

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/nypd-use-of-anti-overdose-drug-saves-lives-and-recognizes-substance-use-as-public-health-issue>

Public Facing Advocacy Writing

In response to an explosion in overdose deaths due to opioids, such as heroin or prescription opioids such as hydrocodone and oxycodone, and in recognition of the immediate, life-saving role police officers can play when a person is at risk of overdosing, NYPD officers have begun carrying naloxone, a medication that reverses the effect of the overdose, saving the person's life. More than 19,000 patrol officers will be equipped with a nasal spray form of the medication and trained in how to recognize signs of an overdose. In a pilot program, police officers on Staten Island began carrying the medication earlier this year and have, as of April, [revived six people](#). In 2010, a similar intervention was carried out in Quincy, Massachusetts, a city hard hit by an epidemic of opioid related deaths. According to a [National Institute of Justice article](#), in the first 18 months of the program deaths decreased by 66 percent after police there began to carry naloxone.

This program is an effort to combat an alarming increase in opioid-related deaths in New York City. According to the [New York City Department of Health and Mental Hygiene](#), deaths from prescription opioids increased 222 percent from 2000 to 2010 to 2.9 deaths per 100,000 New Yorkers, while heroin overdose deaths increased 71 percent between 2010 and 2012 to 5.3 deaths per 100,000 individuals. Equipping police officers with naloxone is an acknowledgement that they are frequently the first at the scene of an emergency. Providing naloxone to police is a smart, compassionate policy that can work to end this tragic and unnecessary loss of life.

Naloxone, which reverses respiratory failure caused by an overdose by displacing opioids from the opioid receptors in the brain, is effective, cheap, has no abuse or addictive potential, and is safe even when administered by a layperson. The medication has been FDA approved since the 1970s, but only more recently have there been efforts to get naloxone into the hands of people, not just medical providers, who are at risk for overdose or who are likely to witness an overdose. In part, wider distribution has been resisted due to fear that this might increase drug use among people who are addicted to opioids. However, [research evidence indicates](#) that this concern is unfounded.

This policy also speaks to a growing movement in our country of moving away from a purely criminal justice response and towards a public health response to substance use. In 2011, there were more than 1.5 million arrests for drug violations nationwide, over 80 percent of which were for simple possession, [according to the FBI](#). This not only carries an enormous financial burden to our country, but leads to the detrimental, potentially avoidable, and frequently unnecessary disruption of lives, families, and communities. Incarceration and criminal penalties may have their place in combating substance abuse and associated crime; however, the effectiveness of these approaches [for combating substance use](#) is limited. On the other hand, providing substance abuse treatment has been shown to be effective for treating substance dependence, reducing mortality, [reducing crime](#), and [saving money](#) which otherwise would have been spent in the criminal justice system. Distributing naloxone, although not an intervention aimed at treating substance dependence, reflects an understanding that addiction is a disease that requires treatment more than punishment.

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