

3Qs: Access expands to opioid overdose antidote

March 6 2014, by Greg St. Martin

Drug overdoses are reportedly on the rise both locally and nationally. The Massachusetts State Police has reported 185 fatalities since Nov. 1, which doesn't include the large cities of Boston, Springfield, and Worcester. The White House Office of National Drug Control Policy, meanwhile, cited a 21 percent increase in overdose deaths involving prescription painkillers and a 45 percent increase in such deaths involving heroin between 2006 and 2010. In response, communities have begun equipping law enforcement and first responders with naloxone—the so-called opioid overdose antidote. We asked drug policy expert Leo Beletsky, an assistant professor with joint appointments in the School of Law and Bouvé College of Health Sciences at Northeastern University, to weigh in on this strategy and how it fits into nationwide prevention and education efforts.

What's your take on drug overdose response efforts to equip police with naloxone?

Normally, opioid overdoses can take anywhere from 45-90 minutes to turn deadly. When help is called, [law enforcement officers](#) are often first to arrive at the scene. Depending on how long the victim has been unconscious, delaying appropriate first aid by mere minutes can translate into a difference between full recovery, severe brain damage, and death. In many situations, and especially in rural or underserved areas, there can be a pretty long lag between police and ambulance response time. Naloxone quickly reverses overdoses, and is relatively cheap and easy to

administer, so there isn't much of a downside to training police to recognize an overdose and administer naloxone, when appropriate. Quincy was the first U.S. city to implement a department-wide naloxone program, with nearly 200 successful overdose reversals reported to date. Based on this positive experience, more law enforcement agencies are coming online with these efforts across Massachusetts—Boston Mayor Marty Walsh recently directed officers in the Boston Police Department to begin carrying naloxone—and nationwide.

Overdose response has traditionally been the responsibility of emergency medical services. Why should law enforcement get involved in overdose response, including carrying and administering naloxone?

Ideally, each overdose victim would receive immediate attention from paramedics, EMTs, or other emergency medical responders. But this is also true of all other medical emergencies during which [law enforcement](#) officers routinely step up to provide first aid, including motor vehicle accidents and heart attacks. Most police officers are already trained in some form of emergency first aid, so overdose response is a natural extension of the work that they are doing every day as part of their job. The idea is not to replace [emergency medical services](#), but to "bridge" the victim from the moment police arrive to when emergency medical responders can take over. One way to think about this is that, in many places, overdose is now killing more people than car accidents, so we need all hands on deck to deal with this problem.

There have also been efforts to get fire departments on board with overdose response. What's your take on their role and how it also relates to nationwide

overdose prevention and education?

There really isn't a one-size-fits-all model; a lot depends on how emergency services are organized in the specific community, as well as the geographical setting. For example, in some cities, firefighters are often the first to arrive at the scene when 911 is called, and may already have EMTs on staff. There, equipping firefighters with naloxone should probably take priority. But even if they are not trained to administer naloxone, [police officers](#) have a major role to play in overdose prevention. For example, witnesses to overdose are often reluctant to call for help because they think this will lead to trouble with the law. This is especially true of overdoses involving heroin or diverted prescription drugs. To address this, Massachusetts and nearly half of all states have now adopted "Good Samaritan" laws that shield overdose witnesses and victims from drug possession charges when help is called. But most people don't understand or don't trust these laws. Police officers are uniquely positioned to inform the public about Good Samaritan protections and encourage overdose witnesses to call for help. They are also frequently in contact with people at highest risk for [overdose](#), including newly released inmates, individual on probation and parole, the youth, and those with known substance abuse problems. Law enforcement officers already play a leadership role in community drug education, so they can use these existing channels to focus on getting information to those who are most at risk.

Provided by Northeastern University

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