

## **The Deployment of Naloxone to Prevent Opiate Overdose Fatalities**

Sgt Geoff Kirkpatrick

Medford Police Department

DPSST #42627

SLA-003

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[Geoffrey.kirkpatrick@cityofmedford.org](mailto:Geoffrey.kirkpatrick@cityofmedford.org)

When first assigned this project I attempt to look for a meaningful and challenging problem that I could come up with a solution to. I will be the first to admit that though I have done much in my police career, I have never been a “drug guy.” That is to say that I have never worked narcotics, have a severe emotional allergy to informants and I never had a desire to make a change in drug culture. However, as I vowed to challenge myself in this project, I found that the problem of opiate use, and more specifically, overdose has is a very real problem for my community and I picked this topic for those specific reasons.

So what is the problem? Broadly stated, Opiate seizures and overdose rates are steadily on the climb in Jackson County, Oregon. Specifically in the City of Medford, which is the county seat and the largest community in the whole of Southern Oregon. Now, I am not going to go on to tell you that I have a solution to drug use. If I was that smart, I would probably be in a different field. I will however, tell you that I believe that there is a measurable solution to assisting in the fatality rates of opiate overdose victims. My solution, plainly stated, is the deployment of the drug Naloxone to the Patrol Officers of the Medford Police Department.

In looking at this issue, I first wanted to quantify the problem of fatal opiate overdoses. Opiate cases are not often classified by specific drug and therefor it is sometimes difficult to get

a complete record of actual overdose cases by this drug category. However, I enlisted the assistance of the Jackson County Sheriff's office deputy medical examiner's office. I was provided with statistics for the past three years. This was not only helpful in the identification of the problem, but will also be helpful in the assessment stage of this project's success.

**Table 1**

**Opiate Overdose Death Cases in Jackson County Oregon (Jackson County ME's Office)**

<b>Year</b>	<b>MPD</b>	<b>All other</b>	<b>Jackson Co. Total</b>
<b>2011</b>	12	7	19
<b>2012</b>	11	16	27
<b>2013</b>	7	11	18

As seen in Table 1, the Medford Police Department handles the majority of the county – wide overdose death cases. While these numbers may not signify an “epidemic” they are concerning as I consider even one overdose death to be too much.

While I realize that there are many different opiates that are abused and taken recreationally, I also realize that heroin is the drug that is most commonly tracked for statistical purposes. So for purposes of my research, I have focused on heroin statistics.

**Table 2**

**Medford Police Department Drug Seizure Numbers (Medford Area Drug and Gang Enforcement)**

<b>Year</b>	<b>Meth/gr</b>	<b>MJ/gr</b>	<b>Heroin/gr</b>	<b>Cocaine/gr</b>
<b>2010</b>	4926	183,323	1661	9945
<b>2011</b>	13423	249080	2935	3784
<b>2012</b>	45970	355155	24538	406
<b>2013</b>	22684	206895	6107	7237

In Table 2 it can be seen that all drug seizure numbers have gone up in the past few years. Heroin is no exception and there is no reason to believe that this problem will get better rather than continuing to get worse. As previously mentioned, I have no magic solution for the drug problem. I do not advocate giving up on our tireless pursuit of those who sell illicit substances. However, I am saying that if we can save lives and prevent tragedy due to the use of these drugs, we should do what we can to intervene.

As police officers it is our duty to safeguard life. It is our priority to do what we can to prevent the loss of human life. Why then, are we not prepared to intervene when we arrive on the scene of an overdose victim who may or may not be in that crucial time frame of being able to be saved? The drug naloxone can be the solution to this problem and in the hands of a first responder it has been shown that it can save lives. Make no mistake about it; the police are

typically the first ones there when life is on the line. We make sure that the scene is safe for the medical responders to make it into the scene.

Naloxone is a medication that is used to reverse the effects of opioids in the human body. In simple terms, naloxone has a stronger affinity to the opioid receptors than opioids like heroin. It knocks the opioids off the receptors for a short time and reverses the overdose. The duration of this reversal can be between 30 to 90 minutes. It can be given intravenously, intramuscularly or via intranasal delivery.

The recommended application for first responders is the intranasal administration of the drug due to the fact that it is safer to give and there is reduced risk of bloodborne exposure. The patient is not required to be breathing for this application because the intranasal dose is absorbed through the small capillaries in the nasal cavity. There is also no risk associated with administering Naloxone to a patient that is not experiencing an opioid overdose.

The drug Naloxone has been used in the treatment world for a long time. Recently inner-city treatment providers have been stocking Naloxone for use on patients that overdose near their clinics with amazing results. There have been many recent articles about the use of these drugs by police departments in New York and New Jersey with astonishing success stories.

Oregon law provides first responders with the legal authority to utilize Naloxone in the scope of their job to treat apparent opiate overdoses. Oregon Administrative Rules (OAR) 333-055-0100 through 333-055-0115 outlines the training and certification for the use of this drug by first responders. These OAR's provide a guideline and references to the Oregon Health

Authority, Public Health Division website where training materials and Training Certificates are available.

In order for the Medford Police Department to carry and administer Naloxone, we must first obtain the consent of a licensed physician who will provide oversight of the program and who has prescriptive privileges. We must then be trained ever three years by a public health authority and this training must meet the protocols set forth by the Oregon Health Authority and these can be found at:

<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/Naloxone-Training-Protocol.aspx>

The protocols are simple and easy to follow. They line-out exactly what each user needs to be trained on and provide the trainer standardized topics for instruction. This training could be completed as a part of in-service training for the Medford Police Department and should take no longer than a 2 to 4 hour block of instruction.

Also included in the OAR's is a detailed list of instructions on documenting the required training. There is a link to the public health website that enables the trainer to print certificates for each student. Once the training is complete, the statement of completion authorized the pharmacist to generate a prescription and to dispense to the trained individual dosed of Naloxone.

Once each patrol officer is trained, it is my suggestion that each patrol vehicle be assigned a dose of Naloxone. The inventory would be tracked and supplied by the program manager. In order to assess the success of this program, it would be vital to assign a program

manager that will compile the statistics as to the use and maintenance of the program and equipment. A report will be generated yearly by the program manager to summarize the previous year's deployments. It may be difficult to quantify the success of this program although it is my firm belief that if even one life is saved, it will be a success.

As I have researched and studied this project I have had the chance to talk to many of my peers about the benefits of equipping and training Medford Police Officers on the use of Naloxone. There have been a few that have asked, "Do we really want to be saving these people?" To that I answer this; how many times have you gone to a home of a mother or father and had to break the news that their son, daughter or loved one is dead due to an overdose. If we can spare that pain for one family in our community, we are doing ourselves a great service. When we take proactive measures to saves lives, we are fulfilling our mission of service to our community.