**TARA KUNKEL:** Hello, I’m Tara Kunkel, a visiting fellow at the Bureau of Justice Assistance and today I’m speaking with Dr. Traci Green as part of BJA’s Naloxone (ph.) Podcast Series. Dr. Green is a researcher at Brown University and Rhode Island Hospital who’s been researching opioid overdose prevention and intervention. She chairs the state drug overdose prevention and response coalition and is provided funding for the Center for Disease Control and Prevention as well as the National Institutes of Health to better understand how to reduce overdose best.

 Traci, thank you for speaking with me today. To start off a number of states are reporting a rapid escalation in the number of overdose deaths due to opioids. Can you tell us about what has been going on in Rhode Island?

**DR. TRACI GREEN:** Sure. So like many other states in the country Rhode Island is experiencing an opioid overdose epidemic. This has primarily been prescription opioid involved and has been spread really all over the state across all ages and genders. However in the past two years, in particular in the spring of 2013, and the beginning of this year in 2014, we saw an extraordinary uptick in heroin involved deaths. And that was really two outbreaks of fentanyl involved overdoses where the acetyl fentanyl or a synthetic fentanyl was lacing the cocaine and heroin.

 This is a very fatal set of outbreaks. And it prompted us to have a massive immediate and multi-faceted response. And that rekindled old and forged some new partnerships among public health, public safety, behavioral health activists and even many community organizations around the state.

**TARA KUNKEL:** What steps have law enforcement agencies taken in Rhode Island and elsewhere to reduce opioid overdose deaths?

**DR. TRACI GREEN:** We’ve done a number of things. In 2012 we passed a good Samaritan law to help improve 911 calls and help seeking in instances of drug overdose. That provided limited immunity to people from drug related charges. And getting the word out about the good Sam law was really important, especially with our law enforcement partners. So we developed materials and did specific trainings in good Samaritan law awareness.

 But we wrapped that into overdose awareness and response training and how law enforcement and other first responders could carry Naloxone. So in a very systematic and swift fashion we’ve been training with state police, capital police, sheriffs and several local municipalities. And we’ve done that with the help of our medical reserve core and our disaster management teams to partner also with the recovery community and develop trainings that are meaningful to understand that addiction is a disease that recovery is possible and that treatment’s available.

 And that starts with saving someone’s life with Naloxone. So law enforcement have been really integral to our response.

**TARA KUNKEL:** That’s great. Other than equipping law enforcement agencies with Naloxone, how can law enforcement take an active role in engaging communities and proactively addressing opioid abuse?

**DR. TRACI GREEN:** Several ways. We’ve in particular really benefited from our first responders at our drug overdose prevention and response coalition that I chair. With those first responder and law enforcement partners we’ve had another voice at the table that’s really enriched our response and made our activities much more applicable and effective. Also raising awareness of opioid overdose more generally in the community, law enforcement are first responders and are seen as community caretakers.

So with their help we’ve developed materials, wallet cards that officers can leave with at-risk individuals, families and other community partners. And that contains local treatment and recovery resources, where to get Naloxone, as well as instructions on how to administer Naloxone. So those are some materials they can carry.

You can also get involved with groups like the one that we chair in public health initiatives and injury prevention groups to be that voice at the table, as well as some hosting in their own communities, a community forum on overdose prevention. And that allows the whole community to come together and build a coalition and a response. And then other activities that some local municipalities have engaged in are to obtain drug disposal units for the department. And that’s a good way to bring people together around the topic of prescription opioid abuse and then to talk further about other initiatives like Naloxone.

**TARA KUNKEL:** You’ve been doing some research where you were measuring the effects of law enforcement trainings on overdose prevention and Naloxone. Is there anything that stands out as being really important from your research to-date?

**DR. TRACI GREEN:** Definitely. We have had the luck of being able to evaluate 160 of the 600 trained law enforcement individuals in our state. And we did that by a partnership with the public health department, researchers like myself. And that partnership allowed us to do a pre- and post-evaluation of how these trainings are working.

We’ve learned a couple things. Prior to the training, we saw that there was a huge range of standard responses to overdose. So officers often didn’t know what to do, they didn’t do anything, or they performed very passive responses, just seeking rescue for instance when they arrive at the scene of an overdose. Well, that’s good, now equipped with understanding of what an overdose looks like and how to administer Naloxone. This training showed us that we can teach law enforcement officers how to respond.

And the training therefore changed substantially with a large percent reflecting that they would perform active responses. They increase their confidence in how to respond, their knowledge of what an overdose looked like and how to administer Naloxone in those instances. The other things we learned about were that the good Sam laws that we have in the state of Rhode Island and several other states around the country have are very confusing and there were many misconceptions.

The training allowed us to see that misconceptions could be effectively addressed, so saw that about 65 percent of the officers could correctly identify what the law was doing, and the intent of the law, and after the training we could see that nearly 100 percent or all the officers in the training could identify what the good Samaritan laws were doing.

We also saw that peer based trainings were incredibly important. People like to hear from people like themselves and to understand and be taught by individuals with an understanding and a sensitivity to the nuances of their work place. So to the extent that law enforcement can be co-leading or leading entirely these trainings that was a key component of the learning module. And this is even better when there was a recovery voice represented in part or in whole in the trainings.

There is a sense of futility with many of the activities that law enforcement is engaging with when it comes to drug use in the streets and oftentimes they were overwhelmed in the face of addiction in their community. And so Naloxone and overdose prevention and response trainings were clearly something that was seen as positive and rewarding. This is a lifesaving act that an officer can do and that’s really quite close to the duty they have to serve and protect their communities. So that came through in our evaluation.

So all in all I think the importance of evaluation to obtain feedback on the process, understand your reach and to make sure that you’re reaching the people you want to reach with the trainings makes the evaluation an effort worth extending.

**TARA KUNKEL:** That’s great. Thank you, Traci. We are grateful you could speak with us today to share your knowledge on this important topic. We encourage law enforcement agencies interested in learning more about overdose prevention to visit the Naloxone and Law Enforcement tool kit at [www.bja.gov/Naloxone](http://www.vja.gov/noroxin). This toolkit offers a variety of resources that law enforcement agencies can easily adopt or use for officer training, policy development, data collection and educational purposes.

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