

The South Carolina Law Enforcement Officer Naloxone Project

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The nonmedical use of prescription opioids, as well as the use of heroin and other illicit versions of opioids such as unregulated fentanyl continues to be named a 'national epidemic' by policy agencies and the media alike. Attention to the issue in South Carolina has been increasing in the last three years. In 2013, State Inspector General Patrick Maley published a report noting that South Carolina had in recent years ranked 10th highest in opioid painkiller prescriptions per capita.¹ The qualitative data that were published in the report quoted local law enforcement and elected officials' statements that prescription drugs were their communities' most significant drug problems. Furthermore, the report cited the most recent data at that time which suggested that 225 prescription overdose deaths were occurring annually. More recent evidence suggests that the increased attention to the issue is warranted.

In fiscal year (FY) 2015, state-funded treatment agencies saw 5,370 individuals seeking treatment for an opiate problem.² This was more than a 177% increase in opiate users who sought help in 2003. From FY2011 through FY2015, South Carolinians made 17,400 visits to emergency departments with an opioid dependency diagnosis.³ And from 2012 through 2015, EMTs in South Carolina administered the



opioid overdose antidote, naloxone 12,642 times, with a 20% increase in administrations of the drug from 2012 to 2015.⁴

Until recently, South Carolina, like many states had not yet concentrated on opioid overdose deaths in a collective manner with multiple agencies and groups. Following the 2014 publication by the Governor's Prescription Drug Abuse Prevention Council of South Carolina's State Plan to Prevent and Treat Prescription Drug Abuse,⁵ various public and private agencies have taken action individually and collaboratively to address opioid issues including incidence of opioid overdose.

The Law

In 2015, the Honorable Daniel E. Johnson, Solicitor for the Fifth Judicial

Circuit, partnered with Representative Chip Huggins, of Lexington County to draft the South Carolina Overdose Prevention Act (H.3083).⁶ The original version of the Bill was adapted from legislation passed in New Jersey, and rewritten to fit the uniqueness of South Carolina. Drafts of the bill were considered by a coalition of stakeholders including, the South Carolina Medical Association, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS), the South Carolina Department of Health and Environmental Control (DHEC), the South Carolina Pharmacy Association, the South Carolina Law Enforcement Division (SLED), the South Carolina Sheriffs Association and the South Carolina Commission on Prosecution.

In essence, the Act was established to grant physicians, pharmacists, caregivers, and first responders immunity from both civil and criminal prosecution when they engage in the prescription, dispensation and/or the administration of naloxone in the case of a suspected opioid overdose. It is groundbreaking, not only for its all-encompassing immunity, but also because it allows physicians to prescribe the opioid overdose antidote to persons who are not under their direct care. Moreover, it fully allows South Carolina law enforcement officers (LEOs) to carry and administer the lifesaving drug.

Implementation with Law Enforcement

After the Overdose Prevention Act was signed into law, and with oversight of a physician and approval by DHEC, a protocol was developed to train LEOs to administer naloxone in cases of opiate-induced respiratory depression. Additionally, and in accordance with Section 44-130-30 of the South Carolina Overdose Prevention Act, a standing order was written to allow first responders to administer naloxone without contacting a medical control physician.

An anticipated challenge in training LEOs was the social and cultural norms of law enforcement. It was thought that in general, many LEOs would not see themselves as care providers and many would see the LEO Naloxone (LEON) project as crossing a line between law enforcement and medical care. However, very little negative feedback has been shared to date, even from more experienced officers. In many law enforcement agencies, officers and deputies have long carried AEDs, commercial tourniquets, first aid bags, and they are even trained in CPR. Today's LEO is seen by the community not only as a public servant that protects the community, but also as a first-responder who saves lives, as implied

by the motto "serve and protect." Philosophically, the LEON project recognizes LEOs as leaders of public safety in communities, and recognizes their commitment to saving and improving lives.

Training

Law enforcement officers are trained with materials developed by DHEC's Bureau of EMS (BEMS) in a two-hour session that includes videos of actual overdose interventions by LEOs, role play, question-and-answer sessions, and hands-on training with the device trainers. LEOs are taught to recognize opioid overdose symptoms, administer naloxone, care for victims that receive naloxone, and document appropriately. Indications of overdose that LEOs are trained to recognize include unresponsiveness, respiratory rate less than eight breaths per minute, and other evidence that the patient is suffering from an opiate overdose (based upon pinpoint pupils, known history of opiate abuse, visible drugs or medications, or bystander information). Contraindications that are taught include trauma with unknown cause of unresponsiveness or a known allergy to naloxone. And LEOs are instructed to administer a second dose of naloxone if there is no improvement in the victim's respiratory effort within five minutes and EMS has not arrived.

To fortify the buy-in of agencies and LEOs, current or past LEOs who also work as paramedics conduct the training, which has been tailored to recognize the unique culture of law enforcement, and to address the unique circumstances of LEOs when encountering opioid overdose victims. The training also incorporates a review of the South Carolina Overdose Prevention Act, including personal and professional liability protections.

The design of the project enables the training team to conduct train-the-trainer classes with the law enforcement agencies. After an initial train-the-trainer class, an

agency's first in-house class is monitored by BEMS for quality assurance. In addition, a final exam is given to each officer after each training to verify and reinforce knowledge of the material, and of the standing orders and policies. In an effort of continuous quality improvement, materials and evaluations are reviewed after each train-the-trainer class and updates are implemented as needed. The LEON training objectives and materials were submitted and approved for LEO CEUs by the South Carolina Criminal Justice Academy (SCCJA).

Dispensation

The storage of naloxone and the dispensation process for LEOs has yet to be standardized statewide. In order to properly store and dispense naloxone to LEOs in the Fifth Judicial Circuit of South Carolina around the Columbia area, a local private pharmacy collaborated with state and local officials to assist in getting the project of the ground by avoiding the need to obtain a non-dispensing drug outlet permit from the SC Board of Pharmacy which is required to store prescription medications. The local pharmacy received a shipment of EvzioR (naloxone auto-injectors) that were donated by Kaleo Inc., and stored them appropriately until the units were dispensed to local LEOs who had been trained.

When LEOs completed the training in the Columbia area, a notification was sent to the local pharmacy. The officers were instructed on the process of dispensation and picked up the medication at their convenience. When LEOs arrived at the pharmacy, the pharmacist via an online portal to be discussed later verified their identity and the successful completion of training. Upon verification, the pharmacist dispensed one training unit and two active EvzioR units to each LEO. The pharmacist offered additional consultation on the proper storage, handling, and

disposal of the units. All pertinent information including the lot number and expiration date of each unit were recorded and entered into the electronic portal.

Data Collection

An important aspect that the project has addressed from the onset is data collection. While South Carolina is not the first state to have a naloxone program for LEOs, it is the first to generate, collect and examine the data electronically. From its inception, the project needed a data collection system as a vehicle for accountability, validation, effectiveness, and measurement outcomes. There is much anecdotal evidence from other states as to the use of naloxone for LEOs but there is insufficient empirical evidence of its overall effectiveness.

The BEMS contracted with the EMS Performance Improvement Center (EMSPIC) in North Carolina to create a secure, HIPAA-compliant portal to document the usage of the LEO Naloxone after deployment. The EMSPIC also currently manages all of the South Carolina and North Carolina EMS electronic patient care reports (ePCRs). South Carolina generates and submits 1.3 million ePCRs a year into this ePCR system called PreMIS. The law enforcement Officer Naloxone (LEON) portal identifies the LEOs by their issued SCCJA numbers, which are unique to each LEO in South Carolina. Once a trained LEO signs into the portal, the officer can answer a series of questions with a drop-down menu of responses related to the opioid incident along with demographics of the overdose victim. The officer can then submit the electronic report in the LEON portal that the EMSPIC manages. The BEMS monitors the LEON reports which link through PreMIS to the ePCRs that are generated by the EMS transporting units. A requirement of the program is that EMS must be called when an officer administers naloxone. The LEON usage data can be

tracked to measure the program's overall effectiveness. As mentioned, the LEON portal also has a separate entry point for a local dispensing pharmacies, which can do the initial dispensing, and the subsequent refilling of naloxone prescription. When a LEON portal report is generated, an electronic receipt with a unique number specific to that LEO is generated and can be tracked by BEMS and the distributing pharmacy. LEON electronic receipts can only be used once to refill a spent Naloxone.

Discussion

The South Carolina Law Enforcement Officer Naloxone Project was originally to have only a few law enforcement agencies pilot the use of naloxone, in the Fifth Judicial Circuit of South Carolina around the Columbia area. The initial two agencies to participate were the Richland County Sheriff's Department (RCSD) and the Columbia Police Department (CPD). As the news of the pilot has spread, other interested law enforcement agencies have eagerly inquired about participation. Incidentally, those agencies that have requested information and guidance to participate have happened to be in geographic areas that could be considered high-need based on ePCR data of high naloxone usage by South Carolina EMS, and based on greater incidents of mortality related to opioids. In addition to RCSD and CPD, the University of South Carolina Police Department, Greenville County Sheriff's Office, and City of Charleston Police Department have received training. To date, more than 1500 LEOs in 45 law enforcement agencies have been through the LEON training which has truly transitioned from a project into a program. There have been 35 documented saves since June 2016. Collaboration among state and local partners can expand the reach of naloxone to all communities

in our state as the South Carolina LEON Program scales up.

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