

Oregon police agencies adding opioid overdose antidote to toolbox

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The inmate slings himself over the toilet, his back curving as he dry-heaves, sweat rolling down his face and chest.

He gags as Sheriff's Deputy Page Beutler responds to the emergency alarm at Lincoln County Jail around 6 p.m. Nov. 13.

"I asked him what I could do ... that's when he said he swallowed a large amount of heroin," Beutler said. The inmate's lips flutter, his heartbeat soars as he falls unconscious.

Beutler sprints for his kit of naloxone, an opiate overdose antidote, pushes the applicator into the man's nostrils and sprays serum up his nose.

With an ambulance still miles away, Beutler monitors his blood pressure every 30 seconds.

"Even in my training, I hadn't seen blood pressure that high before," Beutler said. "The amount of heroin he ingested was so great, it took a while for his blood pressure to go down."

But the inmate survived.

Naloxone, commercially known as Narcan, can be administered for heroin, morphine, oxycodone and fentanyl overdoses. Police agencies across Oregon are carrying the drug in squad cars and jails at the cost of about \$70 for a two-dose kit.

In the Mid-Willamette Valley, Salem Police, Polk County Sheriff's Office, Woodburn Police and Oregon State Police have trained officers to administer naloxone. Woodburn Police officers used the drug in July to save an unresponsive 22-year-old man with no pulse after overdosing.

In Oregon, 779 people died from overdoses between 2014 and 2016. That's significantly more than between 1999 and 2001 when 257 people died, according to the Oregon Health Authority.

"For law enforcement, especially for patrol or corrections officers, anytime you can simplify something in stressful situations like using naloxone, the better for the person you're trying to help out," Beutler said.



Polk County Sheriff Sgt. Jason Ball demonstrates the use of a naloxone nasal applicator, which are used to reverse an opioid overdose. (Photo: MOLLY J. SMITH / Statesman Journal)

Mixing heroin with other drugs on rise

An emerging trend of polysubstance heroin use — where heroin and fentanyl are laced with methamphetamine — has Oregon health experts worried.

The increase is paralleled by a rise in hospitalizations due to heroin and fentanyl abuse in people aged 18 to 44, said Paul Coelho, the medical director of the Pain Clinic at Salem Health.

Coelho said most opioid overdoses seen in Oregon hospitals are due to drug use involving shared needles or where individuals fail to inject drugs safely.

Police officers often are the first responders when individuals overdose, particularly in rural areas. Officers sometimes wait up to 20 minutes before an ambulance arrives.

"If we get there and a person is unconscious and we believe it may be an overdose, there is no downside to administering naloxone," said Polk County Sheriff Mark Garton. "We haven't used it yet, but our deputies always keep it with them in a bag while on patrol."

The sheriff's office obtained naloxone for their 14 patrol deputies and 16 deputies at the Polk County Jail in March. Salem Health West Valley Hospital in Dallas donated the kits.

Sergeant Jason Ball said the training follows a process similar to CPR.

Deputies "look, listen and feel" for symptoms of an overdose just as they would for symptoms of a heart attack. The difference, Ball said, is that overdose symptoms include the patient not breathing, developing a blue tint to their lips and fingernails, gurgling or choking sounds and vomiting.

Ball said Polk County's rural geography made responding to medical calls tense in the past because they were only able to do CPR compressions until paramedics arrived. Now, Ball said they are armed with another tool.

"It makes me feel better, honestly, knowing if that situation arises, that I can make a difference," Ball said.

Woodburn police officers will soon begin carrying the anti-opiate serum Naloxone. (Photo: Woodburn Police Department)

Woodburn Police announced plans in March to equip its officers with naloxone. They haven't had to use it since the incident in July.

Woodburn Police Chief Jim Ferraris first introduced naloxone to Salem Police in 2015 when he was the Salem deputy chief of police. He attended a High-Intensity Drug Trafficking Area Director's conference in Washington, D.C., in 2012 and learned how naloxone can save lives in the hands of law enforcement. With support from Salem Police Chief Jerry Moore and Salem Fire Chief Mike Niblock they developed a training program for all sworn-officers to learn how to administer naloxone. Ferraris said the Oregon-Idaho High-Intensity Drug Trafficking Area program reimbursed Salem Police for costs associated with that initial introduction of naloxone.

"Naloxone should be in the hands of every U.S. law enforcement officer — it is proven to save lives," Ferraris said.

Now, many Oregon police departments are adding naloxone to their patrols because they're starting to understand the opioid crisis and seeing the effects in the communities they patrol, he said.

Oregon State Police purchased 750 kits to distribute among every trooper, evidence technician, as well as four kits per forensic crime lab, four kits per medical examiner's office and kits for K9 officers. Oregon State Police troopers are expected to complete naloxone training by mid-December, said Lt. Gregg Withers.

He said troopers have encountered incidents in the past where naloxone could have been helpful, such as car crashes where the driver overdosed and when they find individuals overdosing while executing search warrants.

Without naloxone, Oregon State Police troopers have to rely on CPR until paramedics arrive.

Oregon State Police's naloxone inventory was paid for with \$6,100 in High-Intensity Drug Trafficking Area funding and \$46,400 asset forfeitures, such as cash seized during criminal investigations or when they obtain property purchased through illicit proceeds like selling drugs.

"We started noticing the opioid epidemic about a year or more ago, and watched it travel from the East Coast to the Midwest and now here," Withers said. "By equipping naloxone, we can use a lifesaving resource sooner in some of the most rural areas of the state."



Polk County Sheriff Sgt. Jason Ball demonstrates the use of a naloxone nasal applicator, which are used to reverse an opioid overdose. (Photo: MOLLY J. SMITH / Statesman Journal)

Officers, lab techs also in danger

The naloxone kits aren't only for those who overdose on opiates.

Law enforcement officials sometimes are inadvertently exposed to opioid products while executing search warrants in homes and cars, while searching suspects' pockets and even when forensic technicians review evidence.

While a trooper hasn't overdosed in the field during official duties, Withers said naloxone provides a sense of protection.

Law enforcement agencies house their naloxone kits in secured areas, in booking units of jails, in hard shell-boxes placed in patrol car center consoles and officer's patrol bags.

Naloxone lasts two years if unused.

The growing trend of fentanyl use in Oregon also is pushing law enforcement to be armed with naloxone. Fentanyl can be absorbed through the skin and can cause a person to go into an immediate overdose. Fentanyl can be just as deadly when inhaled.

The Polk and Lincoln county jails both have naloxone kits in booking areas to protect officers who may come in contact with drugs while searching pockets of inmates.

"If we pull a baggie out of someone's sock, we don't want to be exposed to that," said Garton, the Polk County sheriff. "We can never tell whether it's mixed with meth, heroin or fentanyl. It's all white. If we happen to touch it or it goes airborne, and you inhale it, it goes into your body quickly."

Coelho of Salem Health said fentanyl not only is stronger than heroin, it's cheaper.

He said the state's increase of fentanyl use may be explained by younger users who either were initially exposed to it through a prescribed opioid, picked it up from a friend or picked it up on the street.

Pharmaceutical fentanyl is typically prescribed for severe pain. Non-pharmaceutical fentanyl is illegally made and is now commonly mixed with heroin and cocaine, according to the Oregon Health Authority. There have been four non-pharmaceutical fentanyl deaths so far this year in Marion County. Last year, there were zero.

"This is something very new and it's concerning," Coelho said.

Focus turning to treatment

Oregon health and law enforcement officials are shifting their focus to opioid treatment on the heels of Gov. Kate Brown's opioid epidemic designation.

Roughly three people die from prescription opioid overdoses every week in Oregon, according to the Oregon Health Authority.

With the recent passage of House Bill 3440, the Oregon Health Authority is required to publish information related to opioids, adopt guidelines for prescribing opioids and annually analyze whether prescribers are in compliance with guidelines.

Dr. Katrina Hedberg, a state health officer from the Oregon Health Authority, said there is no easy answer to solve opioid-related illness or death, but law enforcement using naloxone provides an extra layer of protection for the community.

"Too many people are getting opioids prescribed and too many people are using it," Hedberg said.

In 2014, there were enough opioid prescriptions for nearly every Oregonian to have a bottle to themselves, according to Oregon Assistant Attorney General David Hart.

State law protects a person from arrest when evidence of drug use is obtained as a result of a 911 call for medical assistance.

Coelho said Salem Health's Pain Clinic is a hub for treatment the minute patients are brought in by police and paramedics. When police officers administer naloxone to patients in the field, the effects of the lifesaving drug will wear off after 30 minutes or so.

Resuscitation efforts continue until the patient regains consciousness. Once they recover, hospital staff observes the patient's condition to look for complications such as swelling of the brain, heart valve infections and joint infections.

Coelho said an individual with an overdose requiring naloxone has at least a 10 percent chance of dying within the year from a subsequent overdose.

Medical officials try to curb that by recommending a nearby outpatient treatment program or sending them home with a naloxone prescription. Sometimes they prescribe buprenorphine, a generic name of a drug that helps control withdrawal symptoms and is an alternative to opioids.

In order to prescribe buprenorphine, the physician must complete an 8-hour online training course and pass a test. Coelho said there are thousands of physicians in the state, but only 5 percent have the waiver, and only 50 percent of those regularly prescribe buprenorphine.

"We need more than that to stem the tide on opioid addiction," Coelho said.

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Substance use resources:

[Lines for Life](#) 1-800-923-4357

[Medication-Assisted Treatment for Substance Use Disorders](#)

[Oregon Pain Guidance](#)

[Oregon Addictions and Mental Health Services](#)