

# Law enforcement agencies gradually embrace anti-overdose drug

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Sheriff Bill Overton (left) and Deputy Timmy Burton watch as Deputy Megan Patterson demonstrates how Narcan kits are used. Franklin County deputies started carrying the drug a few weeks ago in an effort to combat opioid overdoses.

On the last day of July, a Franklin County sheriff's deputy rushed into a house and found a man breathing shallowly, his eyes open and fixed, his lips turning blue. He had overdosed on an opioid.

The deputy inserted a small device into the man's nose and injected a solution. Within a few minutes, his breathing returned. By then, an ambulance had arrived and took him to the hospital. That deputy probably saved a life, Sheriff Bill Overton said. And the lifesaving drug, Narcan, is something deputies didn't have until a few weeks ago.

"We're the front line of defense in so many ways," Overton said. "We needed this program here, because if it can save a life, that's what we do."

Naloxone, the overdose antidote also known by the brand name Narcan, has been widely praised by public health officials as a way to ease the [deadly toll of painkillers and heroin](#). But since a state law took effect last summer reducing barriers to law enforcement use of naloxone, only a handful of departments have begun carrying the drug, with Franklin County the first in Southwest Virginia.

Dana Schrad, executive director of the Virginia Association of Chiefs of Police, said the decision to equip officers with naloxone is "a matter of localities determining the best protocol based on their resources."

Cost and training are two factors to consider. But what's cited more often by departments is the relationship with EMS crews: They say that if ambulances generally can reach overdose cases before police officers can, it's redundant to ask officers to perform the duties of paramedics, who have been carrying naloxone for years.

Even if some police agencies are hesitant to issue naloxone to officers, advocates of the anti-overdose drug and others in law enforcement believe it's just a matter of time before programs expand across the state.

## **New tool for police**

When someone uses an opiate such as heroin, the drug binds to and stimulates opiate receptors in the brain. A large overdose can cause breathing to stop, leading to coma or death. Naloxone,

which is administered through an injection or with an atomizer that creates a nasal spray, can reverse those effects.

“Naloxone competes for those opiate receptors in the brain, and naloxone wins when it competes,” said Dr. John Burton, chairman of Carilion Clinic’s Department of Emergency Medicine.

It rapidly restores the overdose victim to consciousness and normal breathing. If administered to someone who isn’t overdosing on an opioid, it has no ill effects, Burton said.

So far this year, 263 people have died from heroin or prescription opioid overdoses in Virginia, according to a July report from the Virginia Department of Health. Heroin and prescription opioid overdoses claimed the lives of 803 Virginians last year.

Virginia has trailed many other states in expanding access to naloxone, which was approved by the Food and Drug Administration in 1971. At the end of 2014, then-U.S. Attorney General Eric Holder called on all local law enforcement to equip officers with the drug. By the next year, the General Assembly had begun considering a bill expanding naloxone to law enforcement.

Del. John O’Bannon, R-Henrico, sponsored the legislation to get Virginia in line with other states. He also wanted the naloxone expansion because, as a neurologist, he said he’s had to tell far too many families that their loved ones are brain-dead because of an overdose.

“I’m pleased with how many have gotten it so far, but it could be better,” O’Bannon said. “It’s just like any new tool — some need to get more comfortable with it.”

At least nine law enforcement agencies in the commonwealth carry naloxone, according to the North Carolina Harm Reduction Coalition, an organization that supports agencies seeking to use the drug. Law enforcement agencies in at least 39 states carry naloxone. In some states where police have been carrying the drug for a year or two longer than in Virginia, several hundred saves have been reported, according to the coalition.

Robert Childs, executive director of the coalition, said agencies in some states have been quicker than others to equip officers with naloxone, whether because funding is more accessible or because advocacy groups are pushing adoption. But he said Virginia is making good progress.

“Ultimately, you want your officers to be trained to handle public health and public safety issues,” Childs said. “I don’t know of any communities that haven’t been impacted by drug overdoses, so if I were in law enforcement, I would want to be equipped to handle any crisis. It’s becoming more accepted as a standard tool to have.”

Some police agencies that haven’t issued naloxone to officers have felt it unnecessary to duplicate services that have been provided by EMS for decades.

Roanoke County police spokeswoman Amy Whittaker said the county department has considered getting naloxone, but with few exceptions, fire and rescue crews arrive at overdose calls first. She said if police were to begin rolling up on victims before rescue crews, the decision to train officers would likely change.

“Since the fire department has an excellent response time in the county and are equipped with Narcan, issuing it to officers would be a duplication of services,” she said.

Roanoke’s police officers also do not carry naloxone, and the department does not plan to get it in the near future. Police spokesman Scott Leamon said officers respond together with Roanoke Fire-EMS to possible overdose calls, although sometimes fire-EMS crews are the only ones to respond to medical calls that could turn out to be overdoses.

“We have evaluated their use and will continue with our current protocol of partnering with the trained personnel of Roanoke Fire-EMS,” Leamon said.

Roanoke Fire-EMS Chief David Hoback said his department has been using Narcan for about 25 years, and there's been a noticeable increase in how often paramedics have administered it in the past few years. All 10 of the city's ambulances carry the drug kits; paramedics administer the drug through an IV.

Last year, the department responded to 129 calls of suspected heroin overdoses, and paramedics administered Narcan 76 times. Between January and the first week of August this year, crews responded to 111 calls associated with heroin and administered Narcan 60 times. Rescuers have even showed up to scenes in which three people have overdosed together, Hoback said.

"We've saved multiple lives because of it," Hoback said.

Hoback acknowledged there's a push to get naloxone into the hands of residents and police, but he said in an urban area like Roanoke, where EMTs can get to a person quickly, it's preferable for a medic to administer the drug.

Burton said a patient can quickly experience withdrawal symptoms if naloxone is administered in a large nasal or needle dose, rather than through the more gradual dosing provided by an IV. But he doesn't think that's reason enough to keep the antidote out of the hands of non-medical personnel.

"What would you rather have: someone in acute withdrawal or somebody dead?" Burton said.

"For family members and medical care workers, the answer is easy."

### **Gradual rollout**

In sprawling Franklin County, which has half the number of ambulances as Roanoke, Overton said deputies often arrived to reported overdoses first but were unable to provide medical assistance beyond CPR.

Megan Patterson, a medical deputy in the jail, said in the past 12 months, the sheriff's office recorded 84 opioid overdoses.

The sheriff's office sought funding to get Narcan through a National Sheriffs' Association grant. Narcan kits cost between \$20 and \$40. Deputies were trained through Revive, a project overseen by the Virginia Department of Behavioral Health and Developmental Services.

"We're able to save lives, and we're excited about that," Patterson said. "I'm glad we've got this tool on our belt."

In Virginia's largest city, Virginia Beach, police officers have used Narcan on 31 people since March. Only one person who received Narcan died later at the hospital.

Virginia Beach police Sgt. Colin Elliot said it made sense for officers to carry the nasal spray because there are more patrol officers on the streets than EMS providers. The department equipped officers with the kits in March.

The Fauquier County Sheriff's Office gave its deputies Narcan about the same time. The county has lost 11 people so far this year to opioid overdoses.

Sgt. James Hartman said deputies frequently arrived first at the scene of a suspected overdose.

"They would do CPR, but there was nothing else they could do to save a life until a medical unit got there and administered naloxone," he said.

About a week after getting Narcan, a deputy used it on someone suspected of overdosing on an opioid, Capt. Ray Acors said. Since then, deputies have administered it three more times.

After hearing about deputies saving lives in Fauquier County, surrounding sheriff's offices reached out for information on the program, Acors said. The Frederick County Sheriff's Office, town of Orange Police Department, town of Culpeper Police Department and Warrenton Police Department now have Narcan.

“In law enforcement, when jurisdictions see you have a successful program, it’s like dominoes, and they’re interested to learn,” Acors said. “And that’s great, because our foremost responsibility is to save lives.”