

For Law Enforcement Department Leaders: Training Patrol Officers for Opioid Overdose Response During COVID-19

Opioid overdose recovery is an important public service that can make your community safer and generate significant goodwill. A training session on overdose response can improve the capacity of your patrol officers to respond safely and effectively. Partnering with a local health organization to plan and conduct the training will improve its effectiveness because you will be working with experts in addictions or community health. In addition, you can potentially strengthen your agency's rapport with the community through the relationship with the organization. Potential partners include a community-based addiction treatment or syringe services program, the Red Cross, or a community health center. Below are suggestions for what to include in the session.

Feature testimonials.

A testimonial from an officer who has successfully revived a person can help you make the case that overdose response is not only the right thing to do, but also personally rewarding. Ideally, you can also arrange for a testimonial from an individual who has lived through overdose and achieved success after being given another chance at life. Your officers may narrowly define "success" as complete abstinence from drugs. However, after hearing from a person with lived experience, they may come to recognize that success can mean many things, including using drugs less often, using drugs more safely



"COVID-19 has put many extra strains on law enforcement, leading to multiple changes in our practice and procedures. What hasn't changed is our mission to serve and protect our communities."

DONNIE VARNELL, INVESTIGATOR, DARE COUNTY SHERIFF'S OFFICE; SPECIAL AGENT IN CHARGE OF DIVERSION AND ENVIRONMENTAL CRIMES UNIT, STATE BUREAU OF INVESTIGATION, NC (RETIRED)

(such as with sterile equipment), seeking mental health services, and engaging with peer support. [Research](#) suggests that including in your training people who have been successfully revived can help officers perceive people who overdose in a different, more positive light.

Put overdose response in context.

Invite a community behavioral health center and/or a harm reduction program to speak with your officers about substance use disorder (SUD) basics, local drug use trends and community impact, overdose, and effective follow-up services.

Provide training on overdose response.

Response basics are covered in *FAQs for Patrol Officers: Responding to Opioid Overdose During COVID-19*. Share this handout during your training and provide opportunities for role-playing and skill-building.

This guidance is intended to assist law enforcement department leaders in preparing department training on opioid overdose response. A companion document, "FAQs for Patrol Officers: Responding to Opioid Overdose During COVID-19," can be used as a training handout. These documents were reviewed and endorsed by:

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"It's vital that we connect the person who overdosed to care and educate their family members and loved ones about overdose response. This can prevent future overdoses and reduce crime, especially property crime."

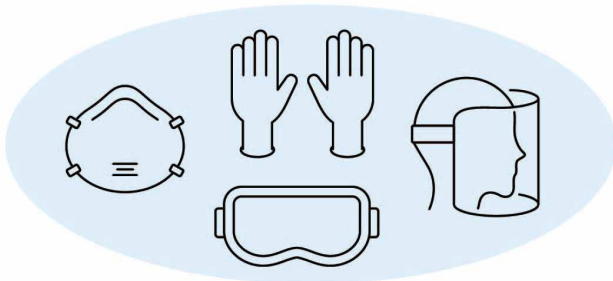
DANIEL P. MELOY, CHIEF OF POLICE AND DIRECTOR OF PUBLIC SAFETY, COLERAIN TOWNSHIP, OH (RETIRED), AND FOUNDER, QRT NATIONAL AND DPM INNOVATION CONSULTING

Address overdose response in the context of COVID-19.

Both substance use and drug-related overdoses have [increased dramatically](#) since the onset of the COVID-19 pandemic. It can be helpful for officers to be aware of the multiple reasons why they are more frequently being called upon to respond to overdose (see box on page 4).

Encourage officers to wear PPE while responding to an overdose.

The number one rule of law enforcement is to come home safe at the end of the day. The use of personal protective equipment (PPE) can minimize risk of exposure to the coronavirus. PPE includes a mask, gloves, and protective eyewear such as goggles or a disposable shield that fully covers the front and sides of the face. As the agency leader, it's important that you set the expectation that officers will wear PPE when responding to an overdose to protect themselves and their loved ones from exposure. If you have a sufficient supply of masks, give officers extra so that they can place one on the face of the person who has overdosed for another layer of protection.



"We can and should continue to save people who have overdosed during COVID-19."

LARS PAUL, CAPTAIN, FAYETTEVILLE POLICE DEPARTMENT, NC (RETIRED)

Links to Additional Information

[Drugs, Brain and Behavior: The Science of Addiction](#) (plain-language overview from the National Institute on Drug Abuse; free copies can be ordered here)

[Getting to the Point! Syringe Exchange Programs & North Carolina](#) (information on the benefits of harm reduction for law enforcement)

[Post Overdose Follow Up](#) (information from the North Carolina Harm Reduction Coalition on the creation of a follow-up program)

[Opioid Overdose Prevention Toolkit](#) (free downloadable set of resources from the Substance Abuse and Mental Health Services Administration)

[State Behavioral Health Agency](#) (list of agencies that can help the law enforcement agency with overdose education and response training and linkages to local resources for a follow-up program)

[Network for Public Health Law](#) (list of 911 Good Samaritan and naloxone laws by state)

Recovery Support Organizations

These organizations should be included on your Referral Sheet, wherever you are located, because they offer online, nationally available services.

[MARA](#) (online meetings for people on medication-assisted treatment)

[Smart Recovery](#) (online meetings for people in recovery, as well as meetings for their friends and family; can refine search by LGBTQ, Spanish, veterans, and other categories)

[Embarkeco](#) (online meetings in English or Spanish (<https://www.embarkpca.net/espanol>))

[Wellbriety](#) (online recovery support based on Native American culture)



If an officer says...	Respond with...
<i>Overdose response is not my job—it's the job of an emergency medical responder or a social worker.</i>	In an overdose situation, every minute counts, and you are often the first on the scene. You can be the difference between life and death.
<i>I don't want the liability.</i>	You are protected by law if in good faith you attempt an overdose rescue with naloxone.
<i>It takes too much time.</i>	An overdose rescue can be performed in very little time—less time than you'll spend at the scene of a death.
<i>These people aren't worth it.</i>	Every person is worth it, and no one should be judged in their worst moments. Plus, no one is untouched by this issue. You yourself may have a loved one with SUD or on opioid pain medication whom you do not want to die from overdose.
<i>Recovering someone from overdose just gives them more time to use drugs.</i>	Your response can help connect people with SUD to services that can help them live healthier lives. People who recover from overdose do not always immediately follow up with these services, but many do eventually.

Provide officers the opioid overdose reversal drug, naloxone (also known as Narcan).

Ideally, you will provide your officers with enough naloxone kits that they have one or more to use at the scene of overdose and if, policy allows, extra kits to distribute to the person who recovers from overdose and to bystanders. Some law enforcement agencies partner with emergency medical services or a community-based organization or health department to distribute naloxone.

Provide officers with a referral sheet.

You can engage with the local health department and community partners to create or obtain a handout that officers can distribute at the scene of an overdose. This resource should provide information on follow-up care options (see page 2). Ideally, the referral sheet will list local organizations that provide culturally and linguistically appropriate services to any special populations in your jurisdiction. If space allows, include resources for

legal aid, housing, and food assistance. For the duration of the pandemic, listings on the referral sheet should be vetted to ensure they are currently operating and offer remote access or on-site access with social-distance protections.

Engage with an overdose follow-up program.

You can develop a protocol for officers to share the name and location of the individual who has just been recovered from overdose with an overdose follow-up program, that is, an established team of people that may include behavioral health and peer recovery specialists. Within 24–72 hours, the follow-up team visits the person and provides harm reduction and treatment information and resources such as naloxone kits. Ideally, a law enforcement officer does not participate in the follow-up visit or does so in plain clothes and merely to conduct a warm hand-off to the community partner.

Be prepared to overcome resistance to overdose response.

Peers are sometimes more effective than leadership in convincing officers that overdose response is the right thing to do. Encourage officers who have successfully revived a community member from overdose to talk about their experience with fellow officers.



“Giving people another chance on life through naloxone administration is one way we work with our communities.”

RONALD MARTIN, DETECTIVE SERGEANT, NEW YORK CITY POLICE DEPARTMENT (RETIRED)



SOME REASONS WHY OVERDOSE HAS INCREASED WITH COVID-19

Pandemic-related stress is causing increased use of intoxicants, including opioids, both by people with a history of drug use and people new to use.

Addiction treatment program closings and service reductions have made it more difficult for people to access services they had been using to address their OUD.

COVID-19 has disrupted the supply chains through which illicit opioids are distributed. This puts users of opioids at greater risk of overdose, for two reasons: (1) An interruption in use of opioids causes loss of tolerance. When people lose tolerance, they can overdose on an amount that was safe for them to use just a few days earlier. (2) Contamination of heroin and illicitly manufactured pills with the potent opioid fentanyl varies dramatically across the supply chain. When people switch to a new source, they may unknowingly expose themselves to a toxic drug supply.

Rapid release of prisoners to reduce crowding and the spread of COVID-19 inside correctional facilities has put more people with OUD into communities where social and treatment services are lacking or are strained by pandemic-related constraints. Opioid overdose is a leading cause of death for people who have been released from incarceration.

Due to social isolation measures, more people who consume drugs are doing so alone, with no one nearby to assist if they should overdose.

FOLLOW-UP CARE OPTIONS

Harm reduction refers to practical strategies aimed at reducing community drug use, death from overdose, crime, spread of disease, isolation of people with SUD, infections caused by sharing drug use equipment, and accidental needlesticks to law enforcement. Harm reduction strategies include: peer-based outreach and education, condom distribution, health services that meet immediate needs, syringe services programs, and community-based distribution of naloxone. Harm reduction practices keep people who use drugs alive and healthy and are a connection linking people, when ready, to evidenced-based treatment for their opioid use disorder (OUD) and recovery support.

Standard of care for OUD is treatment with a Food and Drug Administration-approved medication for opioid use disorder (MOUD), along with behavioral treatment and psychosocial support. MOUDs include methadone, buprenorphine (oral or injectable), and naltrexone (injectable). Compared to treatment without medication, MOUD has been shown to significantly decrease drug use, transmission of infectious disease, overdose, mortality, and crime.

Mental health services are important for the many people with SUD who have a [co-occurring mental disorder](#) stemming from such causes as childhood neglect, physical or sexual abuse, witnessing of violence, post-traumatic stress, incidents in military service, accidents, or disaster. In addition, depression and anxiety frequently co-occur with SUD. Mental health services may include therapy and medications.

Recovery support can help people with SUD severely decrease their drug use, extend the time before they return to drug use, maintain abstinence, and reintegrate into the community. This support can be especially helpful for people after incarceration or other confinement such as hospitalization. Recovery coaches, peer support specialists, and support groups can help people gain social support, build sense of worth, learn new coping skills, and develop habits and the improved mental state that support healthier living.

Social services can help people with OUD stabilize their lives and becoming self-sufficient. Types of services include case management, transportation assistance, health education, and linkages to stable housing, legal assistance, and cultural and food assistance.