescribe these medications, can get the authorization for pharmacies or pharmaceutical distributors to dispense Naloxone to the agency whose officers will carry it. The same authority may also be able to issue a standing order that details under what circumstances the drug may be administered, and who may administer it.

If the EMS provider can't or won't assist with an overdose reversal program, law enforcement can try enlisting the help of the local public health department or a local hospital. North Carolina Harm Reduction Coalition (NCHRC) lists law enforcement agencies in 36 states that are carrying Naloxone in the field[iv]. Any agency wishing to start a Naloxone program should be able to get guidance from another department in their state, and the NCHRC has assisted agencies both in North Carolina and in other states.

Step 3: Funding the program

Adding to the budget of a police department is always a problematic situation. Often the biggest question when starting any kind of new program is, "How can we fund this?"

DETERMINING COSTS

First, the costs of Naloxone must be considered. Because there are several administration methods available, all with their own costs, this will vary from department to department.

Other costs to consider include any expenses associated with getting the authorization or standing order to administer the drug, a possible contract with a physician or other supervising medical consultant, and the costs of providing training to your personnel.

The resources available to law enforcement vary by state. Some states have organizations, such as the NCHRC that will provide standing orders for free. Some states provide training through a state agency, but may request reimbursement of travel costs. In some cases, agencies may be able to have their own instructors trained to teach the protocols to their own officers.

COVERING COSTS

There are several ways departments can find funding for a new Naloxone program. Some have been funded directly out of the operational budget.

Another option is to work with partner organizations, such as community-based organizations (CBOs), state or county Departments of Public Health to cover the cost of supplies and training through educational grants, state funding, or forfeiture funds. Some departments have even received donations from the Department of Health and Human Services, the state, or manufacturers.

Grants are also available for purchase of the Naloxone devices, and for the training necessary to learn to use them. Byrne Justice Assistance[v], High Intensity Drug Trafficking Area (HIDTA), and COPS Anti-Heroin Task Force grants can be used to fund purchase and training. Some agencies have partnered with CBOs and/or state or county public health departments to fund and deliver Naloxone programs, and some local health care providers and CBOs have lent financial assistance to public safety agencies.

Step 4: Training

Depending on the method of administration, the training needs of agencies will vary greatly. Some law enforcement agencies form partnerships with local hospitals or public health departments, which supply medically-knowledgeable instructors to deliver the training. In the alternative, those same hospitals or public health departments may be able to train police personnel to deliver the Naloxone training. Alternatively, other low cost options exist, such as online or video training.

These programs are new enough that there are no standards for determining how often training should be updated or re-administered. It's probably safe to perform refresher training once per year, or whenever new kits become available or new developments that could affect the practice come to light.

No matter what avenue the law enforcement agency decides to use for training, the burden is light. Most law enforcement agencies that have deployed Naloxone kits have developed training sessions that last as little as one hour. They typically cover some basics about drug addiction, what an opioid overdose looks like and how Naloxone remedies it, legal and liability considerations, and how to administer the drug using the provided kits. Several agencies have put their training materials online for use or adoption by others[vi].

Step 5: Drafting an operational policy

Once the logistics of procurement have been dealt with, departments must create a policy governing the use of the medication. While not a strict legal requirement, it is advisable to have a clear and well thought out policy for the use of Naloxone. These procedures should be in agreement with the governing laws of the jurisdiction as well as collective bargaining and similar agreements.

As with any other technical procedure, each department will need to write, publish, and train its officers to use Naloxone and to report uses properly. However, so many law enforcement agencies have active, successful programs in place that it's easy to obtain policies to work from, plus the availability of the sample policies online, referenced above. Two are included in the appendix of this white paper.

The NCHRC has been a leader in implementing overdose reversal programs in their state and elsewhere, and created a model policy[vii] that most agencies can adapt for their needs and environment.

Creating a standard operating procedure also include creating reporting forms and associated collateral. Samples of these can be found in the appendix of this white paper.

Step 6: Determining the right method of administration

Naloxone can be administered in several different ways. Not all are as conducive to the adoption by law enforcement as others. Consider the ease of administration and training requirements when determining which method of administration will work best for your department.

Paramedics and physicians have traditionally administered Naloxone intravenously (IV), as they often have an IV line running already as a standard protocol. It's not practical to train and equip police officers to start IV lines, but fortunately, this isn't necessary. Naloxone can also be administered through a nasal spray, a nasal atomizer, or by injection into a muscle[viii].

The nasal atomizer is the most common method of administration by law enforcement. Officers open a single-use pack that contains an assembly shaped like a large syringe or test tube. These single-use kits require the officer to assemble them in the field.

THINKING ABOUT STORAGE

Some care has to be taken to ensure that any Naloxone-containing device is not exposed to temperature extremes for long periods. One study[ix] cycled vials of medications commonly used by paramedics through temperature extremes that might be experienced in a parked ambulance—or a patrol car. After a month of 12-hour cycles of heat and cold, the Naloxone samples were down to about 89% of their full concentrations after 30 days. This is not an ideal situation, but illustrates that Naloxone carried on patrol will still be very usable without having to procure and install equipment to better manage the temperature during storage.

Training is necessary and there have been reports that this can take officers, who are not well practiced in the use and assembly, some time to get right, which can be an issue in a life-or-death situation.

However, now an alternative FDA-approved nasal spray has been brought into the market that does not require assembly or training to use. In November of 2015, the FDA approved Narcan, a Naloxone nasal spray for use in the emergency treatment of opioid overdoes. It is currently the only FDA-approved nasal spray (previously, Naloxone was only approved as an injection). This administration method requires no specialized training for officers, and anyone who has used a saline spray or similar product should be able to use it easily.

Conclusion

Naloxone programs are easy to implement and can have tremendous results on the community. This is especially true for rural police departments, where officers on patrol can reach overdose victims much sooner than EMTS or paramedics dispatched from miles away.

Departments across the nation have successfully implemented opioid reversal programs to combat this growing epidemic. They have found the programs easy to implement and have experienced positive results in the form of lives saved and community accolades.

APPENDIX: FURTHER RESOURCES

The BJA Naloxone Tool Kit

Get Naloxone Now

North Carolina Harm Reduction Coalition's page for law enforcement and Naloxone

Mass. State Police MOA

Oklahoma State Department of Health MOA template

MOA Template

Operating Policy Example: Vermont State Police Naloxone Policy and Procedure

Operating Policy Example: New York City Pilot Policy and Procedure

Overdose Reversal and Naloxone Administration Reporting Form

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i. Centers for Disease Control and Prevention, "Today's Heroin Epidemic."

ii. Harm Reduction Coalition, "Understanding Naloxone."

iii. Law Atlas: The Policy Surveillance Portal, "Naloxone Overdose Prevention Laws Map."

iv. North Carolina Harm Reduction Coalition, "Law Enforcement Departments Carrying Naloxone."

v. Bureau of Justice Assistance, Edward Byrne Memorial Justice Assistance Grant (JAG) Program, Fiscal Year (FY) 2016 Guidance and Allocations.

vi. Bureau of Justice Assistance, National Training and Technical Assistance Center, "Law Enforcement Training."

vii. North Carolina Harm Reduction Coalition, "North Carolina Naloxone Law Enforcement Officer Policy."

viii. Bureau of Justice Assistance, National Training and Technical Assistance Center, "Law Enforcement Naloxone Toolkit—Administration of Naloxone."

ix. Gammon, Dustin, et. al., "Alternation in prehospital drug concentration after thermal exposure." Amer. J. of Emergency Medicine (2008), 26, 566-573.

This step-by-step guide on naloxone use for law enforcement was prepared by Tim Dees, a writer, editor, trainer and former law enforcement officer. After 15 years as a police officer, Dees taught criminal justice as a full-time professor and instructor. Dees has written more than 300 articles for nearly every law enforcement publication in the United States. Zach Demby coordinated the production of this guide and Greg Friese, MS, NRP, EMS1.com Editor-in-Chief served as a content reviewer.