

Naloxone among Iowa Law Enforcement Agencies Survey Results

Key Points:

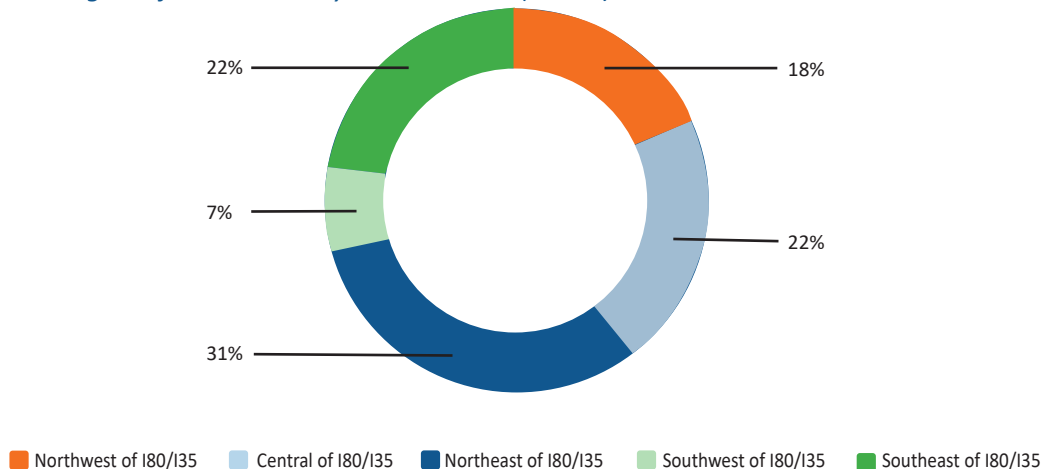
- Just under half of responses (46%) indicated that officers in their agency had administered naloxone in the last year.
- Responses indicated that law enforcement carried naloxone to administer it to fellow law enforcement/first responders (89%) as much as they did to administer it to citizens (91%).
- Approximately 82% of responses identified an EMS wait time in excess of eight minutes in their area.

Introduction

In the spring of 2021 the Iowa Department of Public Health (IDPH) collaborated with representatives from the Iowa Police Chiefs' Association (IPCA), Iowa State Sheriffs' and Deputies' Association (ISSDA), Department of Public Safety (DPS), the Midwest High Intensity Drug Trafficking Areas (HIDTA), and the Governor's Office of Drug Control Policy (ODCP), to create a survey to inform public safety and public health on perceptions and policies among Iowa law enforcement agencies regarding the overdose reversal drug naloxone (Narcan). The survey link was sent out via email to every law enforcement agency in the state of Iowa on July 26, 2021, and closed on August 30, 2021. Sworn officers were asked to answer questions about their agency's demographics as well as questions about naloxone storage, training, policies, administration and perceptions. This is a review of these responses.

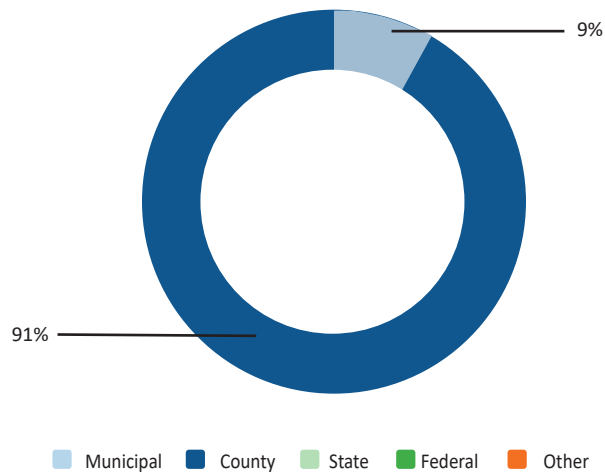
Agency Demographic Questions

Question 1 - What region of the state are you located in? (n=243)



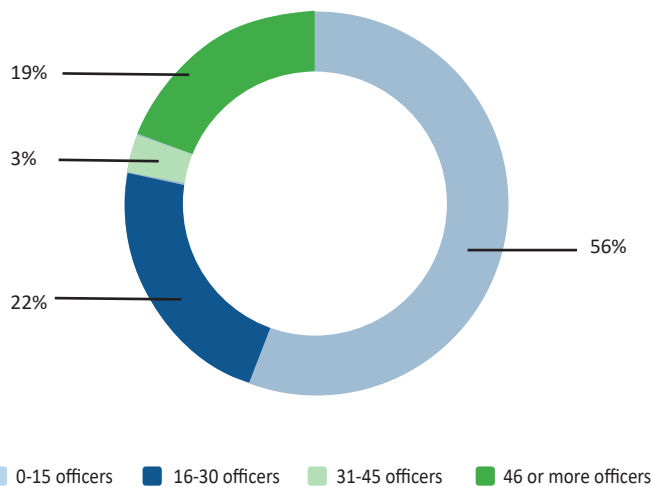
Responses to the survey were generally evenly distributed across the state with three regions comprising around one-fifth of survey responses each (22% from those Southeast of I80/I35, 22% from those Central of I80/I35, and 18% from those Northwest of I80/I35). Responses from the Northeast of I80/I35 accounted for just under one-third of survey responses at 31%. Responses from law enforcement agencies Southwest of I80/I35 accounted for less than one-tenth of responses (7%).

Question 2 - How would you categorize your law enforcement agency? (n=245)



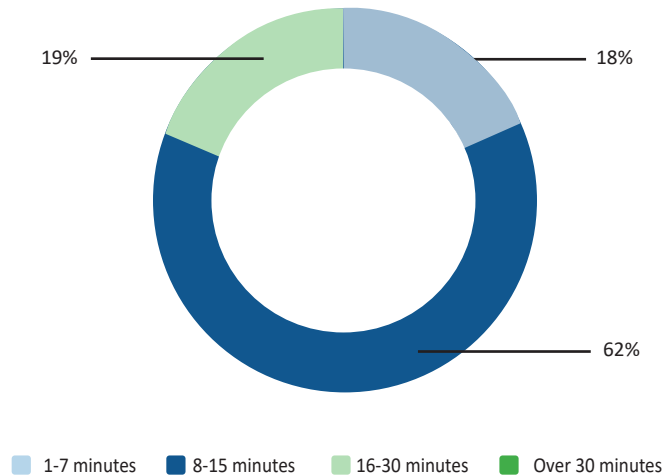
Responses overwhelmingly identified working within County law enforcement agencies (91%) with only 9% identifying working within Municipal agencies. No state or federal agencies were represented within the survey responses.

Question 3 - How many sworn officers are in your law enforcement agency? (n=245)



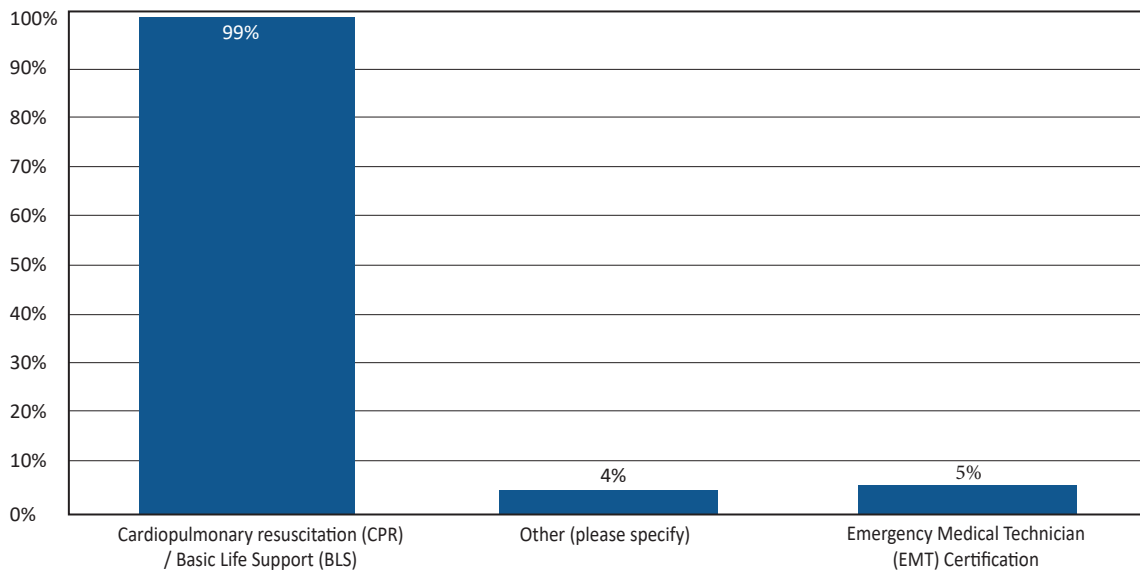
More than half of the responses (56%) described their law enforcement agency as having less than 16 sworn officers. A little more than one-fifth of responses (22%) indicated their agencies as having between 16-30 officers. A little less than one-fifth of responses (19%) indicated agencies of 46 or more officers and agencies of 31-45 sworn officers accounted for only 3% of responses.

Question 4 - What is the average EMS response time in your area? (n=197)



Less than one-fifth of responses (18%) indicated an EMS response time between 1-7 minutes in their area. A little less than two-thirds of responses (62%) indicated the average EMS response time in their area was between 8-15 minutes, and a little less than one-fifth of responses (19%) indicated an EMS response time of 16-30. Fortunately, zero responses indicated an EMS response time of more than 30 minutes.

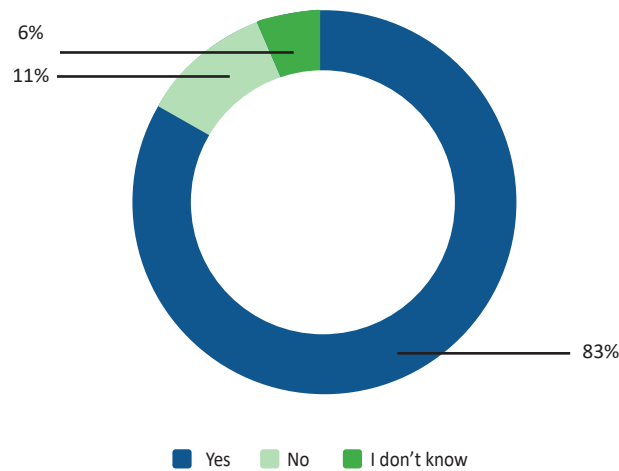
Question 5 - Are officers in your agency required to take any of the following medical training? (n=233 responses with more than one answer possible for a total of 253 answers to this question)



Almost all responses (232 out of 233, or 99%) indicated that their agency required Cardiopulmonary Resuscitation (CPR)/Basic Life Support (BLS) training. Four percent of responses indicated EMT certification requirements in their agencies and 5% of responses indicated “other”. Of the 12 answers where “other” was indicated, 5 indicated automated external defibrillator (AED) requirements, 3 indicated first aid training requirements, 2 indicated Iowa Law Enforcement Emergency Care Provider (ILEECP) and 1 answer each indicated Narcan training as a requirement and EMT training as voluntary.

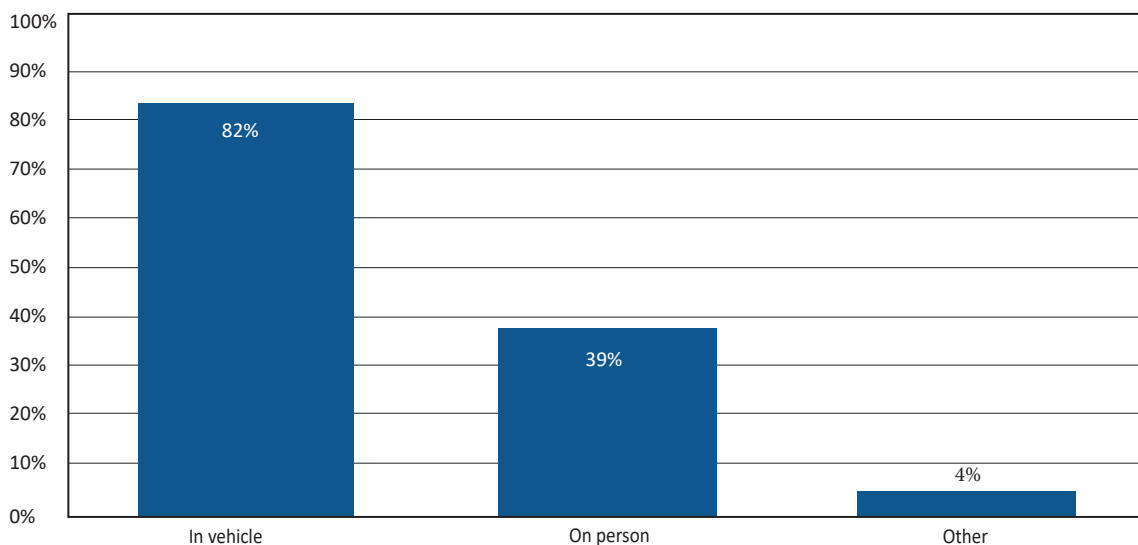
Naloxone Questions

Question 6 - Do officers in your agency carry naloxone (Narcan) while on duty? (n=236)



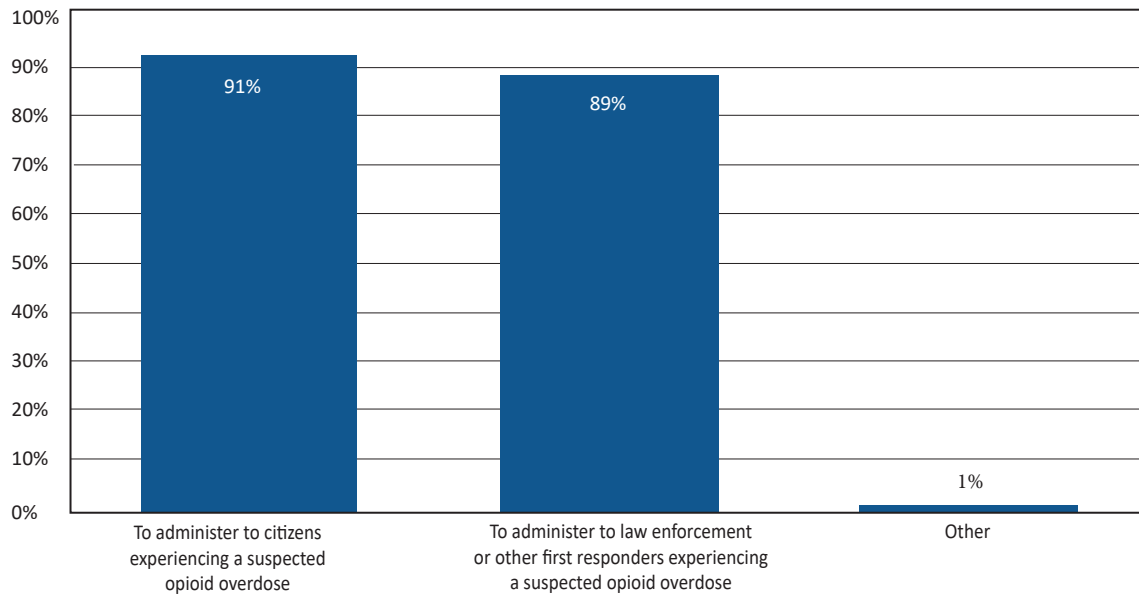
The majority of responses indicated officers in their agency carry naloxone while on duty (83%). A little over one-tenth of responses (11%) indicated officers in their agency did not carry naloxone while on duty and 6% indicated that they did not know whether officers in their agency carry naloxone or not.

Question 7 - Where do the officers in your agency store naloxone (Narcan) while on duty? (n=191 responses with more than one answer possible for a total of 241 answers to this question)



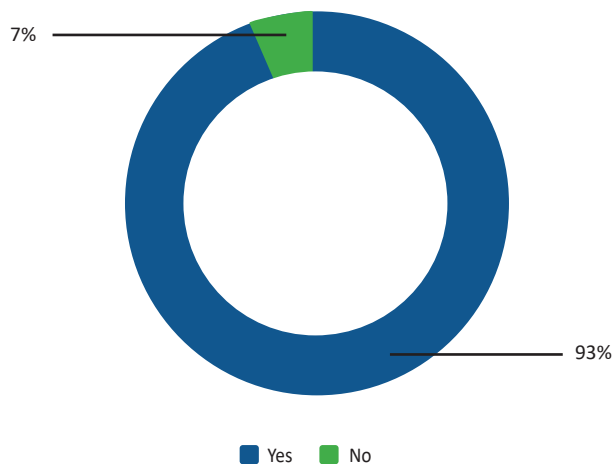
More than two-thirds of responses to this question (82%) indicated that officers store naloxone in the vehicle. More than one-third of responses (39%) indicated officers store naloxone on their person while on duty. Those that indicated "other" largely described naloxone being stored within the jail or at the office and booking. One response stated that naloxone is stored at the security checkpoint in their agency.

Question 8 - Why do officers in your agency carry naloxone (Narcan)? (n=190 responses with more than one answer possible for a total of 345 answers to this question)



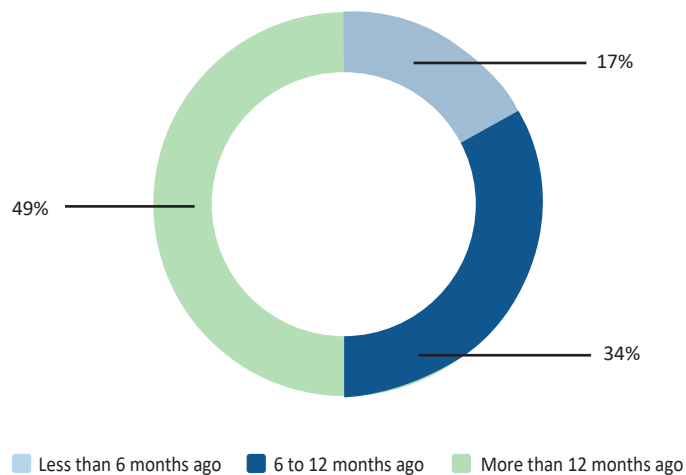
The vast majority of responses to this question indicated that law enforcement officers carried naloxone for the purpose of administering it to both citizens (91%) and other law enforcement or first responders (89%), in the event of a suspected opioid overdose. The only “other” response indicated naloxone was carried to administer to inmates.

Question 9 - Have officers in your agency been trained to administer naloxone (Narcan)? (n=216)



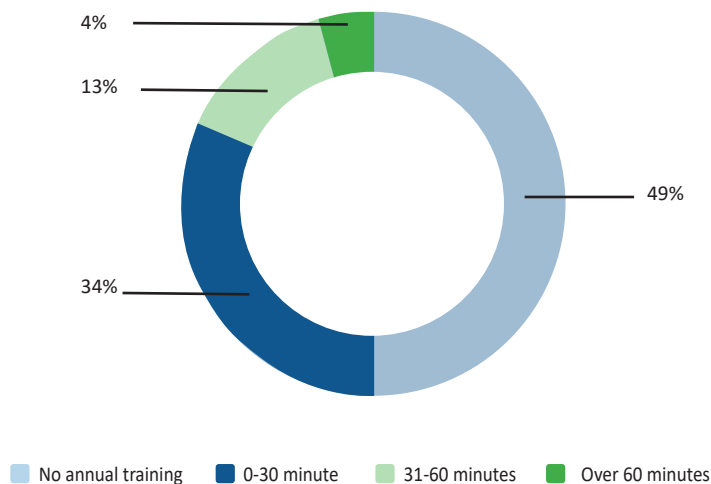
The vast majority of responses (93%) indicated that officers in their agency had been trained to administer naloxone with 7% specifying no training had been received by officers in their agency on naloxone administration.

Question 10 - When were officers in your agency last trained to administer naloxone (Narcan)? (n=180)



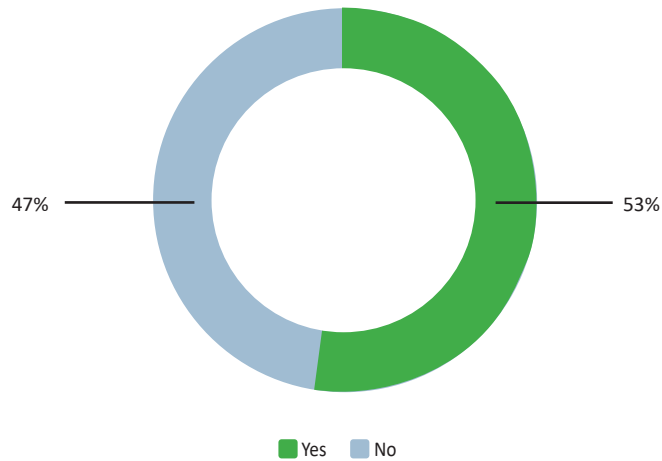
Of those that indicated officers in their agency were trained to administer naloxone, less than one-fifth (17%) of responses specified officers were trained less than 6 months ago. A little more than one-third (34%) indicated officers in their agency obtained naloxone administration training between 6-12 months ago and almost half (49%) of the responses to this question stipulated officers were trained more than 1 year ago.

Question 11 - How much time does your agency make available for naloxone (Narcan) training each year? (n=203)



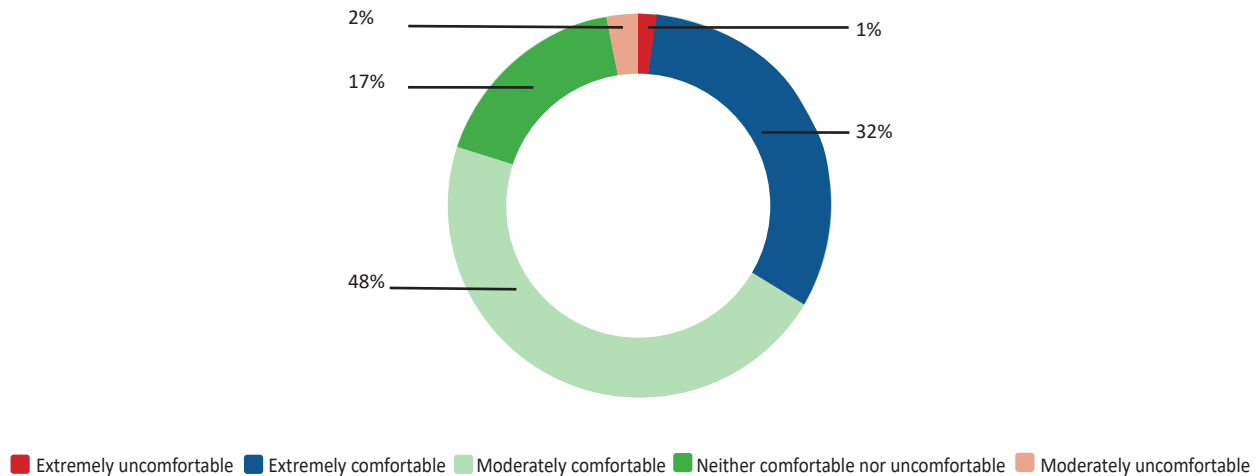
Almost half of the responses (49%) indicated that their agency did not make time available for annual naloxone training. A little more than one-third (34%) of responses indicated their agency made half an hour or less for naloxone training available annually and a little more than one-tenth (13%) of responses indicated that their agency made between 31 and 60 minutes available for training annually. Only 4% of law enforcement agencies made over 60 minutes available for naloxone training annually.

Question 12 - Does your department have a written policy about naloxone (Narcan) administration? (n=156)



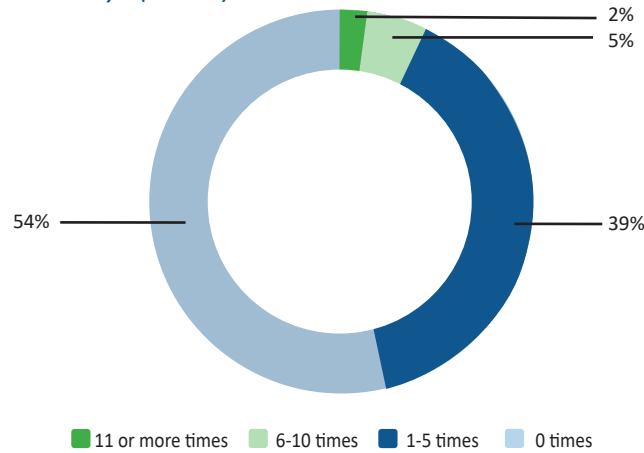
Responses were more likely to indicate that their department had a written policy about naloxone (53%) than not (47%).

Question 13 - How comfortable do you believe the officers in your agency are with administering naloxone (Narcan)? (n=203)



A little less than one-third of responses (32%) believed that the officers in their agency are extremely comfortable administering naloxone and a little less than a half of responses to this question (48%) believed that the officers in their agency were moderately comfortable with administering naloxone. Combined, those numbers suggest that 80% of responses felt that the officers in their agency are comfortable administering naloxone. Less than one-fifth of responses (17%) believed that the officers in their agency were neither comfortable nor uncomfortable. Only 2% of responses believed that the officers in their agency are moderately uncomfortable administering naloxone and only 1% of responses believed that the officers in their agency are extremely uncomfortable administering naloxone. Combined, only 3% of responses believed the officers in their agency are uncomfortable administering naloxone.

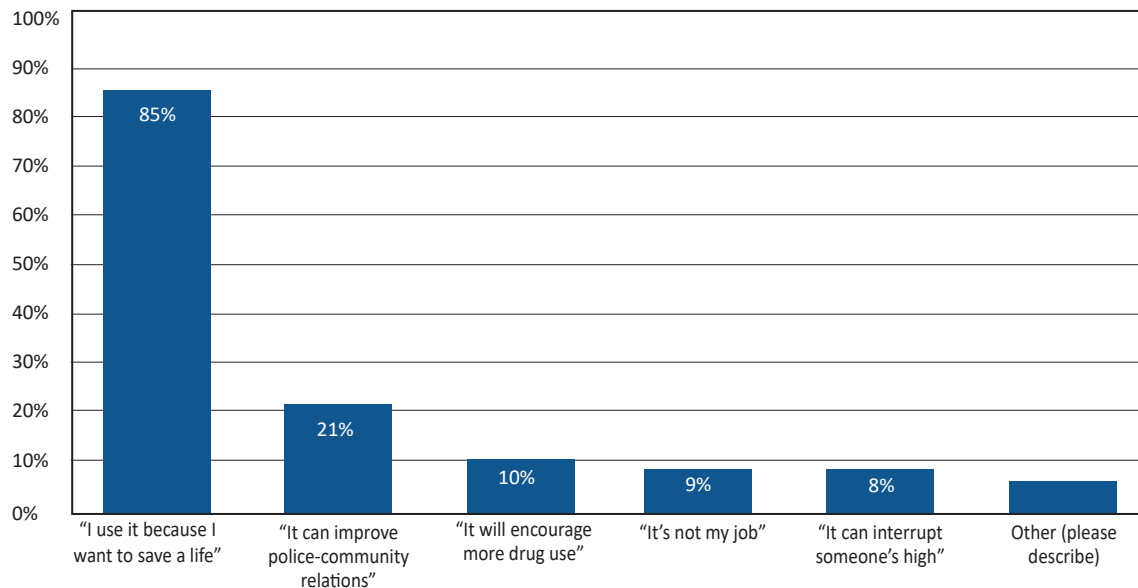
Question 14 - In the last year, how many times have officers from your agency administered naloxone (Narcan) in the course of their professional duty? (n=190)



More than half of the responses (54%) indicated that officers from their agency did not administer naloxone in the course of their professional duty within the last year. When asked why, the vast majority indicated that it was never needed. Some indicated that naloxone was not administered because local EMS was always able to administer naloxone before law enforcement arrived. More than one-third (39%) indicated officers from their agency administered naloxone in the course of their professional duty 1-5 times, 5% indicated 6-10 naloxone administrations, and 2% indicated 11 or more times within the last year.

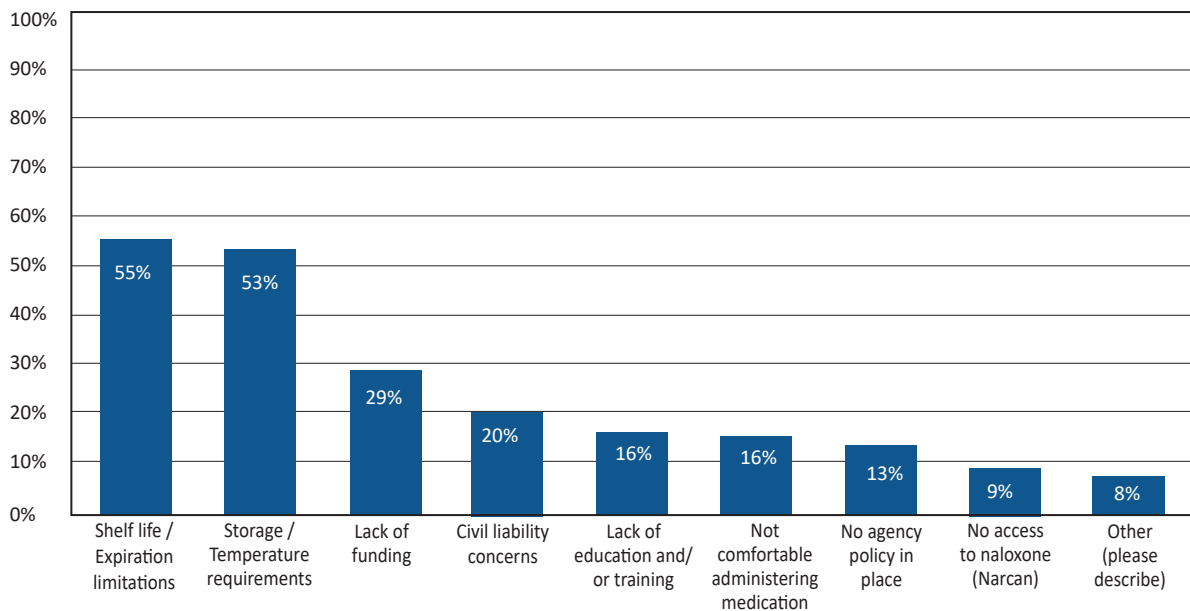
Perceptions Questions

Question 15 - What are some common thoughts or beliefs regarding naloxone (Narcan) among officers in your agency? (n=201 responses with more than one answer possible for a total of 284 answers to this question)



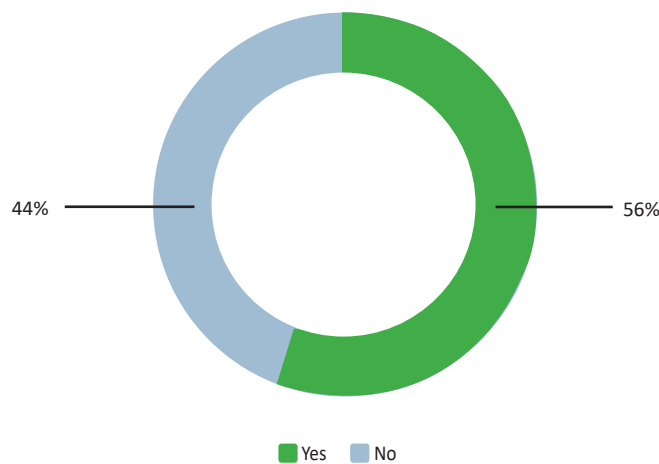
The vast majority of responses (85%) indicated the belief that "I use [naloxone] because I want to save a life" is common within their agency. A little more than one-fifth of responses (21%) indicated that the belief that naloxone can improve police-community relations was common in their agency. Ten percent of responses indicated the belief that "[naloxone] will encourage more drug use" was common in their agency and 9% indicated that the belief "it is not my job" was common in their agency. Also, the belief that "it can interrupt someone's high" was identified as common within the agencies of 8% of responses. Within the "other" category, the majority of responses indicated that naloxone is "only for use on self or other officers". Two other beliefs identified within the "other" category were that naloxone was "hard to store due to high and low temperatures in Iowa and short shelf life" and "indifference" towards naloxone as a whole.

Question 16 - What are barriers for officers in your agency to carrying naloxone (Narcan)? (n=178 responses with more than one answer possible for a total of 392 answers to this question)



More than half of respondents indicated “Shelf life/expiration limitations” and “Storage/Temperature requirements” as barriers to officers carrying naloxone while on duty (55% and 53% respectively). “Lack of funding” was identified by more than one quarter of responses (29%) as a barrier to officers in their agencies to carrying naloxone. “Civil liability concerns” were identified as a barrier by one-fifth of responses (20%). Both “lack of education and/or training” and discomfort with administration were identified as barriers to sworn officers carrying naloxone by 16% of responses each. Other barriers identified included a lack of agency policy (13% of responses) and lack of access to naloxone (9% of responses). All “other” entries indicated that there were no barriers, meaning 8% of responses indicated there were no barriers to carrying naloxone within their agencies.

Question 17 - Do you support fentanyl test strips being available to people who use drugs to prevent a death involving opioids? (n=147)



The majority of responses (56%) indicated support for fentanyl test strips to prevent a death involving opioids, while 44% did not support the use of fentanyl test strips to prevent a death involving opioids.

Implications

This survey sought the perceptions of, and policies on, naloxone among law enforcement agencies in Iowa to help inform public health and public safety on the facilitators and barriers to naloxone administration. The results indicate that naloxone availability is not a barrier to law enforcement among those that answered the survey. More than 80% of responses indicated that officers in their agency carry naloxone and do so in their vehicle while on duty. Over 90% indicated that officers in their agency had been trained to administer naloxone and 80% of responses cited that officers in their agency were comfortable administering naloxone (either comfortable or extremely comfortable). Of note is the perception of why officers carry naloxone. Responses indicated that law enforcement carried naloxone to administer it to fellow law enforcement/first responders (89%) as much as they did to administer it to citizens experiencing a suspected opioid overdose (91%). This point may be helpful to know in dialogues between public health and public safety.

More than half of responses (54%) indicated that officers in their agency had not administered naloxone in the last year. Most of those described the lack of need in administering it as the reason why it was not administered. A few cited a lack of access to naloxone, indicating that access barriers still exist for some of those who participated in the survey.

The most commonly cited barriers to carrying and administering naloxone among responses were, by far, the shelf life (55% of responses identified this issue) and/or storage temperature requirements (53% of responses identified this issue) of naloxone. Fortunately, changes in this area have recently been implemented by the manufacturer of NARCAN. Previous versions of the medication typically expired within 18-24 months of distribution and had a temperature excursion range from 59°F-104°F. Fortunately, the manufacturer of Narcan recently obtained approval from the U.S. Food and Drug Administration that extended the shelf life to 36 months and widened the temperature excursion range from to 41°F - 104°F.

The importance of training and having an agency policy regarding naloxone were also evinced by the survey. Of those stating that their agency did not provide naloxone training, 87% stated that officers within their agency had not administered naloxone in the course of their professional duty. In comparison, of those stating that their agency had provided naloxone training, 50% stated that officers within their agency had administered naloxone in the course of their professional duty. Further, although 93% of those who answered the survey reported that officers in their agency had obtained naloxone training, almost half of responses (49%) described their training as taking place more than one year ago. This is important, as before noted, shelf life and temperature requirements change over time and providing recurring training may help to mitigate perceived barriers to naloxone administration.

Interestingly, 100% of those who indicated that their agency had a naloxone policy also cited that the officers in their agency had been trained to administer naloxone. Among responses indicating that there was not a naloxone policy in their agency, only 83% had been trained to administer naloxone. Further, 66% of those that indicated their agency had a naloxone policy also indicated receiving annual training. This is interesting when compared to the 42% of those indicating their agency did not have a naloxone policy and indicated annual training. Almost all (95%) of responses indicating a presence of a naloxone policy in their agency also cited that officers in their agency carried naloxone. Of responses indicating that their agency did not have a naloxone policy, 21% either did not know if officers in their agency carried naloxone while on duty, or indicated that officers in their agency did not carry naloxone while on duty. These findings suggest that, among those that took the survey, naloxone policies may help to overcome barriers to naloxone administration by officers to persons experiencing an overdose.

Limitations

Although law enforcement officers from across the state responded to this survey, the responses may not have been a proportional representation of all law enforcement agencies and officers in Iowa. This survey was also a convenience sample, so those that chose to fill out the survey may have differed from those that did not

choose to take the survey. Further, although the survey sought to mitigate social desirability bias through requesting the responder to answer on behalf of their agency instead of from their individual opinions, the response rate of individual questions within the survey suggests that social desirability bias may have occurred. Future research may benefit from a qualitative perspective to provide more contextual data to the quantitative data gathered in this survey.

Conclusion

In sum, this survey highlights some of the important work that has already been done by both law enforcement and public health in efforts to reduce fatal overdoses across Iowa. It also illustrates that naloxone training and agency naloxone policies can help to address barriers to the administration of this life-saving medication by law enforcement across the state.