As medical providers continue to prescribe opioids more frequently the opportunities for patients to become addicted to these opioids increases, and leads to more deaths (National Institute of Drug Abuse, 2019). Opioid overdose continues to be an increasing cause of death not only among the urban population, but also among the American rural population. Roughly 130 people die every day from opioid overdose, and this number continues to increase (National Institute of Drug Abuse, 2019). Among the rural population, specifically in rural Virginia, opioid overdose deaths increased by 300% from 1997 to 2003 (American Journal of Addiction, 2009). In order to prevent the number of deaths from opioid overuse from increasing, the use of Naloxone by first responders should be required to save victims once an opioid overdose call is made. Additionally, the training of first responders to use Naloxone is inexpensive and feasible.

By equipping first responders with Naloxone the number of deaths from opioid overdose would decrease. Naloxone is a medication that can be used to treat narcotic overuse in emergency situations. It activates by binding to receptors in the brain where the opioid would normally bind, therefore reversing the effects of the opioid on the brain, and reversing respiratory depression (American Public Health, 2014). The use of Naloxone will essentially help keep the patient conscious for enough time to be treated by paramedics or medical professionals. Often police officers are the first to arrive at a 911 call, and arrive before paramedics (American Public Health, 2014). As police officers are the first to arrive they should be supplied with the proper tools in order to handle a time sensitive situation. As Naloxone can be administered as a nasal spray, it wouldn’t be a burden for the officers to carry. Therefore, in situations or calls for opioid overuse, police officers that arrive at the scene first will be able to administer the drug
and potentially save a life instead of waiting for paramedics to arrive and administer the medication.

Secondly, the training of police officers on how to administer Naloxone is minimal and can be done within a day. Also, Naloxone itself is inexpensive and is often donated to police station for officers to use. In New York approximately 55 officers took part in a day long training on how to identify opioid overdose victims and how to administer Naloxone to them. Some concerns officers faced were the consequences of administering Naloxone improperly, or if they would be held liable for future health outcomes the patient may experience. At the conclusion of the training officers learned that Naloxone is not only easy to administer, but is also not harmful if administered incorrectly, and therefore the legal risk is minimal (Harm Reduction Coalition). Ultimately, the use of Naloxone in emergency situations by law enforcement officers is not only easy, but will also save lives.

Addiction and drug abuse continue to be a growing crisis in America. As first responders and health professionals, saving lives is the ultimate obligation. In the New York police officer training and other trainings it was seen that at least one officer in each training used their training on Naloxone administration less than 24 hours after the training to save a life (Harm Reduction Coalition). In an ideal world drug abuse and addiction would be nonexistent, but the reality is that it is becoming more prevalent, and more prevalent in areas where medical help is not readily available. Although, training and education on the negative effects of drug abuse may help to some extent, this form of prevention is not adequate. By equipping our first responders with Naloxone, help can be given when it matters the most, and lives can be saved.
References


