It is not hyperbole to say that community corrections professionals are in the business of saving lives. Typically, this is manifested as part of a longer-term process in which the officer supports an offender in altering some type of self-destructive behavior.

Increasingly, however, officers during their normal duties are saving lives in a more dramatic fashion: preventing opioid overdoses. Armed with training and naloxone, an FDA-approved drug that reverses the effect of opioids, officers in several states could intervene in emergency situations to preserve life.

Drug overdose is a national crisis that affects every segment of the population. The Centers for Disease Control and Prevention reports that more people died from drug overdose in 2015 than in any previous year. On average, 143 overdose deaths occur each day. These troubling statistics are largely driven by the opioid epidemic that is plaguing our country, as the overall rate of opioid overdose has quadrupled since 1999 and today these drugs are involved in over 63 percent of all overdoses (Rudd, Seth, David, & Scholl, 2016).
While the trends for the general population are certainly disconcerting, we know that substance abuse disproportionately involves the offender population. Further, we know that offenders recently released from correctional facilities (many of whom may be under community supervision) are at elevated risk of death due to drug overdose. This has been attributed to several factors, including the dangers of immediately returning to pre-incarceration levels of drug use. One study, conducted in Washington State, found that during the first two weeks after release former inmates died at a rate 12.7 times higher than the general population. Drug overdose was the leading cause of death (Binswanger et al., 2007). More recently, news media reported that 700 inmates released from an Ohio county jail since 2013 have since died. Nearly half of these deaths were due to drug overdose (Frolik, 2016).

Overdose deaths can be prevented with naloxone, an opioid antagonist designed to reverse the effects of drugs such as heroin, methadone, and fentanyl. It works by quickly restoring respiration in victims and, if administered in a timely manner, can prevent brain injury and death. Naloxone, also marketed as Narcan and Evzio, is not a new agent, having been used by emergency medical personnel for decades. However, given the recent overdose epidemic, concerted efforts have been made to increase access to this rescue drug. FDA-approved products in both nasal spray and auto-injector forms have been developed specifically for use by non-medical personnel and first responders, such as police officers, who carry naloxone kits as part of overdose reversal programs. Further, many states have passed laws to both increase general access to naloxone as well as shield individuals from liability when the drug is administered in good faith. As the 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 that loved ones can quickly respond in emergency situations.

Recognizing that probation and parole officers are also key first responders in the community, several agencies have begun equipping their staff with naloxone kits. Officers, of course, regularly encounter opioid abusers. Some of these individuals may be on their caseloads, but others may be friends or family members of clients. Still others may be random victims an officer comes across during the day. Regardless of who the victim might be, probation and parole officers are on the front line and therefore are in a unique position to intervene in overdose situations.

Naloxone also has officer safety applications. The Drug Enforcement Administration recently issued a nationwide warning to law enforcement agencies about the dangers of improperly handling fentanyl (see https://www.dea.gov/divisions/hq/2015/hq031815.shtml).
As probation and parole officers work in the field, they may be exposed to this powerful drug in its various forms. For example, during a home visit an officer may unknowingly touch fentanyl or inhale airborne particulates. Per the warning, even minute exposure can be deadly, and the immediate administration of naloxone is recommended to reverse the effects.

Naloxone kits are not just useful for field work. It is not uncommon for offenders to be under the influence of heroin when reporting for an appointment with their officers, and signs of overdose may be observed. With the availability of naloxone, some agencies are making kits available in all their offices and are training all staff—from clerks to executives—on proper use of this drug.

Not every jurisdiction has been equally impacted by the opioid epidemic. However, those agencies operating in areas where overdoses are common should consider using this important tool. As part of the exploration process, interested agencies should consult with their legal counsel. Further, each state has different laws and processes regarding training and distribution of naloxone kits. Guidance should be sought from your state’s department of criminal justice, department of substance abuse, and department of health or equivalent.

Finally, the Bureau of Justice Assistance has established an online Naloxone Toolkit for Law Enforcement (https://www.bjatraining.org/tools/naloxone/) that provides a wealth of great information that community corrections agencies will find useful.

REFERENCES


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