



Police Narcan® programs have been shown to significantly reduce the number of deaths from opioid overdose in the community.

# Law Enforcement Overdose Reversal Programs: Building trust and preventing deaths.



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# The CDC recommends expanding access to and training for administering naloxone to reduce opioid overdose deaths.

Opioid overdoses are a rising public health concern. Drug overdose is the leading cause of injury death in the United States, causing more deaths than motor vehicle crashes. According to the Centers for Disease Control and Prevention (CDC), overdose rates have increased roughly five-fold since 1990. The CDC attributes the rise in drug overdose deaths to a higher use of prescription painkillers and increasing numbers of overdoses from cocaine and prescription sedatives. In 2008, the most recent year for which data is available, the CDC reports 36,500 poisoning deaths in the United States. In Connecticut, on average, one person dies every day from an opioid overdose. Naloxone can reverse an opioid overdose in a few minutes. First responders are frequently first on the scene of an overdose. The ability to administer naloxone while waiting for emergency medical services may be critical in saving a life.

Law enforcement overdose reversal programs are designed to teach law enforcement officers to recognize and reverse an active opioid overdose using naloxone. The idea is that providing law enforcement with the knowledge and the tools to reverse overdoses in the field can reduce the time between when an opioid overdose victim is discovered and when they receive lifesaving assistance. Law enforcement overdose rescue programs are similar to the already widespread efforts to train police in basic first aid and cardiopulmonary resuscitation (CPR), or advanced life saving skills such as those learned by police recruits during basic certification.

The use of naloxone by police first responders has repeatedly proven effective at saving the lives of overdosed individuals in communities where naloxone policies were in place, officers were trained, and naloxone was distributed to them. Because of this success, Governor Malloy signed into effect Public Act 14-61, which grants civil and criminal liability protection to a bystander who administers naloxone hydrochloride (known as Narcan™) in good faith to someone who has overdosed. This law extends protection to law enforcement officers.

The new law is focused on reducing fatalities resulting from heroin and prescription drug overdoses. Naloxone is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose, for example morphine or heroin overdose. Specifically, naloxone is used in opioid overdose to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. Naloxone is not a controlled substance (i.e., non-addictive) prescription medication. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent. Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained people, which makes it ideal for treating overdose victims by basic level trained emergency responders. Naloxone has no potential for abuse or adverse side effects and is most commonly available as either an injection or nasal spray.

Naloxone only works on overdoses caused by opioids. This family of drugs includes prescription painkillers like OxyContin®, fentanyl, methadone, and Vicodin®, as well as street drugs like heroin. Naloxone will not reverse overdose resulting from non-opioid drugs, like cocaine, benzodiazepines (“benzos”), or alcohol. Given how safe naloxone is, a victim of a non-opioid overdose, or an overdose caused by a mixture of drugs will not be harmed by naloxone. In multiple drug overdoses, it is still worth administering naloxone as it will remove the effects of the opioid, restoring breathing in many cases.

Naloxone is a fairly stable medication, with a shelf life between 18 months and two years. Both the intranasal (IN) and intramuscular (IM) forms of naloxone should be stored between 59°F and 86°F, and should be kept away from direct sunlight. In most law enforcement settings, naloxone can be stored in the cab of the vehicle. Alternatively, the medication has been stored with automated external defibrillator (AED) units. Naloxone kits can be maintained by the individual officers, or issued at roll call and checked in at the end of the shift. Upon expiration, supplies of the medication should be replaced.

Law enforcement officers (LEOs) have always been on the front lines of the battle

# Thirty-seven states have enacted naloxone access laws

against drug-related harm in our communities. The current opioid overdose (OOD) crisis is no different. Across the US, law enforcement agencies are increasingly initiating programs to stem the tide of overdose fatalities.

Law enforcement officers have three ways in which to administer naloxone. Currently, the most common administration method for police officers in Connecticut is through the intranasal (IN) application. During this mode of administration, a liquid form of naloxone is sprayed into the victim's nostrils. Many first responders prefer IN delivery because it does not involve needles, eliminating the risk of an accidental needle stick injury.

On rare occasions, reviving an OOD victim may restart existing health problems or uncover the effect of other drugs the victim had taken. This may result in heart palpitations or seizures. In all cases of overdose, it is critical victims be transferred to the care of medical professionals. Additionally, the effects of naloxone can last in an individual's system for up to 45 minutes. This again stresses the importance of transporting the individual to medical facility; this will reduce any liability resulting from a patient returning to a respiratory depressed state.

As with any service or activity that a law enforcement professional engages in, there is a potential for liability; therefore, it is strongly encouraged that departments which are implementing a naloxone program develop "Standard Operating Procedures" (SOPs) for law enforcement overdose response activities. These procedures should be drafted in consultation with the governing laws of the State of Connecticut and standards set forth by the Connecticut Police Officer Standards and Training Council (POST-C) and any applicable collective bargaining units. If applicable, policies should integrate the provisions of relevant 9-1-1 Good Samaritan laws, and Connecticut Public Act 14-61, as well as the department's policy on information gathering, searches, arrests, and other activities at the scene of an overdose. Any triage plans developed with EMS and fire agencies may also be reflected in the department's SOP.

There are a number of collateral benefits to the officers, implementing agencies, as well as to the public at large that are associated with implementing a law enforcement overdose response program. First and foremost, the program can lead to the reversal of possibly fatal overdoses in the community. Additionally, individual officers have cited improved job satisfaction rooted in improved ability to "do something" at the scene of an overdose. Implementing departments report improved community relations, leading to better intelligence-gathering capabilities. Similarly, collaboration between law enforcement, public health, drug treatment, and other sectors on law enforcement overdose response initiatives lead to improved cross-agency communication, and helps take a public health approach to drug abuse. (BJA NTTAC - <https://www.bjatrain.org>)

The implementation of a naloxone program is presently discretionary by a police department based on several things:

- The law enforcement agency's particular role in a town.
- Its jurisdiction.
- Design or participation in emergency medical services.
- The current authority granted by the medical control authority having jurisdiction.

Those departments who are designated as medical first responders through the Office of Emergency Services and have existing medical control protocols through a sponsoring hospital must adhere to those prescribed guidelines and should contact and work with their medical control authority to determine if they will be allowed to deliver naloxone in the field.

Law enforcement agencies should weigh overdose rescue as a potential tool that may be appropriate for their locality, taking into account the above items. Once a department has decided to engage in this discretionary response to OODs, efforts to equip LEOs with naloxone should prioritize settings where law enforcement personnel may come into contact with OOD victims at least two to four minutes before emergency medical personnel. Although this is discretionary, once a department takes on the responsibility

For additional information on this topic, please contact your CIRMA Risk Management Consultant.

of providing an opioid reversal program officers must be trained as to the:

- The recognition of opioid overdoses.
- The administration of naloxone based on the department's kits.
- Proper documentation.
- Requirement for EMS transport.
- Their Department's SOP on naloxone administration.

Law enforcement overdose reversal training and naloxone supply are particularly beneficial to rural, tribal, and other high-risk settings where professional emergency medical response may be delayed by geographic, resource, and other factors.

Whether or not an agency undertakes an overdose reversal program using naloxone, comprehensive overdose prevention programs often integrate other key elements. This includes community and school education about signs and symptoms of overdose, awareness of local Good Samaritan overdose laws, Public Acts (i.e. 14-61), information about safe drug storage, prescription drug take-backs, and encouraging help-seeking among high-risk groups. ([www.getnaloxonenow.org](http://www.getnaloxonenow.org))

The Connecticut Department of Emergency Services and Public Protection (DESPP) provides training classes through POST-C on the administration of this medication to local fire and police departments across the state.

## Resources

Naloxone Toolkit. Bureau of Justice Assistance National Training and Technical Assistance Center. [www.bjatraining.org](http://www.bjatraining.org). July 2015.

A one-stop clearinghouse designed to answer the most frequent questions about naloxone and provide resources, such as sample standard operating procedures and training materials, to support law enforcement agencies in establishing an overdose reversal program.

Get Naloxone Now. [www.getnaloxonenow.org](http://www.getnaloxonenow.org)

An online resource providing first responders (police, firefighters, EMTs) with the necessary tools to initiate programs and train personnel on how to safely and effectively intervene in a 911 opioid-associated overdose emergency.

Police Officers Standards and Training Council POST-C. [www.ct.gov/post/site.aspx](http://www.ct.gov/post/site.aspx)

POST-C provides training and education programs for law enforcement.

*The Connecticut Interlocal Risk Management Agency, CIRMA, is Connecticut's leading provider of municipal risk financing and risk management services. A member-owned and governed agency, CIRMA provides high quality insurance for municipalities, school districts, and local public agencies. CIRMA operates two risk pools, the Workers' Compensation and the Liability-Auto-Property pool. It also provides Heart & Hypertension claims services and claims administration and risk management services to self-insured municipalities. CIRMA's financial strength enables it to provide assured rate stability, open availability, and expert risk management and claims services.*

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