

THE USE OF NALOXONE BY COMMUNITY SUPERVISION AGENCIES

American Probation and Parole Association

Submitted by the Technology Committee
April 11, 2019



ISSUE PAPER

THE USE OF NALOXONE BY COMMUNITY SUPERVISION AGENCIES

INTRODUCTION

The U.S. Surgeon General has recommended that all individuals who may come into contact with opioid abusers carry and know how to use naloxone, an opioid overdose reversal drug that saves lives (U.S. Department of Health and Human Services, 2018). Because community supervision agencies regularly interact with opioid abusers, it is important they consider equipping staff with naloxone. This paper outlines why agencies should consider adding naloxone to their toolkit and provides guidance for successful implementation.

Drug overdose has become a national crisis that affects every segment of the population. Provisional data from the Centers for Disease Control and Prevention indicate that in the 12-month period ending in October 2017, over 68,000 Americans died from drug overdose—a 12% increase from the previous year (Centers for Disease Control and Prevention, Vital Statistics Rapid Release, 2018). This is the largest number ever recorded and equates to an average of more than 187 overdose-related deaths per day.

These statistics are largely driven by the opioid epidemic that is plaguing the United States. Opioids are a large family of drugs that include illegal substances such as heroin, synthetic drugs such as fentanyl and methadone, and prescription pain relievers such as morphine or codeine. Blue Cross and Blue Shield reports that the number of opioid use disorder diagnoses increased over 490% between 2010 and 2016 (Blue Cross/Blue Shield, 2017). Opioids are now responsible for more than 68% of all overdose deaths, with nearly 45,000 Americans dying from opioid overdoses in the 12-month period ending in October 2017 (Centers for Disease Control and Prevention, Vital Statistics Rapid Release, 2018). As a result, several states and the federal government have officially declared the opioid addiction crisis a public health emergency.

Justice-involved individuals are disproportionately represented among substance abusers (National Institutes of Health, 2018). Further, those recently released from correctional facilities (many of whom are under some form of community supervision) are at an elevated risk of death due to drug overdose (Binswanger, Stern, Deyo, Heagerty, Cheadle, Elmore & Koepsell, 2007). This increased risk is attributable to a number of factors, including the psychological stress of reentry and the danger of immediately returning to pre-incarceration levels of drug use. Underscoring this risk, one study, conducted in Washington State, found former inmates died at a rate 12.7 times higher than the general population, with drug overdose the leading cause of death during the two-week period following release (Ibid).

Naloxone is a medication that can reverse the adverse effects associated with an opioid overdose. Because community supervision officers regularly encounter opioid abusers and may themselves be vulnerable to exposure overdose, agencies should consider the pros and cons of equipping staff with naloxone.

WHAT IS NALOXONE

Naloxone is an opioid antagonist, meaning that it is a medication designed to reverse the effects of drugs such as heroin, methadone, fentanyl, and prescription pain medications. It works by quickly (within two to five minutes) restoring respiration in overdose victims and, if administered in a timely manner, can prevent brain injury and death. The use of naloxone in response to opioid overdose is well established, and emergency medical personnel have been using this medication since it received FDA approval in 1971 (Gupta, Nilay, Shah & Ross, 2016).

Given the recent opioid crisis, efforts have been made to increase access to naloxone outside of medical settings. FDA-approved products, available in both nasal spray and auto-injector forms, have been developed specifically for use by non-medical personnel, including people who are addicted to opioids and their family members as well as those in a public service capacity such as law enforcement and community supervision officers.

The current FDA-approved options for naloxone that do not require professional training are EVZIO and Narcan. These drugs contain the same active ingredient, naloxone hydrochloride. The distinguishing factor is how they are administered. EVZIO is a prefilled auto injection device that is applied to the victim's thigh area (intramuscular). The auto-injector has a retractable needle to help avoid accidental injury, and the device provides users with audible instructions once it is activated (e.g., reminding users to call 911). Narcan is a spray administered intra-nasally (via a nostril) and no injection is involved.



Drug overdose has become a national crisis that affects every segment of the population.

Naloxone is considered safe and, as mentioned, the U.S. Surgeon General has recommended the general population carry it to help combat the national opioid crisis. Further, many states have passed laws to both increase general access to the medication as well as to shield individuals from liability when the drug is administered in good faith (National Conference of State Legislatures, 2017). Additionally, because friends and family of opioid users are often in the best position to prevent an overdose, pharmacies in many states are now making naloxone available without prescription so loved ones can quickly respond in emergency situations.

NALOXONE AND COMMUNITY SUPERVISION

Recognizing that community supervision officers maintain a strong presence in the community and may have frequent exposure to opioid abusers, community corrections agencies are beginning to equip staff with naloxone kits. For example, two probation officers in Sullivan County, New York recently encountered a heroin overdose victim during a field visit (Probation Officers Save Man, 2016). While attempting to serve a warrant, the officers encountered the parolee and were able to revive the victim after administering two doses of naloxone.



Synthetic opioids are very potent—so much so that the Drug Enforcement Administration recently issued a nationwide warning to law enforcement agencies about the dangers of improper or inadvertent handling of them.

Naloxone kits are not just useful for field work. It is not uncommon for clients to be under the influence of heroin when reporting to a community supervision office. This exact scenario recently played out in Pennsylvania when a client entered the Harrisburg District Office of the Board of Probation and Parole immediately after using heroin. After entering the office, the client quickly began exhibiting signs of an overdose. Staff successfully recognized the symptoms and administered naloxone, reversing the effects of the heroin and preserving a life (PR Newswire, 2015).

Naloxone can also increase officer safety. Synthetic opioids, such as fentanyl and carfentanil, have become increasingly common,

and overdose deaths related to synthetic opioids have increased 540% percent over the past three years (Katz, 2017). Synthetic opioids are very potent—so much so that the Drug Enforcement Administration recently issued a nationwide warning to law enforcement agencies about the dangers of improper or inadvertent handling of them (United States Drug Enforcement Administration, 2016). According to the warning, even a minute exposure can be deadly, and the immediate administration of naloxone is recommended to reverse the effects. Supporting this warning, two Hamilton County (OH) probation officers were recently exposed to fentanyl while taking a probationer into custody in her home (Dykes, 2017). The officers showed symptoms of overdose and were hospitalized but

recovered. Had the officers been exposed to greater quantities of the drug, the outcome might have been very different. Because officers are regularly in situations where they may unknowingly touch fentanyl or inhale airborne particulates, carrying a naloxone kit could save their lives.

CONSIDERATIONS

Increased access to naloxone has saved tens of thousands of lives (AMA Wire, 2015). However, naloxone programs in community supervision agencies are not entirely without controversy. Before equipping officers with naloxone, agencies should consider the following:

Alignment with Core Mission

Each agency should evaluate how an opioid overdose prevention program, to include the use of naloxone, aligns with its core mission. Some community supervision agencies or individual officers may feel that responding to an overdose constitutes a medical function as opposed to a criminal justice function.

Conversely, agencies may believe that the use of naloxone is simply part of their responsibility to their clients and their communities, a position that aligns with the Surgeon General's recommendation. Further, officers who have "peace officer" status may have a legal obligation to protect and preserve life, meaning they must act when they are first on the scene.

Effectiveness

When considering effectiveness, it is important to understand what naloxone can and cannot do. As a rescue drug, naloxone is considered highly effective. A recent study found that over 93% of overdose victims survived after receiving this drug (Kounang, 2017). Depending on the amount and potency of opioids ingested, several doses may be required to revive the victim.

On the other hand, naloxone is not a treatment drug and therefore does nothing to solve the underlying problem of addiction. Critics of naloxone programs argue that revival only provides a temporary fix and warn that the use of naloxone may enable or encourage riskier drug abuse behaviors.

First responders who lack an understanding of addiction and relapse may become demoralized if they revive the same individual on multiple occasions. However, proponents of naloxone argue that every life is worth saving and recovery is only possible if the victim survives the overdose. Community supervision agencies that respond to overdose situations should take steps to try to get victims to engage in treatment as soon as possible after they are stabilized, understanding that treatment resources are often limited.

Training

Agencies implementing naloxone should ensure officers receive training to properly respond to opioid overdose situations. Training should focus on:

- How to identify the signs and symptoms of opioid overdose
- The need to call emergency medical services immediately
- How to administer the naloxone medication
- The need to remain with the victim
- How to apply cardiopulmonary resuscitation (CPR) and/or rescue breathing until help arrives (as needed)
- When to provide additional doses of naloxone.

In many states, naloxone training can be obtained free of charge either through an agency, such as the Department of Health, or as part of a larger state-level grant. These training sessions are typically short, with some agencies reporting that training can be completed in less than one hour.¹ Jurisdictions will also need to consider whether refresher sessions should be required, and, if so, at what frequency.

While the training may be free, agencies should account for the time that officers will be away from normal duties and plan for the impact on workload, including overtime. Many agencies are resource challenged, and any additional burden, no matter how small, should be carefully considered. Further, agencies should consult with labor unions if they are making training mandatory, as it may be interpreted as a change in working conditions.

Side Effects and Follow-up Care

An opioid overdose is a serious medical crisis and emergency services should be contacted immediately. Agencies should be aware that naloxone can wear off in 30-90 minutes and a second dose may be required.

Additionally, individuals may have adverse reactions to naloxone. For example, a victim taking opioid medication for pain management may experience intense pain as the naloxone neutralizes the pain-relieving effects. Also, as naloxone works to reverse the effects of the opioid-induced respiratory depression, victims may experience symptoms such as nausea, vomiting, sweating, seizures or abnormal heartbeats. Further, the use of naloxone may bring on acute withdrawal syndrome in individuals who are physically dependent on opioids. These reactions are all treatable by emergency medical staff. However, agencies should ensure that officers are aware of and can apply their training to respond to such situations.

¹ Examples of training curricula are available on the BJA Naloxone Toolkit for Law Enforcement website listed at the end of this paper.

Officer Safety

Upon revival, the victim may be disoriented and violent, particularly if the victim does not recognize the person who administered the naloxone. This could place the officer in a vulnerable position, since administering naloxone requires officers to be in close proximity to the victim, typically kneeling on the ground over them. Agencies should therefore consider ways to mitigate risks to officer safety. For example, some law enforcement agencies require the presence of two officers when naloxone is administered.

Costs

Overdose response programs can be expensive. According to the Bureau of Justice Assistance (BJA), a Narcan rescue kit, which contains two doses, can cost \$22-\$60 and has a shelf-life between 18-24 months (Bureau of Justice Statistics, 2018). EVZIO is a newer product and is generally more expensive. According to the manufacturer's website, a two pack of auto-injectors costs \$360 for government agencies and has a shelf-life of 24 months (EVZIO, 2018).

Due to the opioid crisis, many states are providing funding that allows health departments (or other similar agencies with the authority to obtain and fill prescriptions) to distribute naloxone to community supervision agencies free of charge. Agencies should understand that this funding may be discontinued in the future and may want to budget for the acquisition of naloxone.

Storage

Naloxone is a fairly stable medication. However, agencies will need to develop a policy to address storage and the replacement of expired medication. Both Narcan and EVZIO should be stored between 59- and 77-degrees Fahrenheit, and Narcan should be kept away from direct sunlight. Agencies planning to equip field officers with naloxone should plan their storage procedures with climate conditions in mind.

Reporting

Agencies should consult with the entity responsible for coordinating the overall overdose response program in their state (e.g., health department) to determine reporting requirements when naloxone is administered. Common information collected includes the responder's name and agency, where the administration occurred, demographic information about the victim, the type of naloxone used, the number of doses, and information about the condition of the victim prior to and after administration (Illinois Department of Human Services, 2018). Beyond external data reporting requirements, agencies should consider what information would be useful for their internal purposes and develop reporting requirements accordingly.

Liability

Some officers or agencies may have concerns about potential liability issues. However, as discussed, naloxone is considered a safe medication. No adverse effects are possible if the drug is administered to an individual who is not experiencing an opioid overdose.

As mentioned, many states and some local jurisdictions have passed laws to protect individuals from liability when the drug is administered in good faith. However, it is important that agencies consult with their counsel, as laws in each state vary.

CONCLUSION

The opioid crisis is a national public health emergency. The U.S. Surgeon General recently encouraged all individuals who may come into contact with opioid users to keep naloxone within reach, as it can save lives.

Community supervision agencies work with this population on a daily basis and are at an increased personal risk of exposure anytime they conduct a home visit or search a vehicle. As such, agencies should strongly consider adding naloxone to their toolkit. Each state has different laws and processes governing access and distribution of naloxone kits. Therefore, as part of the exploration process, interested agencies should consult with their state's department of criminal justice, department of substance abuse, health department or equivalent, and legal counsel.

To learn more, one good source of information is the BJA's online Naloxone Toolkit for Law Enforcement. This provides a wealth of information that community corrections agencies will find relevant:
<https://www.bjatrainng.org/tools/naloxone/Naloxone%2BBackground>.

REFERENCES

- U.S. Department of Health and Human Services (2018). Surgeon General's advisory on naloxone and opioid overdose. As of June 10, 2018: <https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html>
- Centers for Disease Control and Prevention, Vital Statistics Rapid Release, Provisional Drug Overdose Death Counts, As of May 23, 2018: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- Blue Cross/Blue Shield (2017). The health of America; America's opioid epidemic and its effect on the nation's commercially-insured population. As of December 18, 2017: <https://www.bcbs.com/the-health-of-america/reports/americas-opioid-epidemic-and-its-effect-on-the-nations-commercially-insured>
- Centers for Disease Control and Prevention, Vital Statistics Rapid Release, Provisional Drug Overdose Death Counts. As of May 23, 2018: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- National Institutes of Health. Addiction and the criminal justice system, [Fact Sheet]. As of February 21, 2018: <https://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=22>
- Binswanger, I. A., Stern, M., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison: A high risk of death for former inmates. *New England Journal of Medicine*.
- Gupta, R., Nilay, B. S., Shah, D. & Ross, J.S. (2016). The rising price of naloxone: Risks to efforts to stem overdose deaths, *The New England Journal of Medicine*.
- National Conference of State Legislatures (2017). Drug overdose and Good Samaritan laws. As of June 21, 2018: <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx#Calling%20911>
- Probation officers save man who OD'd on heroin. (2016, October 20). *Times Herald Record*. As of February 11, 2018: <http://www.recordonline.com/news/20161020/probation-officers-save-man-who-odd-on-heroin>
- PR Newswire (2015, July 13). First Pennsylvania parole agents use naloxone to save life. As of February 11, 2018: <https://www.prnewswire.com/news-releases/first-pennsylvania-parole-agents-use-naloxone-to-save-life-300148115.html>
- Katz, J. (2017, September 2). The first count of fentanyl deaths in 2016: Up 540% in three years. *New York Times*. As of February 20, 2018: <https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html>
- United States Drug Enforcement Administration (2016). DEA warning to police and public: Fentanyl exposure kills. As of February 11, 2018: <https://www.dea.gov/divisions/hq/2016/hq061016.shtml>
- Dykes, T. (2017, August 4). 2 probation officers exposed to possible fentanyl. *WLWT5 News*. As of February 21, 2018: <http://www.wlwt.com/article/2-more-cincinnati-law-enforcement-officers-exposed-to-possible-fentanyl/11462838>
- AMA Wire (2015, November 19). New Naloxone product could save thousands of lives. As of February 20, 2018: <https://wire.ama-assn.org/delivering-care/new-naloxone-product-could-save-thousands-lives>
- Kounang, N. (2017, October 30). Naloxone reverses 93% of overdoses, but many recipients don't survive a year. *CNN*.
- Bureau of Justice Assistance. Law enforcement naloxone toolkit. As of February 11, 2018: <https://www.bjatraining.org/naloxone/what-are-typical-costs-law-enforcement-overdose-response-program>
- EVZIO Product Website. As of June 12, 2018: <https://evzio.com/patient/evzio2you/>
- Illinois Department of Human Services, Division of Alcoholism and Substance Abuse. Overdose reversal and naloxone administration reporting form. As of May 23, 2018: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/OASA/Overdose_Prevention_Program/IL_444-2053_Printable.pdf