

# Police Use of Naloxone after Statewide Legislation Enabling First-Responder Administration

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## STUDY OBJECTIVES

Opioid overdose is officially a national emergency. In our state, Act 139 was enacted in 2014, which allows first responders to administer naloxone to people with suspected overdose. The Act also mandated an online training program, approved by the Department of Health, for police officers statewide. A survey published in 2016 of participants in this online training a year after completion of the course found high levels of satisfaction with the course and high levels of confidence in their overdose reversal readiness. The purpose of this study is to determine the extent and specifics of actual naloxone use by police officers 4 years after implementation of the program.

## METHODS

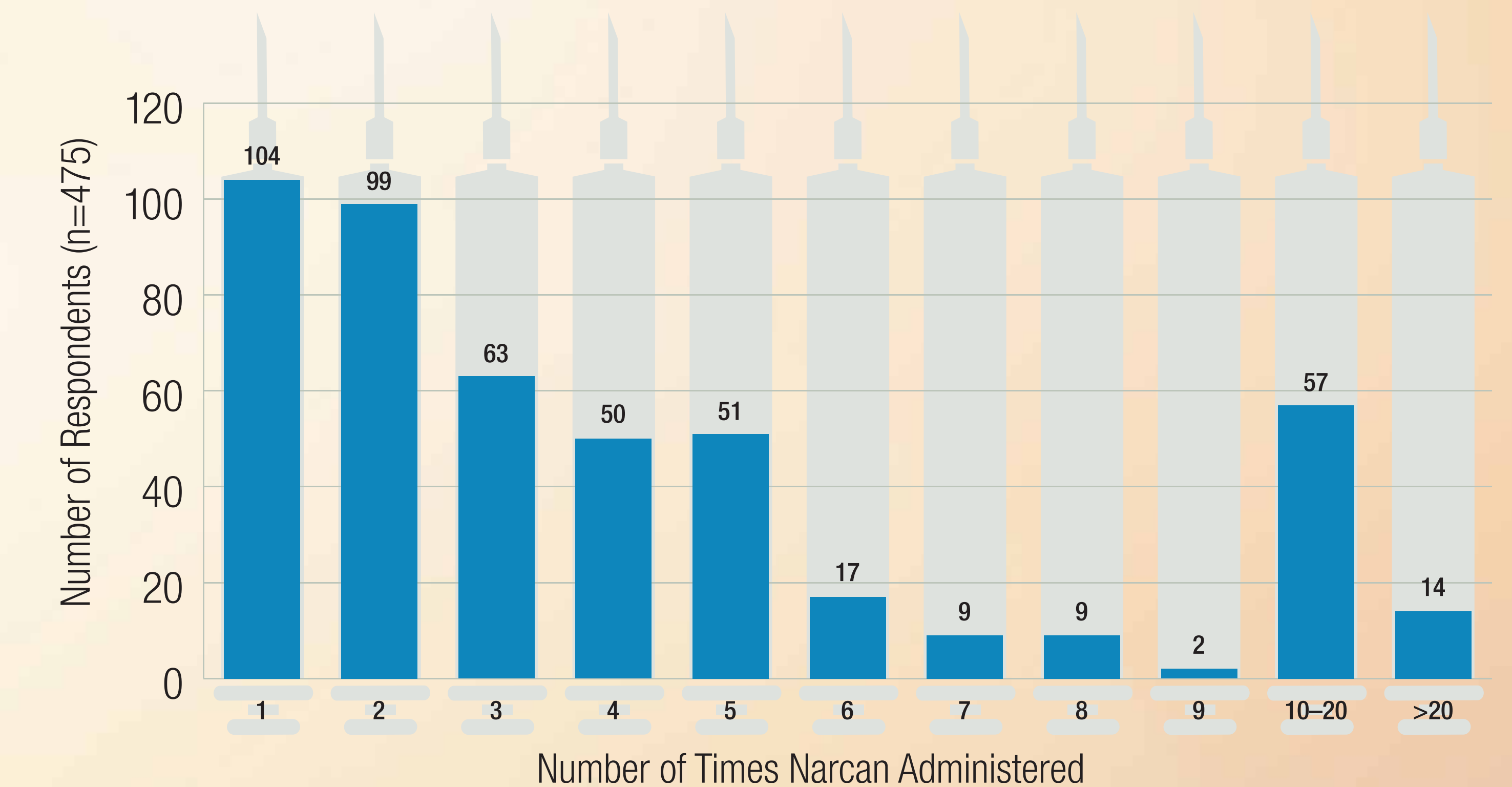
An online 16-question survey was administered through a commercial survey service. An online survey link was distributed via email to members of the statewide Fraternal Order of Police and the Chiefs of Police Association. The link was available for approximately 5 months. Inclusion criteria were current and recently retired (after September 30, 2014, the date when law enforcement agents became authorized to administer naloxone) state, local, and county law enforcement agents. A reminder to complete the survey was sent out once by each participating organization.

## RESULTS

A total of 1,084 survey responses were recorded in the database. Of those 1,084 responses, 104 had to be excluded from the primary analysis due to participants retiring prior to program implementation or giving incomplete responses. The majority of officers that responded to this survey (n=980) are not retired (89.0%), work mostly in a suburban area (61.8%), in a local or county police department (94.5%), have served more than 20 years (53.5%), and are usually first on-scene in response to a potential narcotic overdose dispatch (73.1%).

Out of the 980 responses analyzed, 475 (48.5%) respondents had personally administered naloxone (see Figure). For those that had not administered the agent (n=505), 458 had access to it (90.7%). Of those that had administered naloxone, 415 gave it to patients that had difficulty breathing but were not in cardiac arrest on-scene (87.4%). Out of 244 respondents, 182 administered it to patients in cardiac arrest or that went into cardiac arrest after police arrival (74.6%). Out of 182 respondents, 148 performed CPR in addition to administering naloxone to those who experienced cardiac arrest on-scene (81.3%); 146 respondents had patients with a return of pulse before EMS left the scene (80.2%). When asked how many surviving patients declined or refused transport by EMS, 108 out of 146 responded either "0" or "1" (74.0%). Out of 475 respondents who had administered naloxone, 415 (87.4%) reported that no recipients were arrested on-scene for a behavior-related crime and 257 (54.1%) reported that they never utilized physical restraints on-scene where naloxone was employed.

## HOW MANY TIMES HAVE YOU PERSONALLY ADMINISTERED NALOXONE?



## CONCLUSION

After passage of legislation enabling administration of naloxone by police, use of the agent appears to be relatively common and associated with favorable outcomes.

## ACKNOWLEDGMENT

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