

Legal experts: Law enforcement officers should be authorized to administer overdose antidote

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Associate professor Leo Beletsky. Credit: Photo by Brooks Canaday/Northeastern University

Opioid overdose is one of the leading causes of accidental death in the

U.S. According to the Centers for Disease Control and Prevention, the epidemic accounts for some 25,000 deaths per year—or approximately 68 fatalities per day.

One way to reduce the nation's number of opioid-related deaths, said Northeastern University drug policy expert Leo Beletsky, is through the timely administration of [naloxone](#), the life-saving overdose antidote.

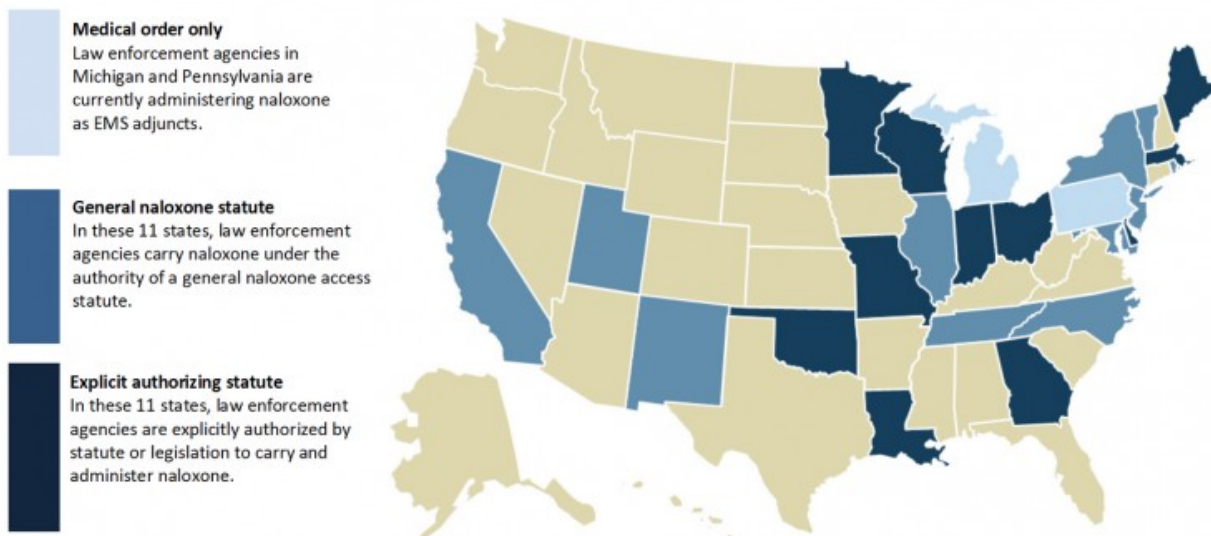
His new paper, published online Thursday by the *American Journal of Public Health*, looked at the quickly expanding effort to equip [law enforcement officers](#) with the drug. Co-authored by Network for Public Health Law attorney Corey Davis and his team, the article highlights law enforcement's overdose prevention efforts and addresses the legal risks associated with their administration of naloxone.

"Overdose is a major [public health](#) crisis, and recently there has been a rapid uptake in programs that train police in how to recognize and reverse these potentially deadly events," noted Beletsky, an associate professor who holds joint appointments in the School of Law and Bouvé College of Health Sciences. "When police show up to the scene of an overdose, there is a potential for them to take on a life-saving role in addition to being there to provide protection and security. More and more, they are stepping up to embrace this new tool."

The findings

Using standard legal research methods, Beletsky and his collaborators systematically searched legal databases to determine whether naloxone administration in the out-of-hospital setting has been the grounds for a lawsuit. Their findings were unequivocal, revealing that equipping officers with naloxone does not raise their risk of being found legally liable for their on-the-job actions.

Law Enforcement Naloxone Administration Authority



Law enforcement naloxone administration authority as of September 2014. Graphic courtesy of Leo Beletsky.

"We discovered no cases brought as a result of naloxone administration by [law enforcement officers], which is perhaps not surprising because that practice is relatively new," the researchers wrote, noting that some 220 [law enforcement agencies](#) in 24 states now carry the drug.

"However," they added, "we also did not find any cases regarding the prescription, distribution, or administration of naloxone via community distribution programs, which have been operating for more than a decade and have been involved in more than 10,000 reversals."

The article concluded that law enforcement officers should be authorized to administer naloxone; that adding administration of the drug to their duties is unlikely to affect liability risk for either the officers or the agencies; and that the passage of laws explicitly permitting officers

to administer naloxone greatly increase the chances that they will do so.

Beletsky further noted that the decision by some agencies to equip their law enforcement officers with naloxone is a key example of their ongoing efforts to shift their approach to drug policing from a punitive model to a health-based model. "Having cops carry naloxone can be a critical effort in addressing overdose fatalities in some areas," he said, "and represents a general shift in policing the nation's drug problem away from incarceration, which has proven expensive, ineffective, and deadly for far too many people."

Meeting at the FDA

Beletsky—who recently helped the U.S. Department of Justice's Bureau of Justice Assistance design a naloxone toolkit for police—will discuss the paper's findings at a scientific workshop at the Food and Drug Administration in July. Convened in part by the White House Office of National Drug Control Policy, the meeting will bring together academics, government officials, industry experts, and patient advocates to discuss the use of naloxone both in and out of conventional medical settings.

The research team's findings are locally relevant too, released just days before a Massachusetts task force is expected to submit a strategy to combat the statewide opioid crisis. More than 1,000 people in Massachusetts died of opioid overdoses in 2014, up 33 percent from 2012.

"I was really surprised how many people told me stories related to opioid addiction," Massachusetts Gov. Charlie Baker said in February, when he announced the establishment of the task force. "I said, 'You know, this is more than just anecdote, there's something deeper going on here.'"

Massachusetts is one of 11 states that explicitly permits officers to administer naloxone under a standing medication order. In their paper, Beletsky and his colleagues explain that it is particularly important for such states with large rural or tribal regions to encourage or explicitly allow officers to administer the drug.

"In areas in which [[law enforcement](#) officers] are typically the first emergency responders to arrive at an overdose, equipping them with naloxone can reduce time to overdose rescue, possibly lowering morbidity and mortality by decreasing the amount of time the victim remains in respiratory depression," they wrote. "Adoption of such measures by those states should be a high priority."

More information: *American Journal of Public Health*,
[ajph.aphapublications.org/doi/ ... 105/AJPH.2015.302638](https://ajph.aphapublications.org/doi/.../105/AJPH.2015.302638)

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