

EVALUATION OF A NALOXONE PILOT AMONG POLICE OFFICERS IN SCOTLAND: A PUBLIC HEALTH APPROACH TO POLICING

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Background:

Naloxone is a medication commonly used to reverse opioid-related overdoses and is increasingly being provided to first responders at overdose situations, including police officers. A pilot exercise to test the carriage and administration of naloxone by police officers in test areas of Scotland was conducted in 2021.

Methods:

To evaluate attitudes and acceptability, including barriers and facilitators (actual or perceived) impacting on police carriage/administration of naloxone. Thereby, to inform any potential national implementation of naloxone carriage/administration among police in Scotland. A mixed-methods process evaluation included: online survey of police officers participating in the pilot; semi-structured interviews and focus groups of police officers, people with lived/living experience of opioid use, family members and support workers, and senior strategic stakeholders; collection of quantitative data regarding uptake and administration of naloxone and number of overdoses encountered by police officers participating in the pilot.

Results:

By the end of the pilot, 808 police officers had been trained in the use of naloxone (87% of the workforce in the pilot areas). Uptake of naloxone kits was approximately 81%. There were 51 naloxone administration incidents recorded by police officers at a suspected opioid-related overdose incident. Identified facilitators included participants' recognition of the opportunity and duty of police officers to save a life, and positive experiences of naloxone administration. Perceived barriers included opposition from the Scottish Police Federation, concerns about legal liability and insufficient partnership with health and social services. The majority of participants (and all community stakeholders) were supportive of the pilot and its roll out across Scotland.

Conclusion:

Carriage and administration of naloxone by police officers is an acceptable and potentially valuable first aid tool to tackle the drug-related deaths crisis in Scotland. The intervention lies at the intersection between public health and policing and implies a more explicit public health approach to policing.

Disclosure of Interest Statement:

None