Expanded access to naloxone among police officers: is it effective?

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Introduction and Aims: Opioid overdose rates have been increasing in the last decade. Naloxone is an opioid antagonist that is effective in reversing the effects of an opioid overdose with minimal adverse effects. Police officers are often the first emergency responders to arrive at an overdose. However, in Australia they have not been carrying naloxone to assist in managing an overdose. The aim of this evaluation was to examine the effectiveness of the 1st Australian pilot of Police Naloxone carriage and use which was conducted by the Western Australian Police Force with the support of the Mental Health Commission.

Methods: Some 277 police officers of 365 who received naloxone training completed pre-post questionnaires and some 100 of these completed a quantitative and qualitative online survey conducted some 3-6 months after their training. Participants who had administered naloxone since being trained were invited to complete a follow-up interview.

Results: Preliminary results [full results will be presented at the conference] suggest that police officers’ competence to administer naloxone increased after the training. The majority reported that they would be able to administer naloxone in case of an overdose, and that they would call an ambulance and commence first aid. Most respondents also completely agreed that everyone at risk should be given a naloxone supply. A minority of the sample reported having administering naloxone to opioid overdose since receiving the training and that lives were saved.

Discussions and Conclusions: Results suggest that this police naloxone distribution program was well received by officers, improved their capacity to manage overdoses, and contributed to saving lives.

Implications for Practice or Policy: This project shows that carriage of naloxone by police officers in this country is feasible, effective and may saves lives. It should serve as an example for other jurisdictions to roll out similar programs.

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