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Police Officers' Perceptions of the Law Enforcement Narcan Program and the Effectiveness in Fighting The Opioid Epidemic

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Police Officers' Perceptions of the Law Enforcement Narcan Program and its Effectiveness in Fighting the Opioid Epidemic

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Abstract

The purpose of this study was to investigate how police officers perceived the N.J. Narcan policy and standards in saving lives and deterring opioid use. This study also examined the impact of the law enforcement Narcan program in reducing the opioid overdose death rate. Participant interviews will be conducted, and thematic coding will be utilized to capture the dominant themes associated with the police officers' perceptions of the N.J. Narcan policy and standards in reducing the opioid overdose death rate. Fifteen police officers will participate in the study, and their anonymity will be maintained to elicit transparent responses. This dissertation will be conducted within a department of diverse employees. Future research conducted on this subject could utilize a sample pool with larger and smaller size police departments in both urban and suburban areas. Future studies could investigate training policy and standards that affect the law enforcement Narcan program. This study will explore the relationship of Union County police departments and the recent changes in the specific tasks related to dealing with administering Narcan, and the follow-up care of the individual receiving the Narcan antidote. This study may provide Police Chiefs, Police Directors, and the County Prosecutor data to determine the impact of the program. Armed with data, they can make recommendations to improve training for first responders; propose additional resources during the budgetary process for the program; and encourage law enforcement officers, social workers, addiction specialists, recovery specialists, and treatment centers to have a unified effort to fight this epidemic.

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Dedication

This dissertation was dedicated to my wife, Lynda, and my two children, Lauren, and Christopher. Without your patience and support, I would have never even started on this journey. You stood behind me as I (we) rode this academic roller coaster. I am very proud of you and look forward to enjoying this accomplishment as a family. Each one of you sacrificed on my behalf. Thank you, I love all of you! Without the support of my mother, Lois, I would have never completed this journey. After your passing and joining my late father Charles, I had wished you were here to celebrate. You both instilled in me personality traits that enabled me to keep moving forward regardless of the situation. Throughout my entire life, you have always been there for me, and, for that, I am truly grateful. I have sought to make you proud as you have both always been my biggest cheerleaders. Thank you, I love you both!

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Chapter I

Introduction

There was a national epidemic of addiction to opioid-based prescription painkillers and illegal drugs such as heroin throughout the United States. During 2015, a total of 52,404 persons in the United States died from a drug overdose, an increase from 47,055 in 2014; among these deaths, 33,091 (63.1%) involved an opioid, an increase from 28,647 in 2014. New Jersey was one of the 30 states that had a significant increase from 2010 to 2015 (CDC, 2016). In 2017 there were 1,969 drug overdose deaths caused by opioids in New Jersey, constituting a rate of 22.0 deaths per 100,000 persons, 50% higher than the national rate of 14.6 deaths per 100,000 persons (NIDA, 2018).

This is not a new phenomenon. Opioids have been around for thousands of years (Graeme, 2018). The first opiates were believed to have been cultivated and used during the Neolithic period. The Neolithic was a period in the development of human technology beginning about 10,200 BC. The Sumerian, Egyptian, Greek, Roman, Persians and Arab Empires all used opiates as a potent pain relief measure (Graeme 2018, p. 20). In the United States morphine and heroin were entirely legal and widely available until 1914, when the Federal Harrison Narcotic Act outlawed these narcotics and other controlled dangerous substances (C.D.S.). The 1914 legislation prohibited the recreational use of opiates. The Act restricted the use only by prescription from qualified, authorized medical professionals. The current crisis stems from the over prescription of opiates by medical providers and prescription abuse by pain management patients. Advance generations of pain medications such as oxycontin that are highly addictive once again compel government intervention in order to save lives.

According to the National Vital Statistics System multiple cause-of-death mortality files are used to identify drug overdose deaths in the United States. The data show a broad-based problem affecting cities and rural areas, across the social economic spectrum of young and old, male and female. The observed increase in opioid overdose deaths reported by the CDC across the nation indicates a public health crisis (CDC, 2019).

On February 23, 2016, the United States Senate Committee examining the Opioid Epidemic heard testimony from Senate Finance Committee Chairman Orrin Hatch (R-Utah). He stated nearly all of us have been touched by the epidemic of prescription drug abuse or have heard the horrific personal stories of its effects on peoples' lives. (U.S. Government Publication p. 6) Chairman Hatch continued that the epidemic was a public health crisis that requires a multi-faceted response: "We need strategies to prevent drug abuse and addiction. We need to identify patients who are at risk. We need to prevent people from overdosing" (p. 7). Although Chairman Hatch make no mention of the role of law enforcement in combatting this epidemic, he implied that law enforcement would participate in addressing this national crisis. The committee concluded there was an urgent need for a multifaceted, collaborative public health and law enforcement approach to the opioid epidemic. State governments throughout the nation clearly were interested in addressing the spike in opioid drug abuse.

The medical profession and scientific research community have known for years that opioids are powerful drugs which act on the nervous system to relieve pain. New painkillers came on the market with approval from the Food and Drug Administration: Vicodin in 1984, OxyContin in 1995, and Percocet in 1999. These are all synthetic opiates which mimic the body's own painkillers.

Pain management is a growing sub-specialty and a big business of the medical profession. It allows practitioners to prescribe both organic and synthetic opioids under strict professional guidelines to alleviate or eliminate pain. Traditionally these drugs have been used by people who are recovering from surgery or coping with chronic diseases or severe injuries. Classified as narcotics, opioids work by attaching to receptors in the brain and other areas of the body, inhibiting the transmission of pain impulses. Opioids are highly addictive, and once ingested create a physical sensation of warm euphoria.

If opioid-induced overdose rates continue the present trajectory, more Americans will die from opioid overdose deaths than from motor vehicle accidents according to the CDC. The Star-Ledger reported in the Sunday edition March 4, 2018, that 2,221 citizens died from drug overdoses in the State of N.J. in 2016. That number increased to 2,750 in 2017; that was, on average, almost eight overdose deaths per day and accounted for 24 percent of the 2,221 fatal drug overdose that were recorded in 2016, according to data released by Attorney General Gurbir Grewal (New Jersey Department of Law and Public Safety, 2017) and 3,163 in 2018 clearly demonstrating an upward trend. The Attorney General noted, "Narcan, an opioid overdose antidote, likely saved more than 15,000 lives last year." And yet, the toll still rises. In 2018, New Jersey's drug death toll set a record for the fourth straight year, and now stands nearly four times what it was a decade ago, according to preliminary data collected by the State of New Jersey Attorney General's Office. The purpose of this study is to describe the perceptions of police officers in a medium-sized urban police department of challenges and opportunities related to the shift in roles from enforcement to holistic lifesaving as a result of New Jersey's Narcan program.

Statement of the Problem

Police officers are first responders who traditionally approach overdose calls from an enforcement standpoint, often charging survivors criminally with drug possession. The New Jersey Narcan program was a radical departure from the principal enforcement role and places the first responder in the social service capacity of medical professionals, mental health professionals, and related social work modified roles. The police generally do not have advanced medical training and in most situations rely on the medical advice of responding emergency medical technicians (EMTs) and Paramedics. The paradigm shift from an enforcement role to a holistic lifesaving one can be confusing to a responding officer. First responders are now being tasked with performing medical tasks and following up and helping to coordinate preventive information in providing addiction resources to the victim of an opioid overdose. To be effective first responders in a life-threating situation, officers must not be conflicted as to their appropriate role. New Jersey law mandates that municipal and county police officers complete over 900 hours of training spread across 21 weeks prior to certification by the New Jersey Police Training Commission (N.J.S.A. 52:17B-66 et. Seq, 1961). The John H. Stamler Police Academy in Union County N.J. was one of only five certified police academies charged with training municipal police, county police and county sheriff officers. Located in Scotch Plains, N.J., the Academy is operated as a partnership between the Union County Police Chiefs Association and the Union County Prosecutor's Office.

Although there are several different public opinions on the effectiveness and economic impact of the Narcan program for law enforcement, little if any qualitative research on the topic exist from the point of view of law enforcement regarding the challenges related to the shift in

roles from enforcement to holistic lifesaving and opportunities to encourage overdose victims toward rehabilitation and intervention programs brought about by the law.

Purpose of the Study

The purpose of this qualitative case study was to explore the perceptions police officers in a medium-sized, urban police department have regarding the challenges and opportunities related to the shift in roles from enforcement to holistic lifesaving because of the New Jersey Narcan program. The Narcan program for law enforcement presents the paradigm shift from law enforcement to social work and public health issues. Police officers are now restrained in enforcing certain narcotic laws if called to an overdose situation providing legal immunity to the victim or caller (N.J.S.A. 2C:35-30; 2C:35-31a). They are being asked now to encourage overdose victims toward rehabilitation and intervention programs. This case study makes contributions to the literature base from the point of view of law enforcement. From a public policy perspective, this case study is intended to provide law enforcement executives and county prosecutors with timely and accurate information for crafting and revising policy governing the design and implementation of the Narcan program.

Significance of the Study

Law enforcement agencies are dependent on training to effectively and efficiently police our communities in the twenty-first century. Modern organizations embrace training, coaching, counseling, and mentoring. Police Academies are charged with training police officers with the necessary skills, knowledge, attitudes, and behavior needed to successfully perform their duties as assigned in their agencies and communities (More & Miller, 2015). It is incumbent upon academy staff to identify the knowledge, skills, and abilities police officers need to fulfill their

oath of office. In addition, officers must commit to their agency's mission statement, core values, vision, and goals as enforced by their supervisors (More & Miller, 2015). Police officers in the State of New Jersey, in accordance with 2013 NJ Revised Statute Title 41- Oaths and Affidavits Section 41:1-1, shall be required by law to take the following oath. "I, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people So help me God." NJ Rev Stat 41:1-1 (2013)

In the present research, the literature review found no studies examining police officers' perceptions of the effectiveness of the Narcan program for law enforcement, or how they perceive the new policy changes and standards of the Narcan program. There was not a body of research relating to the perceptions of New Jersey police officers who are trained and have used Narcan during a real-life opioid overdose emergency.

Research Questions

This qualitative case study will examine the impact of the law enforcement Narcan program in fighting the opioid epidemic in Union County, N. J.

This study will address the following research questions:

1. What are police officers' perceptions of challenges related to the shift in roles from enforcement to holistic lifesaving as a result of the New Jersey Narcan program?
2. What are police officers' perceptions of the opportunities related to the shift in roles from law enforcement to holistic lifesaving as a result of the NJ Narcan program?

3. How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency?

Overview of Methods

This case study was conducted at the Eastern Police Department. The Eastern police department is a local municipal Union County police department located in a culturally diverse, urban community. This department's area of police service coverage includes industrial, business, residential, and recreational lands. Major interstate, state, and county roadways and rail systems pass through this diverse community. Population varies during working hours as the community has a robust industrial and business district.

Data were collected from the Eastern police department's officers in the form of semi-structured interviews. Each interview lasted approximately 45-60 minutes. Each of the interview questions were open ended in order to generate rich data based on the officers' lived experience. Police officers were purposefully sampled based on their experience with deploying Narcan in a real-life opioid overdose emergency in order to develop their perspectives. After the interviews were collected, this researcher transcribed each interview for the participants' review and approval to ensure the transcription's accuracy. The participants had the opportunity to make additions, corrections, or deletions (Creswell, 2009). This researcher then systematically coded the entire text. After coding this researcher reduced the larger group of codes to a smaller number of themes. As codes were analyzed this researcher separated and assigned categories to develop the themes that surfaced. This researcher analyzed the themes, relationships and trends in order to build descriptive narratives of the findings.

Limitations of the Study

The limitations of this research are only interviews of police officers from one law enforcement agency within Union County.

This case study relies on participant responses from fifteen sworn police officers purposively selected from a population of 140 sworn police officers in the Police Department. Regarding the generalizability and replicability of the findings in this case study, the results may not be generalized beyond the Police Department.

The study limitations are:

- Potential biases in the interview questions.
- Actual or potential biases harbored by the researcher.
- Actual or potential biases harbored by the interviewees.
- The researcher's categorization of qualitative data into consistent themes.

Delimitations of the Study

The researcher set delimitations for this qualitative case study. It draws on homogenous data from one police department in Union County, New Jersey, and may not be representative of other police departments in New Jersey or elsewhere. The following are the case study delimitations:

- Purposive sampling method
- Interview questions
- Study design

Definition of Terms and Abbreviations

The following terms are relevant to this case study.

Chief of police—the highest-ranking sworn member of a police department, appointed by the mayor and typically approved by the town council (N.J.S.A. 40A:14-118)

Eastern Police Department —a medium-size police department in Union County, New Jersey, with 140 sworn officers of various ranks.

EMS- Emergency Medical Service.

EMT-A- Emergency Medical Technician Ambulance.

Interview questions—questions designed to elicit qualitative responses germane to the case studied

Job performance— the work-related activities expected of an employee and how well those activities are executed.

NARCAN – Brand name for Naloxone Hydrochloride manufactured by Amphastar Pharmaceuticals Company.

N.J.S.A.—New Jersey Statues Annotated

Opioid- A synthetic narcotic that resembles the naturally occurring opiates. Any substance that binds to or otherwise affects the opiate receptors on the surface of the cell. A powerful drug that acts on the nervous system to relieve pain.

Performance appraisal—an instrument designed to appraise police officers' knowledge, skills, and abilities (KSA) relative to their assignments (Oettmeier & Kenney, 2001)

Police Academy- Formal police training institution certified by the PTC.

P.L.- Public law

PTC- Police Training Commission.

Police officer—a sworn law-enforcement officer tasked with providing public safety and services to a community (N.J.S.A. 40A:14-152).

Research questions—questions designed to explore a gap in knowledge addressed by a case study

RMA- Refuse medical attention.

Supervisory officer—a sworn law-enforcement officer tasked with supervising sworn officers of lower ranks (N.J.S.A. 40A:14-118)

Summary

This qualitative case study examines the perceptions of police officers of the Narcan program and its effectiveness in fighting the opioid epidemic. Following McGregor's (1960) Theory X and Theory Y and would focus on the police officer's perception of the Narcan program, the new changes to policy and standards vs traditional model of policing.

Chapter II

REVIEW OF LITERATURE

The purpose of this chapter is to review the research and literature on the opioid epidemic and its impact on law enforcement. The focus of this case study is to analyze the perceptions of police officers on the effectiveness of the Narcan program for law enforcement in fighting the opioid epidemic in Union County, New Jersey. There is a national opioid epidemic in this country, with New Jersey's overdose death rate triple the national average.

The following literature review suggests that the law enforcement profession is making a concerted effort to fight the opioid epidemic in the State of New Jersey. This review will be divided into three parts: causes of the opioid epidemic; Naloxone (Narcan), an antidote for opioid overdose; and training standards and policy for the use of Narcan by law enforcement.

Criteria for Inclusion of Literature

- Peer-reviewed research, including dissertations
- Law enforcement Journals
- Medical Journals
- Publications intended for law enforcement and criminal justice educators, such as textbooks, Cengage E-books.
- Studies must have been published in the last five years.
- Quantitative and qualitative studies, including case studies and comparative studies.

Literature Search Procedures

The researcher utilized the following resources: Seton Hall University library databases, journals, books, websites, Google Scholar, interlibrary loans, agency standard operating procedures, N.J.S.A. statutes, and the Internet. The information obtained and incorporated into this study gives the reader a perspective on the history and professionalization of policing, McGregor's Theory X and Theory Y model, and training standards in law enforcement.

There is a noticeable lack of research examining police officers' perceptions of the Narcan program in New Jersey police departments. A search of the Seton Hall University Libraries' ProQuest multidisciplinary database using the search term "Narcan and Law enforcement Naloxone" returned 0 results. Limiting the results to the years 2014–2019 yielded no results, while limiting the search to dissertations and theses yielded no results, and finally, limiting it to the United States yielded no results. A Google Scholar search for similar research completed over 2014–2019 returned 2,460 results, but again, there were few studies on this specific topic. This review of recent research thus revealed a significant gap in knowledge related to police officers' perceptions of the law enforcement Narcan program.

This literature review served to focus the case study on perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic. Overall, this qualitative case study shows the perceptions of police officers on the front lines fighting this epidemic in an urban New Jersey medium-size police department.

Causes of the Opioid Epidemic

The opioid crisis America has been experiencing over the last several years is at epidemic levels. The upward spiral of addiction can be attributed to the basic principles of economics.

Supply and demand, and market conditions play a major role in controlling which drugs come in and out of fashion at a particular time. It doesn't matter what opioid drugs are popular (OxyContin, Vicodin, Methadone, Fentanyl, or Heroin); the opiate addict will take what they can get their hands on. Opiates are one of the most widely abused classes of drugs. Graeme (2017) explains "Opiates are natural drugs derived from opium" (p. 2). Heroin is the most widely used illegal opiate. However, prescription opioid painkillers are both dangerous and widely abused. According to Graeme, the World Health Organization estimates that over three million people in the United States are addicted to prescription opiates (Graeme, 2017). According to a 2011 study by the Substance Abuse and Mental Health Services Administration (SAMHSA) the problem spans from young to old, male and female. There has been a steady increase in the current rate of illicit drug use since 2002, opiates are the most abused drug (Graeme, 2017). Heroin continues to be a persistent problem, given its availability and low cost. Prescription opiates are a huge problem and the war on drugs has until recently ignored addiction caused by legally prescribed substances. Typically, the victim is a patient under the care of a medical doctor treating a legitimate pain issue. The doctor may prescribe an opiate prescription drug to manage the pain. The addiction can develop quickly and create a physical dependency. The legal public consumption of prescription of opiate painkillers is estimated to cost health care insurance over $72 billion dollars annually (Graeme, 2017).

According to Graeme (2017) opiate addiction is often caused by an increase in the use of the drug used. If a person has pain issues, using opiate painkillers relieves the pain temporarily but the patient needs to take more and more of them to get the desired effect. This is the beginning of a debilitating cycle of drug addiction. Physicians are ethically and, in some states,

legally bound to minimize opioid prescriptions for pain management due to the dependency issues of addiction (Graeme, 2017).

According to Graeme (2017) opiates produce euphoria or a sense of well-being in human beings which can make them addicted (p. 19). Legally prescribed opiate painkillers are used throughout the medical profession to treat patients with legitimate body pain. Patients are at risk of developing a tolerance to the prescribed drug which tends to lead to an increase desire for these drugs. Now a patient may need a relatively heavier dose of these prescribed drugs in comparison to what they used earlier to get rid of the pain (Graeme, 2017). According to Graeme "continuous usage of opiates for a specific period of time may cause obsession or addiction in some people" (Graeme, 2017 p. 19). Once someone becomes addicted or as Graeme said develops an "obsession" several different things may start happening for the addicted person. They may engage in several different behaviors to get more pills, particularly when denied refills from prescribing doctors. There is a common technique known to law enforcement and the medical profession called doctor shopping and double doctoring. Simply put, an individual will go to several doctors for the same pain issues and will be prescribed opiates by each of the different doctors. The individual will present the prescriptions to different pharmacies that do not share a common prescription database, so a pattern of abuse is not discovered (Graeme, 2017). This becomes a very dangerous cycle because a heavy dose of opiates may cause death due to respiratory or cardiac arrest. An individual who is abusing will increase the dose because of the difference between tolerances to the euphoric feeling verse the risk in the dangerous effect. According to Graeme (2017), "Opiates develop tolerance to the euphoric effects faster than the dangerous effects with the user. Because of this phenomenon people often overdose unintentionally to accomplish their desire euphoric feeling or relief from pain" (p. 20).

Understanding how opiates work is important. The effects of an opioid are the same regardless of how ingested: orally through a pill, snorting through your nose, shooting it in your vein with a hypodermic needle, or smoking it. The opiates work in the central nervous system as a depressant. Opiates are designed to slow down the heart rate, breathing and brain activity. There are additional effects such as loss of appetite, low sexual drive, and increased muscle tension. According to Adams (2017) "opiates have a tendency to induce euphoria by affecting the brain regions that control pleasure: users report feeling warm, sleepy and content" (p. 17). Opiates attach to our body's neurotransmitters in the brain. They are called opiate receptors and there are three types of in our brain, each having a different function. One is for pain relief, the second one for pleasure, and the third is for feelings of well-being and euphoria (Adams, 2017).

"The opiate receptor that is termed the mu receptor and it is the receptor stimulated by heroin and morphine" (p. 17). Other locations of the brain are affected by opiates in the Limbic system which controls emotions and pleasure. The brain stem, which controls the autonomic nervous system, affects breathing and heart rate. The spinal cord which controls body sensations, and responses to pain is affected by the opiates (2017). Opiates closely resemble natural chemicals that bind to neurotransmitters in the brain. The body is already capable of producing these feel-good chemicals in the brain to bind to its opiate receptors (p. 18). Once something unnatural, such as a prescription opiate, is introduced to the body it becomes overwhelmed by the prescription opiate and will start bombarding the system with false euphoria. Neurologically the body and brain forget that the body can produce this on its own and becomes dependent on the unnatural prescription opiate.

Some of the most widely abused prescription drugs causing the opioid epidemic are easily available through the black market and the medical profession. According to Adams,

"retail prescriptions for opiate painkillers have tripled in the past 20 years, indicating the rising sales and addictions were spurned by the massive effort to shape medical opinion and practice." (p. 24). The research studies that shaped medical opinion and practices have been financed by the manufactures and helped support scientific opinions, and evidence addressing medical professionals' concerns the over-prescription of opioids. An aggressive sales force from the pharma industry pushed to expand opioids use for patients. According to Adams (2017) these "studies reported minimal risk of addiction and were accepted by the nation's medical journals and even the FDA" (p. 24). Because of these research studies medical boards relaxed rules and changed regulations for prescribing opioids. Many of these studies were "funded by Purdue Pharma the maker of OxyContin" (p. 24). Many of the doctors whose research conclusions were used had direct relationships with major drug makers and the makers of OxyContin, Purdue Pharma (2017). Although the FDA examined many of the claims and conclusions in the studies, they were not supported by data. According to Adams "just because it is written in a medical journal or a physician said it, it's not necessarily true" (p. 25). According to SAMHSA's 2012 National Survey on Drug Use and Health, some 6.8 million Americans abuse prescription drugs. History shows that opiates and their synthetic substances are highly addictive and can be prone to abuse by the user (2017).

According to Bethany Mclean since (1996) when OxyContin came on the market, "more than 400,000 Americans have died from opioid overdoses including some 200,000 from prescription opioids" (Vanity fair, 2019, p. 15). Purdue Pharma, owned by the Sackler family, has made $ 4 billion in profit from opioids since 2008. Lawsuits are being filed and many states have sued Purdue accusing the company of adding to the crisis with a wide range of deceptive business practices. A lawsuit filed by the Commonwealth of Massachusetts is the first to name

the Sacklers, who directly knew that the much longer lasting, time released, higher-dose prescription of their most profitable drug OxyContin had a high risk of addiction. Purdue Pharma had made the Sacklers billions in profits from opioids, and the Commonwealth of Massachusetts lawsuit alleges that those eight people in the Sackler family "made the choices that caused much of the opioid epidemic" (p. 2). In an exclusive interview, David Sackler tells his story and pleads his case on the opioid epidemic to Vanity Fair magazine reporter Bethany Mclean in August 2019. This interview has provided this researcher with the perspective of one of the members of the Sackler family. Purdue won approval for OxyContin in 1995. David Sackler believes that "attitudes toward pain medication were beginning to change even before the launch of the new drug OxyContin" (p. 4). It is important to understand according to Dr. Ranga Krishnan, CEO of Rush University's medical system in Chicago that the medical approach to pain was already in some sort of flux prior to the release of OxyContin. He stated, "by the late 1980s, the idea that noncancer pain itself had to be treated had begun to take off" "I think it was with mostly good intentions" (p. 4). However, between 1991 and 1997, the number of opioid prescriptions increased from 76 million to 97 million (p. 4).

Purdue Pharma's OxyContin marketing and sales campaign was aggressive. This drug consisted of the pure concentration of the drug oxycodone and was targeted to the pharmaceutical market which included doctors, patients, and pharmacies. In the first five years during this high-pressure aggressive marketing campaign after OxyContin came on the market, the annual number of OxyContin prescriptions went up from "670,000 to more than 6 million" (p. 77). During that time period sales of OxyContin reached more than $1 billion. According to the General Accounting Office, Purdue Pharma in the first six years of OxyContin spent as much

as 12 times on marketing and promoting OxyContin then it had on MS Contin drugs which were less addictive.

According to David Sackler two major scientific assumptions helped fuel OxyContin's remarkable success in such a short time. He believes that at that time both scientific assumptions, later proved to be wrong, were in fact supported by the science available at the time to researchers. The first scientific assumption was the marketing claim that was approved by the Federal Drug Administration, which stated the drug OxyContin was less likely to be abused primarily because of its extended-time-release formula. Years later the FDA in 2010 stated that the "time-released tablets turned out to be more prone to abuse" (p. 77). The FDA went on to state that "the risk for misuse and abuse is greater for extended-release opioids" (p. 77). The reason is during manufacturing Purdue Pharma packed more opioids into each of the pills. The second wrong assumption was that data showed there was a less than one percent chance patients taking the drug OxyContin would get addicted to the product. This claim was based on a January 1980 published letter in the New England Journal of Medicine. It was a five-sentence letter that was ultimately misrepresented and then was used by Purdue Pharma marketing campaign. It was not based on any peer-reviewed study, it was simply an opinion by a doctor that claimed there was less than 1 percent of individuals who are patients that are prescribed OxyContin would become addicted. Purdue Pharma ran with that assessment and used it to bolster and support their marketing campaign. Ironically McLean (2019), reports that "the doctor who wrote the letter has since expressed regret that drug companies misrepresented it in their marketing campaigns pushing opioids as non-addictive" (p. 77). As a result, the FDA has placed and listed OxyContin as a schedule II drug, which means that OxyContin has a high potential for abuse. The FDA, which gave approval for OxyContin with limited research, has "acknowledged that it contributed

to the opioid epidemic" (2019, p. 94). Bethany McLean also reports that a spokesperson for the FDA stated, "The opioid crisis is one of the largest and most complex public health tragedies that our nation has ever faced" (p. 94).

Purdue Pharma was under pressure from the federal government, and many states filed criminal and civil lawsuits alleging Purdue Pharma illegally misrepresented then marketed and promoted OxyContin as less addictive. In 2007 the Federal government fined Purdue Pharma $600 million dollars to settle criminal and civil charges brought by the federal government. The U.S attorney John Brownlee, while making the announcement of the $600 million-dollar settlement, that "the genesis of OxyContin was not the result of good science or laboratory experiments. OxyContin was the child of marketeers and bottom-line financial decision making" (p. 95).

Vicodin, Oxycodone, Percocet are common painkillers that can be prescribed and taken by pill. Morphine is an opiate painkiller that can be taken in the form of either capsule or via intravenous injection. Dilaudid is a brand name for hydromorphone and is commonly used and abused in a hospital setting. It can be taken as an injection, tablet, or suppository. (2017). Fentanyl is causing some of our biggest problems in over-dose deaths. Fentanyl is a very strong opiate, and it is fast-acting. Fentanyl is incredibly potent, 80 to 100 times stronger than morphine and much stronger than heroin. Fentanyl is used often for the most severe and chronic pain management, most commonly among cancer patients. Fentanyl is delivered into the bloodstream through a dermal patch and is released over a 48 - 72-hour period. Fentanyl patches carry enough narcotics for up to three days. This can make the fentanyl patch a perfect target for abuse, particularly by individuals who are clever enough to extract the narcotic from the patch. If abused, this is a deadly opiate. According to the United States Food and Drug Administration in

July 2005 they responded to hundreds of fentanyl related deaths by issuing a public health advisory regarding the use of fentanyl skin patches. According to Adams "both fentanyl and a new opioid analgesic called Acetyl fentanyl are now being mixed with heroin and users are, either knowingly or not, being exposed to these very powerful opiates that their bodies and brains may not be able to handle" (pp. 50 - 51). In 2006 the United States started to see non-pharmaceutical fentanyl mixed with heroin. Many addicts were not even aware that they are receiving this deadly opiate (2017). In June 2013, The United States Centers for Disease Control and Prevention (CDC) issued a health advisory to emergency departments regarding overdose deaths. According to Adams "news stories about fentanyl have spiked once again in 2016 as the death toll from this drug alone has gone through the roof" (p. 51). The popularity of fentanyl surged in 2016 when the rock singer Prince died on April 21, 2016. It was reported he had been battling opiate addiction for years, and his drug of choice was fentanyl. Addiction to fentanyl can happen quickly and is brutal (p. 52). Compounding the existing crises is a more powerful synthetic opiate that has arrived in this country from China called Carfentanil. It is tied to an alarming spike in heroin overdose deaths in the United States. According to Adams "Carfentanil is 10,000 times more potent than morphine, making it the strongest commercially used opiate drug on the planet" (p. 53). This drug started making news in the United States in 2016, but it's not a new drug at all. Carfentanil was first produced by Janssen Pharmaceutica in 1974 and was designed to be an elephant tranquilizer. The drug has been flooding into the United States from China. According to Adams, in "2016 alone, the drug was responsible for tens of thousands of deaths in the United States. Some addicts simply have no idea that they are ingesting this dangerous drug, which is said to be 100 times more powerful than fentanyl and as much as 50 times stronger than heroin. The side-effect of carfentanil use isn't addiction. It's death" (p. 53).

The Chinese government agrees with the dangers of this drug and as of March 2017 carfentanil has been banned. This should slow the imports and should reduce the overdose death rates; however, it won't stop them altogether (2017).

Heroin is an opioid, according to Adams "first synthesized by C. R. Alder Wright in 1874 by adding two acetyl groups to the molecule morphine, found in the opium poppy plant" (p. 71). Heroin goes by several popular slang street names such as dope, H, and smack. Heroin can be found on the street in several different forms. It can be found in a white to dark brown powder substance, or a black tar-like substance. Heroin can be used in several different ways such as snorting, smoking, and injection. According to Adams "generally, there is a surge of euphoria with warm flushing of the skin, dry mouth, and weighty extremities" (p. 71). Heroin is an illegal substance; it is sold on the street and distributed by drug dealers. The quality, purity, and appearance of the drug, particularly when fentanyl is mixed in is different from drug dealer to drug dealer. The dealer will put their own brand stamp on each envelop fold. Drug dealers will cut or add other substances to enhance it or change the product; this adds to the dangers of overdose deaths.

According to Adams "addiction is a powerful disease, but the war on drugs will never be completely won until we understand and conquer the underlying economics" (p. 54). Supply and demand are the bottom line, and there is an insatiable demand for these products. Economics will always play a major part in the supply chain, and there will always be someone ready and willing to fill the need. According to the headlines of the Star Ledger on December 15, 2016, "Heroin and morphine deaths have been on an exponential rise since 2010. The State of New Jersey has seen a 214% increase in that time." Fentanyl and carfentanil are to blame according to the New Jersey Attorney General's Office. Overprescribing of painkillers has been a significant driver of

our present opioid and heroin epidemic. The prevalence of opioid addiction started rising a with long-term prescribing of opioids for chronic pain, a practice encouraged by the drug manufacturers. Although heroin use in the general population is low, the number of people beginning to use heroin has been steadily rising since 2007. According to NIDA, "this may be due in part to a shift from the abuse of prescription pain relievers to heroin as a more potent, readily available, and cheaper alternative to prescription opioids" (p. 154). Nobody will disagree that heroin is an addictive opiate. According to Adams "what is alarming is its recent resurgence as a drug of choice in America in just the past few years. This is largely due to the mass numbers of prescription opiate addicts in pain, addicted and desperate, once-legitimate patients cross the line to embrace heroin as a substitute, readily available and relatively cheap nearly anywhere in the United States today. They are crossing over from pills to heroin. There is now little doubt that these painkillers are serving as a gateway to heroin addiction" (p. 73). These are all major contributing factors that have help propel the opioid epidemic in the United States.

Naloxone

Naloxone is an opioid antagonist medication antidote that reverses the effects of an opioid overdose. Naloxone has no side effects and has no potential for abuse. Sold under the brand name Narcan, naloxone is a fast-acting drug when given during an opioid overdose situation. It blocks the effects of opioids on the brain and restores breathing within two to three minutes after naloxone is either injected or sprayed into the nasal passage. The FDA approved naloxone in 1971. The drug has been safely and effectively used to reverse the effects of an opioid overdose for over 40 years by paramedics, EMT and emergency room professionals across the United States. Administering the drug naloxone correctly greatly reduces the risk of accidental death. (Morrone, 2017). According to Morrone, the large portion of the population

that will benefit from naloxone by "3rd party prescribing, prescribing to an individual that could administer naloxone in an emergency. This type of distribution of naloxone is designed to reduce heroin overdose deaths" (p. 9) Morrone describes the third party as a party not present, an example of which would be a paramedic, law enforcement officer, or drug counselor. These people would prescribe naloxone to be used in case of an emergency opioid overdose situation. By providing naloxone and giving training on its use, these third parties can emphasize which prevention and treatment programs will enable bystanders and first responders to save thousands of lives by reversing an opioid overdose. According to Morrone "52,404 people died of drug overdose in 2015… Naloxone could have saved 63% of them" (p. 10) According to the DEA's 2016 National Heroin Threat Assessment Summary, the DEA Acting Administrator Chuck Rosenberg stated, "we tend to overuse words such as unprecedented and horrific, but the death and destruction connected to heroin and opioids is indeed unprecedented and horrific" (p. 31). Naloxone can make a difference in fighting the opioid epidemic if we can get it in the hands of first responders. Naloxone is an effective treatment for an opioid overdose; it can reverse the effects of an opioid overdose if administered in time. Time is a critical element in reversing the effects of the opioids. If Naloxone is administered in time, it pushes heroin or opioids off the brain. According to Morrone "the timely administration of a sufficient naloxone dose by a trained lay person or emergency medical services responder can reverse an opioid overdose" (p. 39).

The State of New Jersey was reporting that they had three times the rate of the national average in overdose deaths. At the time Governor Chris Christie called for the expansion of the Narcan program as the best step forward in what has otherwise been an "abject failure" in the decades-long War on Drugs. In March 2014, 28,000 emergency medical technicians and police

officers were approved to carry and use Narcan when responding to calls related to heroin overdoses. Between April and June 2014, said Christie, more than 40 such cases were successfully treated. Addressing concerns that while Narcan saves lives, it only makes a dent in the bigger opioid epidemic, the governor's task force on heroin abuse also introduced several reforms that target the factors that give rise to the illicit opioid market in New Jersey. Changes include reforming the state's prescription pill monitoring system. In addition, monitoring mechanisms were implemented for patients prescribed opioids and for physicians who prescribe them.

Since 2013 Governor Chris Christie and the State of New Jersey have taken several major steps in fighting this opioid epidemic. They have given the basic tools to law enforcement, EMTs, third party caregivers to help make a positive impact in this epidemic.

Naloxone might be providing a lifesaving intervention in an overdose situation. However, even with its effectiveness and high-level support from so many professions, there is clearly uncertainty about its effectiveness as a long-term solution. In reporting that CVS pharmacies are offering naloxone without a prescription, a local news agency in Wayne, New Jersey, found some people weren't too sure about it. They were concerned that having naloxone so easy to purchase might encourage a heroin user to maintain their addiction because now they have a way out.

According to Morrone, "Physicians, lawyers, and legislative consultants have argued that if you reverse the effects of the opioid overdose they will use again" (p. 40). Opioid recidivism, while a disturbing possibility, leads to the opportunity they will seek the professional help to fight their addiction. There is an argument that if you reverse the overdose with Narcan you

allow people to continue to use opioid-based drugs (2017). That was the reasoning behind Paul LePage, the Governor of Maine, vetoing a bill that would have approved first responders and relatives of addicts to use Narcan in the event of an opioid overdose. LePage argued that authorizing widespread distribution of naloxone would give drug users a false sense of security, and the number of drug overdose deaths in Maine have come close to, or even exceeded, the number of fatal traffic incidents. But in May 2016, lawmakers in Maine overrode LePage's veto, listening to the opinion of treatment experts who rejected fears that naloxone would be used as an enabling drug. If used in time Narcan reverses the opioid overdose, neutralizes its effects, and prevents death.

According to Morrone, the State of Michigan "created a standing order that is the cornerstone to a new testament's naloxone policy" (p. 41). The order is to allow retail pharmacies to distribute Narcan without prescription to families that have family members fighting addiction. This was a major victory for the families. Most Michigan doctors and the medical profession did not understand the seriousness of the overdose deaths and the preventative qualities of Narcan (2017). According to Morrone, the "healthcare system is promoting a community flu shot and the CDC rates are at 48% effective, while ignoring naloxone that is 99% effective" (p. 41) New Jersey Governor Chris Christie announced the state would expand a program aimed at saving the lives of New Jerseyans fighting heroin addiction. This pilot program established in March 2014 for Ocean and Monmouth counties will be expanded statewide.

"It means this initiative will now be in all 21 counties in the state of New Jersey," said Governor Christie, who added that the Narcan antidote has a proven track record of saving

lives (2014). According to Governor Christie the State of New Jersey empowered "28,000 EMTs by training and allowing them to administer Narcan" (2014) "As a result, police officers and EMTs are now trained to be equipped to administer the antidote to overdose victims. Just since April, more than 40 opiate overdoses in the two counties have been reversed and 40 lives have been saved because of it. It means 40 individuals now have a second chance at life."

The Times of Trenton editorial board posted on July 24, 2012 "The governor came to Vince's Place at the Rescue Mission of Trenton to announce the expansion of the Narcan program. The facility is a licensed addiction services program that provides recovery treatment to homeless and indigent clients". "This initiative, quite frankly, will save lives," said Mary Gay Abbott-Young, the CEO of the Rescue Mission of Trenton. NJ. Com/Times opinion/2012/07/editorial_gov_christie_visit.html

On April 2, 2014, Governor Christie announced the pilot Narcan program, the governor's task force on heroin and opiate abuse called for a wide array of reforms to combat the state's addiction epidemic. "The Nation's War on Drugs has been a dismal failure said Governor Christie". According to Christie "Training and equipping our police officers to administer Narcan gives us a fighting chance to reduce the number of tragic and senseless drug deaths". (www.nj.gov/governor)

The two-year study proposed major changes to, among other things, the state's prescription pill monitoring laws. It concluded young pill addicts who can no longer afford or gain access to painkillers turn to heroin. In Ocean County, a record-breaking 112 people died of drug overdoses in 2013, 53 more than the year before. The overwhelming majority of those

deaths were linked to opiates. According to the report, of the 8,300 New Jersey residents admitted to drug treatment programs for opiate addiction in 2012, more than 40 percent were younger than 25. (www.nj.gov/governor)

Alex Becker reported on July 9, 2012, for the Huffington Post "Christie's announcement during a speech at Brooking Institution today was on the 43rd anniversary of the launch of the country's war on drugs. "This was a well-intentioned program that had great hope at the time of getting results, but the fact is that as a sole approach to this issue it has been an abject failure," Christie said. "We've seen that failure manifest itself all across our state and all across this country." Huffpost.com/entry/chris-christie-war-on-drugs_n_1659687

Recognizing the scope and gravity of this problem, public policy that has now shifted towards acceptance and expansion of Narcan availability is a step in the right direction. Moving forward, first responders and EMTs are no longer the only ones facing this problem. According to Morrone "addiction medicine and public health doctors, harm reduction groups, friends, treatment centers, law enforcement, family and community members are finding themselves at the frontlines of this epidemic and able to impact these emergency situations in unparalleled ways" (p. 42). It is now an important focus by all levels of the government to get Narcan into the hands and homes of the general public in order to help prevent opioid overdose events and stop opioid overdose deaths from occurring (2017). According to Morrone "individuals authorized to dispense naloxone overdose kits should be required to undergo training and education in the recognition of signs and symptoms of overdose techniques for administration of naloxone and referral to emergency medical services" (p. 72)

Several States have passed laws to protect Narcan providers and civilians. These Good Samaritan laws provide civil liability indemnity for law enforcement and family members which shields them from a lawsuit if they administered Narcan during an opioid overdose emergency. According to Morrone "States should broaden distribution of naloxone and support legislation to remove barriers to naloxone access" (p. 72) In doing so, this will contribute to the many programs to help manage this opioid epidemic affecting our country.

Training Standards and Policy for the Use of Narcan by Law Enforcement

By 2012 the State of New Jersey was faced with a heroin and opiate crisis as citizens were dying at an alarming rate due to accidental overdoses. Governor Christie recognized this phenomenon. Unusually high rates of overdose deaths were observed in Ocean, Monmouth, and Union Counties. Governor Chris Christie took decisive action. On May 2, 2013, by signing the "Overdose Prevention Act". (N.J.S.A. 2C:35-30) This was the beginning of the State's concerted attempt to address this crisis. The "Overdose Prevention Act" provides immunity for witnesses and victims of overdose who activate emergency services. In addition, it permits physicians to prescribe naloxone to patients, defined as someone who may be in position to assist another individual during an overdose. The law also addresses the requirement to investigate immunity eligibility before making an arrest. This element of the law is very important to police officers to understand because it changes the traditional mission of law enforcement. The law now requires an officer responding to a drug overdose to not arrest any person present at the scene for violations of any offense eligible for immunity under the Overdose Prevention Act. The law was designed to encourage people to seek immediate medical assistance whenever a drug overdose occurs. In the past, individuals were not willing to call for help and seek medical attention for fear that the police will arrest them for illegal drug use or possession. The law now affords

immunity from arrest, prosecution, and conviction for a drug use or drug possession charge when the person, acting in good faith, calls for help and medical assistance. Another element of the statute authorized police and civilians' access to the antidote naloxone or Narcan with the intent of slowing the rate of overdose deaths. This waiver is granted in accordance with Public Law 2013, Chapter 46, known as the "Overdose Prevention Act" which, under certain circumstances, provides immunity for civil and criminal liability of non-health care professionals who administer in an emergency naloxone, or any other similarly acting drug approved by the United States Food and Drug Administration, to a person believed in good faith to be experiencing an opioid overdose. The law also provides civil, criminal, and professional disciplinary immunity for health care professionals and pharmacists involved in prescribing or dispensing the opioid antidote in accordance with the law. Having this waiver which provides immunity now allows law enforcement to be trained and equipped with Narcan. Police officers can now administer the antidote to an opioid overdose victim and reverse the effects of the opioid. Clearly, this legislation saves lives. This law was signed on May 2, 2013. It was followed by the issuance of Attorney General Law Enforcement Directive 2014-2 by Acting Attorney General John Huffman. The directive applied to all sworn law enforcement personnel in the state. This directive requiring the literal application of the overdose prevention act, including mandatory training and supervision of agency personnel. This was the first legislative step in New Jersey addressing the problem, through a uniform statewide policy. The Attorney General exercised his authority to issue procedural Directive 2014-2 as the State's chief law enforcement officer. This procedural directive has the force of law pursuant to the Attorney General's Legal Authority conferred by N.J.S.A. 52:17B-97 Et. Seq; And the Attorney General's Constitutional Authority drawn from the Vanderbilt Constitution of 1947 (State v. Winne., 1953)

On April 2, 2014, Governor Christie announced the formal launch of a pilot program in Ocean, Monmouth, and Union Counties to train and equip police officers to administer Narcan. This voluntary program to make Narcan kits available to specially trained police officers proved the lifesaving capabilities of Narcan, as police officers and first responders reversed numerous opiate overdoses following the initiation of the pilot program. The success of the program was recognized throughout the law enforcement community, resulting in statewide expansion of the program. On June 17, 2014, Governor Christie announced the expansion of the Narcan pilot program to all 21 counties in New Jersey.

Law enforcement agencies started establishing training protocols and standard operating procedures. Each of the 21 counties assigned a county Narcan coordinator and a medical director. The Narcan coordinator and medical director were now responsible for ensuring training standards complied with the protocols of the Department of Health and the manufactures of naloxone. The county Narcan coordinator established municipal Narcan coordinators and had a point of contact for each law enforcement agency. Train the trainer instructors received initial training by the medical director in the use of Narcan. The individual instructors were charged with training their agency personnel.

Union County Narcan Program

Dr. Raphi Matossian from Trinitas Hospital, Elizabeth, New Jersey is the Narcan medical director and authored the following guidelines to be used in training Union County Police officers.

Narcan Nasal Spray is used to temporarily reverse the effects of opioid medicines. The medicine in Narcan Nasal Spray has no effect in people who are not taking opioid medicines.

Always carry Narcan Nasal Spray with you in case of an opioid emergency. Use Narcan Nasal Spray right away if you think signs or symptoms of an opioid emergency are present, even if you are not sure, because an opioid emergency can cause severe injury or death. Signs and symptoms of an opioid emergency may include unusual sleepiness and you are not able to awaken the person with a loud voice or by rubbing firmly on the middle of their chest (sternum) breathing problems including slow or shallow breathing in someone difficult to awaken or who looks like they are not breathing the black circle in the center of the colored part of the eye (pupil) is very small, sometimes called "pinpoint pupils," in someone difficult to awaken. Get emergency medical help right away after giving the first dose of Narcan Nasal Spray. Rescue breathing or CPR (cardiopulmonary resuscitation) may be given while waiting for emergency medical help. The signs and symptoms of an opioid emergency can return after Narcan Nasal Spray is given. If this happens, give another dose after two to three minutes using a new Narcan Nasal Spray and watch the person closely until emergency help is received. Narcan Nasal Spray is a prescription medicine used for the treatment of an opioid emergency such as an overdose or a possible opioid overdose with signs of breathing problems and severe sleepiness or not being able to respond. Narcan Nasal Spray is to be given right away and does not take the place of emergency medical care. Get emergency medical help right away after giving the first dose of Narcan Nasal Spray, even if the person wakes up. Narcan Nasal Spray is safe and effective in children for known or suspected opioid overdose. (Matossian, 2014)

In May of 2014 Union County established the following standard operating procedures that each of the 21 law enforcement agencies adopted.

Purpose:

To establish guidelines and regulations governing utilization of the Nasal Narcan administered by the XXXX Police Department. The objective is to treat Opioid Overdoses and reduce fatal Opioid Overdoses.

Policy:

It is the policy of the XXXX Police Department that officers who will be administering Nasal Narcan are properly trained in the use and deployment of the Nasal Narcan according to the laws of the State of New Jersey.

Procedure:

A. The XXXX Police Department will deploy the Nasal Narcan kit in the following primary locations: (EACH PD CAN ESTABLISH WHERE THEY WILL SECURE THE NARCAN AND THESE ARE JUST EXAMPLES NOT REQUIREMENTS) Desk Sergeant / Booking area. One kit in each sector patrol car, K-9 Units, Detective Bureau, and Community Police Officers/School Resource Officers NOTE: Nasal Narcan may be damaged by extreme temperatures, both high and low. Due to this fact, consideration should be given to storing the Narcan in the interior of a patrol car when these conditions exist and taking the Narcan from the vehicle and storing it inside the police department after a shift is completed.

B. Nasal Narcan Coordinator: The (i.e., Administrative Sergeant, Patrol Lieutenant, etc.) is designated as the Nasal Narcan Coordinator (EACH PD SHALL ESTABLISH A COORDINATOR FOR THE PROGRAM)

The Nasal Narcan Coordinator shall be responsible for the following:

1. Ensuring the Nasal Narcan is current and not expired.

2. Proper and efficient deployment of Nasal Narcan for patrol.
3. Replacement of any Nasal Narcan that is either damaged, unusable, expired or deployed.
4. Ensuring all personnel that will be using Nasal Narcan has received appropriate training in such.
5. Ensure that any deployment of Nasal Narcan to a subject will have a corresponding police report documenting such deployment.
6. Report to the County Prosecutor within 24 hours (County Nasal Narcan Coordinator) any use of Nasal Narcan on the Nasal Narcan Deployment Form.

C. Nasal Narcan use. When using the Nasal Narcan kit officers will maintain universal precautions, perform patient assessment; determine unresponsiveness, absence of breathing and or pulse. Officer(s) should update their communications dispatcher that the patient is in a potential overdose state. Dispatcher will then notify the local EMS and Paramedic Unit. Officers shall follow the protocol as outlined in the Nasal Narcan training.

Officer Nasal Narcan Deployment Protocol: Identify and assess victim for responsiveness, pulse and status of breathing. If no pulse, initiate CPR and AED as per normal protocol; notify incoming EMS If pulse is present and the victim is unconscious, assess breathing status. If breathing is adequate (>8 per minute, no cyanosis) and no signs of trauma, place in the recovery position. If breathing is decreased or signs of low oxygen (cyanosis) and overdose is suspected (based on history, evidence on scene, bystander reports, physical examination) then proceed with Narcan administration, retrieve Narcan kit, assemble kit, administer a maximum of 1mg in each nostril for a total of 2mg, using the mucosal atomizer device. Initiate breathing support with pocket mask, bag-valve-mask and oxygen if available. If no response after 3-5 minutes and a

second dose of naloxone is available, repeat the administration, continue to monitor breathing and pulse – if breathing increases and there is no evidence of trauma, place in the recovery position. If at any time pulses are lost, initiate CPR and AED as per normal protocol. Keep responding EMS advised of patient status when able to do so. Give full report to EMS when they arrive. Complete documentation and internal department procedures for restocking and notification.

NOTE: When an officer deploys nasal Narcan and it results in a resuscitation of an overdose victim, that officer should ensure that person receives appropriate follow-up care. The effects of Narcan only last for a limited period and the person may experience another opiate overdose when the effects of the Narcan wear off. As such, every effort should be made to encourage that person to be transported to the hospital for additional care. If the person refuses additional care, police should ensure that person is taken to a medical facility by ambulance. Furthermore, the officer should accompany the ambulance personnel for their safety. Local police and EMT procedures should not be otherwise circumvented as a result of this protocol. SEE: Barna v. City of Perth Amboy, 42 F.3d 809, 820 (3rd Cir. 1994)(citing Terry v. Ohio, 392 U.S. 1, 16 (1968)) and State v. Edmonds, 211 N.J. 117, 132 (2012)(citing State v. Frankel, 179 N.J. 586, 599 (2004)) which stated "(1) the officer had 'an objectively reasonable basis to believe that an emergency requires that he provide immediate assistance to protect or preserve life, or to prevent serious injury' and (2) there was a 'reasonable nexus between the emergency and the area or places to be searched.' Also, SEE: Morey v. Palmer, 232 N.J. Super. 144, 153 (App. Div. 1989); Barna, supra, 42 F.3d at 820 which held that when a person is so "intoxicated" that they appear to the officer to be "incapacitated," the officer not only has the discretion but the duty to transport the incapacitated person to a hospital1 with reference to N.J.S.A. 26:2B-16.

D. Maintenance / Replacement

a) An inspection of the Nasal Narcan kit shall be the responsibility of the personnel assigned the equipment and will be conducted each shift.
b) Missing or damaged Nasal Narcan kit(s) will be reported directly to the Officer in Charge of the shift who shall notify the Department's Nasal Narcan Coordinator. (PD MAY ALSO WANT TO DOCUMENT THIS INFORMATION IN THEIR CAD).
c) Where any condition that necessitates the Nasal Narcan kit to be taken offline or be submitted for replacement this information shall be directed to the Department's Nasal Narcan Coordinator. It should be noted that Narcan has an expiration date per the manufacturer. As such, all personnel assigned Narcan shall be responsible for checking the expiration date of the product. If expired, the Department's Coordinator shall be notified as soon as possible.
d) Replacement: The Department's Nasal Narcan Coordinator shall be responsible for replacing the Nasal Narcan and ensure the police department has an adequate supply available for patrol use.

E. Documentation / Nasal Narcan Report: Upon completing the medical assist, the officer shall submit the Ocean County Nasal Narcan Deployment report detailing the nature of the incident, the care the patient received and the fact that the Nasal Narcan was deployed. The report will be forwarded to the Department's Nasal Narcan Coordinator and after approval forwarded to the

Union County Prosecutor's Office Nasal Narcan Coordinator. These records must be completed for statistical value and tracking of the Nasal Narcan deployments. (UCPO, 2014)

This standard template (SOP) can be modified to suit the individual law enforcement agency. The law enforcement agency must have a policy in place prior to deploying Narcan in the field.

A Press Release from Drug Policy Alliance "On June 12, 2017, Governor Chris Christie signed Senate Bill 295 / Assembly Bill 2334 into law. This life-saving legislation expands access to naloxone by making it available without a prescription in more pharmacies across the state. After the signing of the bill, Roseanne Scotti, State Director of the New Jersey office of the Drug Policy Alliance issued the following statement. "Drug overdose is the leading cause of accidental death nationally and in New Jersey. Most of these fatalities involve opioids such as prescription painkillers or heroin. Many overdose victims do not actually die until one to three hours after taking a drug, and most of these deaths occur in the presence of others. This creates a significant opportunity for witnesses to intervene and provide help. In addition to calling 911, overdose witnesses can administer the opioid overdose antidote, naloxone (also known by the trade name Narcan)." "Naloxone is a life-saving prescription medication that counteracts respiratory depression associated with opioid overdose. Restoring the victim's breathing as quickly as possible is the best way to prevent brain damage and death in an overdose emergency. Naloxone has no abuse potential, few side effects and is simple to administer, making it safe and easy for laypeople to use."

"Currently in New Jersey, pharmacists can dispense naloxone without a prescription using a standing order from a physician. This has allowed large chain pharmacies including CVS and Walgreens, who have physicians on staff, to provide their customers with access to naloxone."

"For smaller pharmacies, without physicians on staff, providing a way to dispense naloxone without a prescription gives them the option of providing the same service to their customers and the community, and will help save more lives in New Jersey."

"We thank Governor Christie, Senator Vitale and Assemblyman Benson for their leadership on this important issue." (www.drugpolicy.org/press-release/2017/06/governor-christie-signs-life-saving-legislation-law-expands-access-naloxone, 2017)

The Drug Policy Alliance led the Overdose Prevention Campaign which previously advocated for the passage of the Overdose Prevention Act and legislation to expand access to naloxone. Thousands of needless deaths have already been prevented through the work of the Campaign and Senate Bill 295 / Assembly Bill 2334 will prevent more deaths by further expanding access to naloxone. (Scotti, 2017)

A study published in the American Journal of Emergency Medicine in 1995 titled Intranasal naloxone administration by police first responders is associated with decreased opioid overdose deaths. This study clearly shows evidence that police officers that are trained and administer intranasal naloxone to drug overdose victims in emergency situations have decrease the opioid death rate. The study was conducted in Lorain County, Ohio (Rando, et. al., 2015).

Data collected over the course of five years on overdoses deaths and Narcan deployments were published by the Union County Prosecutor's Office in 2019. This statistical data from the beginning of the Narcan program in Union County show a consistent uptick in suspected overdose deaths from a low of 47 overdose deaths in 2014 to a high of 150 in 2018. The data also show a large increase of Narcan deployments from a low of 21 in 2014 to a high of 830 in

2018. What the data do not show is the recidivism rate of repeat victims that first responders have deployed Narcan on the same victim during different times.

There have been three eras in the United States policing model identified in our history of law enforcement. Each era of time continues to be documented in the history of policing. The three eras known and viewed widely are: political era (1830 - 1930), reform era (1930 - 1980), and community era (1980 - Present). The political era of policing is described to provide a large range of social services to the neighborhood. The police department was decentralized and had a close relationship to the neighborhood. Police Officers walked a beat and they built close relationships with business owners and citizens who worked, lived, and played in the neighborhood. The police officer's task was to serve the neighborhood and met the demands of the local political bosses. This type of policing during the political era was riddled with corruption and the police departments ruled with an iron fist. Anyone who disrupted the peace, was dealt with community swiftly and harshly. During this time era of policing, prohibition fueled organized crime, and which initiated widespread police corruption (Hooper, 2014).

The next era of policing known as the reform era is described as a crime control model. This model established a centralized system for police departments. The police department and their police officers' relationship with the community became professional and detached. Police officers were distant and gave the impression they didn't care to build a close relationship with the citizens and businesses in their jurisdictions. Technology was changing policing; officers were patrolling in marked radio cars with the goal of decreasing response times of calls for service. The 911 emergency telephone system and several enhancements reduced police response times even further. The objective of policing was crime control by visible marked police vehicles during peak hours of service. The police and their officers' relationship with the community

deteriorated during this era. Police officers were perceived as not approachable as they once were when walking a beat. The community started mistrusting their local police department because officers no longer took the time to get to know the citizens they served and seemed only to care about aggressive policing. The police were no longer perceived as the community protectors or guardians. During this time of American policing, corruption was targeted by establishing law enforcement ethical codes of conduct. Policing was becoming a profession with better pay, training, using scientific methods in crime solving, and adopting other technologies that made law enforcement more efficient (Hooper, 2014).

The next era of American policing is known as community policing. It is described as a strategy of crime control along with providing community services by working closely with the local community to help provide for a safer neighborhood program known as Safe streets, Weed and Seed, and establishing Enterprise zones in business districts. This policing philosophy went back to decentralizing system and law enforcement agencies created special units of community policing officers. Policing efforts and police departments started re-building relationships with the citizens they served. This policing philosophy demonstrated that the local police department cares about the communities they serve. Police departments and officers became problem solvers to help improve the quality of living and encouraged the community to work hand in hand with their local police department and their police officers. Critics of this policing style and philosophy argued that this turns the police into social workers distracting from their mission of crime fighting. Support for this policing style and many who support criminal justice reform argued that crime fighting is secondary to being community protectors, problem solvers and assisting with quality-of-life issues (Hooper, 2014).

According to Hooper his research study shows there should be the "formal acknowledge of a fourth era of policing within the body of knowledge comprising the evolution of American policing" (p. 1). This new era of policing that is emerging is being called the "Information era" this era encapsulates many of the information-based strategies that were used in the beginning of the 21st century. New strategies and techniques such as evidence base intelligence and predictive crime mapping and dealing with the social ills of our society. Many of these tools being used in this era have been carried over from the community policing era. Technology tools like crime analysis and CompStat, introduced in NYC by Commissioner Bratton in 1994 as a data-driven management model, are being used throughout the law enforcement community. Collection of data is now an essential function in prediction tends in crime or problem-solving quality of life issues in real time. Hooper stated in his research that in "fact there has been a failure (or a reluctance) to formally recognize that policing has entered a fourth era of policing" (p. 2). Hooper continues to state that his "content analysis of principal policing textbooks readily confirms that the history of American policing continues to be documented as comprised of three eras, with the Community Era starting in the 1970's and continuing through the present time" (p. 2).

Hooper's research points to a direction that new data driven policing strategies is establishing the fourth era in policing. This paradigm shift in policing is a foundation to my research. Police officers are dealing with the opioid epidemic and have taken on the role of advance medical service providers in the field to administrator Narcan, provide addiction referrals, and assist in admitting to rehab facilities. The police are tasked with social work functions to help fight the opioid epidemic (Hooper, 2014). American law enforcement faces many challenges including fighting international and domestic terrorism, dealing with the mental

health issues, cybercrimes, active shooting in our schools, and building sustainable working relationships with the communities they serve. Opioid intervention now joins this ever-expanding mission.

Theoretical Framework

Douglas McGregor's (1960) best-known motivational theories on human behavior Theory X-Theory Y. McGregor believes employees' attitudes and behavior towards work is developed in response to management's perspective of their own job and mindset towards human behavior. Theory X is that an ordinary employee does not like work and will do everything possible to steer clear of it. McGregor's theory maintains that most people, because of their dislike of work tasks, will have to be coerced, directed, or even forced to complete a task. The threat of punishment is an option to meet the goals of the organization. Consequently, McGregor believes employees desire to avoid responsibility; they need supervision and to be told what to do. Theory X places a strong emphasis on control and direction (Von der Embse, 1987).

McGregor's (1960) Theory Y has six levels:

1. The average individual does not have a natural dislike for work.
2. Employees will exercise self-control and self-direction when they are committed to an objective.
3. Individuals have the capacity to develop, to assume responsibility, and to direct their behavior toward goals.
4. Commitment to goals is a function of rewards associated with their attainment. Avoidance of responsibility, an emphasis on security, and limited drive are, for the most part, the result of experience, not innate personal characteristics.

5. Management should create an organization atmosphere that allows individual goal attainment while directing their efforts toward organizational objectives. The manager should provide guidance that fosters opportunities and personal growth, keeping in mind that many employees can solve organizational problems.
6. The real potential of the average employee is underutilized.

It is important to point out that McGregor believes that workers must be encouraged to develop to their highest capacity by acquiring training, knowledge, and skills to make the organization successful. (McGregor 1960). This case study is designed to examine the impact of the law enforcement Narcan program in fighting the opioid epidemic in Union County, New Jersey, and the officers' perceptions on the effectiveness of the Narcan program for law enforcement.

Summary

This literature review covered numerous areas of study relevant to the present case study and the research questions: How do police First Responders perceive the public policy establishing the Narcan program for law enforcement? How do police officers perceive the paradigm shift imported by the standards of the Narcan program? How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency? Research on the history of policing revealed that there have been three eras in the United States policing model identified in our history of law enforcement. Each era of time continues to be documented in the history of policing. The three eras known and viewed widely are: political era (1830 - 1930), reform era (1930 - 1980), and community era (1980 - Present). However, according to Hooper his research study shows there is "formal acknowledge of a fourth era of policing within the body of knowledge comprising the evolution of American

policing" (p. 1). This new era of policing that is emerging is being called the "Information era" this era encapsulates many of the information – based strategies that were used in the beginning of the 21st Century. Strategies and techniques such as evidence-based intelligence and predictive crime mapping. Many tools being used in this era have been carried over from the community policing era. Tools like crime analysis and CompStat which was introduced in NYC by Commissioner Bratton in 1994 as a data-driven management model. Collection of data is now an essential function in prediction tends in crime or problem-solving quality of life issues in real time. Hooper stated in his research that in "fact there has been a failure (or a reluctance) to formally recognize that policing has entered a fourth era of policing" (p. 2). Hooper continues to state that his "content analysis of principal policing textbooks readily confirms that the history of American policing continues to be documented as comprised of three eras, with the Community Era starting in the 1970's and continuing through the present time" (p. 2).

Police officers are dealing with the opioid epidemic and have taken on the role of advance medical service providers in the field to administer Narcan, provide addiction referrals, and assist in admitting to rehab facilities. The police are tasked with social work functions to help fight the opioid epidemic (Hooper, 2014). This paradigm shift in policing is a foundation to my research.

This study intends to examine officers' perceptions of the uniform Narcan policy and training standards for Union County police departments. It is important to understand their perceptions of recent changes in the specific tasks related to dealing with administering Narcan, and the follow-up care of the individual receiving the Narcan antidote. There is the predominant culture of traditional policing that focuses on the mission of "protect and serve" the public while enforcing the laws of the State of New Jersey. The Narcan program for law enforcement presents

the paradigm shift from law enforcement to social work and public health issues. Police officers are now unable to enforce certain narcotic laws if called to an over-dose situation (N.J.S.A. 2C:35-30). They are being asked now to encourage overdose victims toward rehabilitation and intervention programs. How do these police officers perceive their paradigm shift and new response standards? To what extent are officers aware of the new policy? What insight can officers offer in evaluating the program and the public policy? This case study, therefore, makes significant contributions to research on the perceived effects of the Narcan program from front line practitioners.

Chapter III

DESIGN AND METHODOLOGY

The purpose of this qualitative case study was to explore the perceptions of police officers in a medium-sized, urban police department of challenges and opportunities related to the shift in roles from enforcement to holistic lifesaving as a result of New Jersey Narcan program. There is a long-established culture of traditional policing that focuses on the mission to "protect and serve" the public, while requiring police to enforce the laws of the State of New Jersey. The Narcan program has shifted law enforcement into the domain of social work and public health issues. Police officers are now restrained in enforcing certain narcotics laws if called to an overdose situation N.J.S.A. (2C:35-30). They now are being asked to assist in providing resources in finding an addiction coach or attempt to get victims into a drug rehabilitation program. This research study will examine the perceptions of police officers who are seeing and dealing with this problem 24 hours a day 365 days a year. Data collected will be analyzed to provide law enforcement executives and county prosecutors with much-needed up-to-date information for crafting and revising policy governing the design and implementation of the Narcan program.

Researcher's Role

During the majority time of this study, I was a Captain of Detectives in a large urban/suburban culturally diverse County Prosecutor Office. During May 2014 my Chief of Detectives John McCabe and the County Prosecutor Grace Park tasked me to coordinate the law enforcement Narcan program in Union County. Very little information, no established guidance, no laws, rules, or standard operating procedures were in place. What was obvious based on

monthly reports, was the sharp increase in Union County overdose deaths caused by opioids. This sudden increase caught the attention of three county prosecutors in Ocean, Monmouth, and Union Counties. These three prosecutors set out to address this problem and I was tasked to spearhead the enormous undertaking without any formal knowledge or idea where to start. This researcher immediately began to research if there was any training or workshops on this issue, only to find training exclusively for paramedics. There was nothing available for police officers, despite the obvious fact that first responder police officers arrive at overdose emergency calls before emergency medical technicians or paramedics.

Over the next couple of weeks, I contacted Ocean and Monmouth County Prosecutor's Offices. During several telephone conversations and collaborating with the two Prosecutor's personnel staff, I was able to attend an informal training and evaluation session in Monmouth County. In attendance was Doctor Lavelle. He presented the advantages of training and equipping police officers with Narcan to administer to an individual who was a victim of an opioid overdose. There were many issues that needed to be addressed before this program could move forward. The biggest complaint by the attendees was that the current law prohibits police officers from administering Narcan. Only medical professionals such as Doctors, nurses, and paramedics were permitted to administer drugs. However, through further collaboration, the State of New Jersey authorized a pilot program allowing police officers as first responders to administer Narcan in the field to an opioid overdose victim. This paved the way to start a pilot program in Union County. A short time later, I developed an aggressive training schedule, standard operating procedures, appointed a Medical Doctor and paramedics to conduct a train the trainer program. The Union County Prosecutor's Office purchased equipment and Narcan for the entire County police community. This program was developed and implemented quickly in order

to save lives. The overdose death rate was climbing at rates never seen before. The Narcan training program was accelerated and each police department in Union County was equipped, trained, and online to deploy Narcan in June 2014. Within weeks the State of New Jersey realized this program should be rolled out throughout all 21 counties. The 18 remaining Counties began developing a Narcan program for law enforcement, using the tri-county Ocean, Monmouth, and Union pilot model as guidance.

During this time, I was very interested in the outcomes of this program. No standard for collecting data was in place and no studies were available at the time. I believed we should collect data and study this new phenomenon in law enforcement.

In conducting a qualitative study of this magnitude. I felt that it is very important to showcase my own experience in developing this new program. The sharing of my experience will demonstrate innate biases. The concept of collaboration is a bias that I must acknowledge. This project could never have started without the collaboration of the three prosecutors' offices and the professional staff I worked with. These prosecutors' officers are very busy and without collaboration and understanding the gravity of this important issue it could have been a very difficult time developing this program without these partners. Another bias is the law enforcement hierarchy and organizational culture. This program was pushed from the top down very rapidly, with many levels of the law enforcement hierarchy bypassed because of the increasing overdose deaths. This is highly irregular within a traditional law enforcement organization. Additionally, organizational culture was a concern. Traditional drug enforcement subordinated to social work, was a bias many senior officers struggled to overcome.

Recognizing these biases and the possibility that they could affect my study is important. "Qualitative researchers try to acknowledge and take into account their own biases as a method

of dealing with them" (Bodgan & Biklen, 2006, p. 38). I was very careful not to present my personal experiences to affect my analysis and interpretation of the data. Additionally, Bogdan and Biklen (2006) stated:

> No matter how much you try, you cannot divorce your research from your past experiences, who you are, what you believe, and what you value. Bring a clean slate is neither possible nor desirable. The goal is to become more reflective and conscious of how "who you are" may shape and enrich what you do, not to eliminate it. (p. 38)

Design and Methods

The purpose of this qualitative research study was to collect data about police officers' perceptions on the law enforcement Narcan program. Qualitative research design and methods collect valuable information that reflects the perspectives of the participants. Qualitative research "is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2008, p. 4). To better understand the police officers as first responders experience from the participant's point of view. I interviewed 15 police officers at a single police department where Narcan deployments occur frequently.

Design of the Study

This study used a qualitative case study design. This researcher reviewed potential sample populations and selected the Eastern Police Department (the name of the police department has been changed). The individual participants were narrowed down to 15 Eastern police officers to identify the themes related to the perceptions of the uniform Narcan policy. According to Creswell (2003), "qualitive approaches allow to be innovative and to work within research-designed frameworks" (p. 23). A qualitative case study is used to collect data about

police officers' experiences administrating Narcan. The case study approach was appropriate for this study because it allows one to better understand special people or problem in detail. A great deal can be learned from a few exemplars of the phenomenon in question (Patton, 1990, p. 54).

This research and case study involve a relevant topic affecting communities on the national, state, and local level. While qualitative and quantitative studies have been conducted on the opioid epidemic, there is little literature from the point of view of police perceptions of the Narcan program and its related effectiveness in reducing the opioid rate of overdose deaths. This topic also has not been discussed in a case study of a New Jersey police department, nor is there evidence of a current study on this topic, thus validating my decision to conduct qualitative research on this topic. This single-case research study specifically focuses on one police department in Union County, New Jersey: The Eastern Police Department. This researcher chose the case study to explore the perceptions police officers in a medium-sized, urban police department of challenges and opportunities related to the shift in roles from enforcement to holistic lifesaving as a result of New Jersey Narcan program. Using multiple data sources, a case study can be explanatory, exploratory, or descriptive, according to Sauro (2015).

Research Permission

In keeping with the guidelines established by the Seton Hall University Institutional Review Board (IRB). After receiving approval from the IRB on February 22, 2021, a letter of solicitation for participation was drafted and sent via official email account to The Eastern Police Department Police Chief. He responded, authorizing participation by officers if it was voluntary. The Chief of Police stated that the participants' perceptions or opinions did not represent the views of the Eastern Police Department. The Chief of Police assigned an officer to serve as liaison throughout the study. Additionally, a request for Union County Narcan deployments and

Overdose Data was submitted to the Union County Prosecutor's Office under the authority of the State of New Jersey's Open Public Records Act (N.J.S.A. 47:1A-1 et seq.). Generally stated, a "government record" means any record that has been made, maintained, or kept on file during official business, or that has been received during official business.

Site

Interviews were conducted in the privacy of the participant's home using a secure video conference Webex platform. The participants were provided a secure link via their desktop or laptop computer prior to the interview.

The Eastern Police Department is tasked with providing police services to 49,500 residents in this 11.5 square mile area according to the 2010 census. In 2020 there were 140 sworn law-enforcement officers of various ranks under the direction of the Police Chief. The Eastern Police Department responded to 72,000 calls for service in 2020.

Solicitation of Participants

This researcher obtained signed letters of informed consent from all participants before starting the interviews. Throughout the interview process each individual participant was advised again that participation was voluntary. The initial letter requesting permission to conduct this case study research (Appendix A) and the letters of informed consent (Appendix B) are included in the appendices.

Selection of Participants

The participants were selected through purposefully sampling. Selection

ensures the "representativeness, or typicality of the settings, individuals, or activities selected through the deliberate selection of individuals or cases that are critical for testing the theories that you began the study with, or that you subsequently developed" (Maxwell, 2013, p. 98). The researcher should "select groups or participants with whom you can establish the most productive relationships, ones that will best enable you to answer your research questions" (Maxwell, 2013, p. 99).

Statistical software IBM Statistical Package for the Social Sciences (SPSS) Version 22 was used to select police officers via the feature "select cases" (Data\Select Cases) (IBM Knowledge Center, 2018). A new dataset was created by manually entering descriptive data on the total population sample of the Eastern Police Officers who have administered Narcan *(N*=50). The data entered included the police officers, gender, age, badge number, years of service, and if they administered Narcan. The complete dataset consisted of 50 cases, each representing one police officer. According to Witte and Witte (2010) "sampling is random if, at each stage of sampling, the selection process guarantees that all potential observations in the population have an equal chance of being included in the sample" (p. 176). SPSS allows specific options while performing random case selection. The user can specify the volume of cases processed. And can use either a percentage of total cases or as "X of Y" cases. In this case study I used a second option and selected to specify 30 of the 50 cases. The output displayed 30 cases in a random order. The order was labeled by badge number and selected the first 15, the other 15 was reserved as potential alternate participants. The police officers were solicited in the order they were displayed in the output. Fifteen alternate respondents will be selected in random order, in the event one or more of the original population samples are unavailable to participate. Once the random sample of fifteen officers are identified an individual letter will be placed in the police

officers work mailbox requesting to participate in the study. Once 15 police officers responded to participate the remainder will become alternates.

Participant Profiles

The oldest police officer in the total population sample (*n*=50) was 57 years old, the youngest was 28, and the average age of the police officer was 41. The most senior participant had been a police officer for 35 years, and the most junior participant had been a police officer for three years. The Eastern Department average years of service was 13 years.

A total of fifteen police officers and two alternates were selected from the total population sample. The oldest police officer in the sample (*n*=15) was 57, and the youngest was 30, and the average Eastern Police Officer was 42 of age. The senior most police officer participant had been a police officer for 35 years, and the junior most police officer participant had been a police officer for four years. The sample population's average years of service was 16 years.

Two officers were female and 13 were male, 11 of the 15 were White, two of the 15 were Black, and two of the 15 were Hispanic. 11 of the 15 were patrol officers, four of the 15 were supervisors. All 15 officers administered Narcan, and 13 police officers administered Narcan multiple times. To protect the participants' confidentiality, their pseudonyms are not included in the demographic summary.

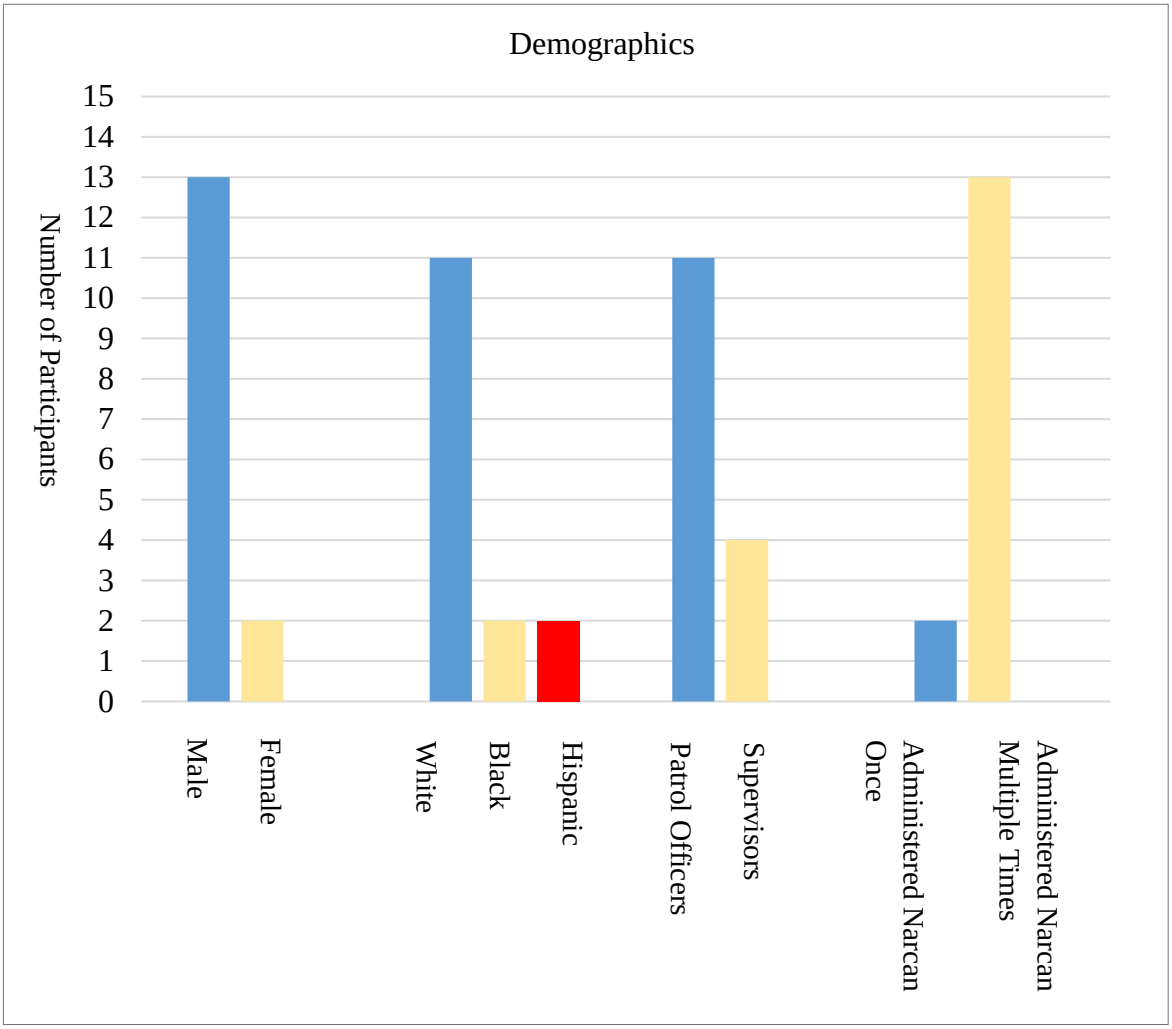
Table 1

Demographic Summary of Participants

Respondent #	Gender	Age	Seniority (Years)	Administration of Narcan (Times)
1	M	57	35	MULTI
2	M	36	15	3
3	M	50	25	4
4	M	48	25	2
5	M	35	8	2
6	M	41	16	5
7	M	37	5	6
8	M	48	27	15
9	M	42	10	1
10	M	38	3	12
11	M	52	27	6
12	M	41	15	1
13	M	49	25	10
14	F	30	4	15
15	F	34	8	6

Figure 1

Demographic Summary



Data were gathered during video conference face-to-face, one-on-one interviews. Each participant was provided a letter explaining and describing the study's purpose, copy of the 15 interview questions, demographic information form, and the informed consent letter. Before each interview, the police officers signed the informed consent form and were then given a copy of the interview questions. Each of the fifteen interviews was scheduled for approximately 60 minutes and took place in the privacy of the participant's home or location of their choice.

Each of the police officer participants were informed prior to the start of the interview that there would be no deviation from the interview questions. After all administrative forms were signed and the participant was comfortable, this researcher turned on the Olympus digital voice recorder WS-6005, completed an introduction and stated the purpose of the study. This researcher reminded that their participation was voluntary, and they could pause or stop the interview at any time.

The Chief of Police requested that the participants be on off-duty status when being interviewed. The fifteen interviews were digitally recorded with an Olympus digital voice recorder model WS-6005 to ensure accuracy and provide a true account of the interview.

Interview Format

All fifteen interviews followed a semi-structured format. According to Bogdan and Biklen, (2007) this format allows the interviewer the latitude to cover great range of topics and offer the participant an opportunity to build the content of the interview. During the interview process the participants are given as much time as needed to complete a response to each of the interview questions. Each of the fifteen participants were asked 15 interview questions and, if required, follow-up questions. This researcher conducted two rounds of interviews 60 minutes each. The first round of the interview focused on the interview questions. The second round of the interview focused were used to follow- up on themes that surfaced from the first round of the interview.

Materials

During the research, several qualitative and quantitative research materials were used to conduct the case study; the quantitative research material was Union County Prosecutor's Office's Narcan deployment and fatal overdose data. The qualitative materials consisted of a detailed letter explaining the study purpose and intent, letter of solicitation, letter of informed consent, and copy of the interview questions. An Olympus digital voice recorder model WS-6005 was utilized throughout the interview.

Data Collection Process

A Seton Hall University IRB Application was filed in January 2021 and approved during the February 2021 meeting. All fifteen participants were interviewed during the months of February, March, and April 2021. Once all interviews were completed this researcher started the process of transcribing, analyzing, and thematically coding the police officers' responses. All the police officers' responses were stored on an encrypted SanDisk thumb drive.

The 15 interview questions were developed to understand the police officer's perceptions, personal experiences, feelings, and opinion on the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic. The in-depth interviews were designed to gather data used to explain the police officers' behaviors and provide insight to answer the three research questions. I used the literature review to develop and formulate the 15 interview questions (Bogdan & Biklen, 2007). According to Bogdan and Biklen (2007), "qualitative interviews offer the interviewer considerable latitude to pursue a range of topics and offer the subject a chance to shape the content of the interview" (p. 104). Interviews were conducted one-on-one with each of the participants in a soundproof interview room to eliminate any

distractions. This one-on-one method ensured that during the interview I was able to gain insights into the participants. According to Creswell (2003), in a qualitative approach the inquirer can make claims of knowledge based on perspectives which is based on multiple meanings of the individual participants' personal experiences on this subject, this helps build a pattern or theory. The use of a semi-structured interview in a one-on-one environment allowed for a very dynamic interview based on the police officer's experiences. According to Maxwell (2005), "a good research design, one in which the components work together, promotes efficient functioning" (p. 2). According to Bogdan & Biklen, (2007) "qualitative study involves more open-ended questions and concerned with process and meaning rather than cause and effect" (p. 162).

Jury of Experts

This researcher consulted with a jury of two experts to ensure the interview questions were valid for my research. The two experts were selected for their vast experience as command-level police executives and their knowledge of policing in the New Jersey and New York area. The first expert is a recently retired New York City Police Department Lieutenant (NYPD), who is currently employed as a Captain of New York and New Jersey Port Authority Police Department (PANY/NJ). Captain Christopher Zimmerman Ed. D retired from the NYPD as a Lieutenant and the commanding officer of the hostage negotiation team. Lt. Zimmerman was the also the long-time commander of the NYPD missing persons unit. After retirement from the NYPD, Christopher Zimmerman was recruited by the PAPD and now is a Captain overseeing the Counter-terrorism unit.

The second expert is Dr. Stephen Hoptay, a retired Captain with 26 years' experience with the New Jersey State Police. He held Command positions in a variety of assignments within

the Emergency Management and Homeland Security fields, oversight of 14 county emergency management programs, State Hazard Mitigation and Field Training Officer, and the Hazardous Materials Response Unit. Dr. Hoptay developed strategies and coordinated operational plans for response to large-scale emergencies, New Jersey response to 911 attacks, major flooding events, hazardous materials incidents, structural collapses, and aircraft and maritime vessel crashes. Dr. Hoptay is now a Vice President of loss prevention for Wakefern Corp in Elizabeth, N.J.

Interview Questions

RQ #1 What are police officers' perceptions of challenges related to the shift in roles from enforcement to holistic lifesaving as a result of the New Jersey Narcan program?

1. As a first responder can you share with me your opinion of the Narcan program for law enforcement?
2. How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?
3. Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?
    a) Have you observed any unintended consequences of the Narcan policy since its implementation?
    b) Can you recommend any policy revisions?
4. Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?
5. Is there anything else you would like to add?

RQ #2 What are police officers' perceptions of the opportunities related to the shift in roles from law enforcement to holistic lifesaving as a result of the Narcan program?

6. In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.
7. Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?
8. As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?
9. As a Police Officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?
10. Is there anything else you would like to add?

RQ # 3 How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency?

11. What training have you received in the physical assessment of opioid overdose emergencies?
12. How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.
13. What training have you received regarding accessing resources such as prevention programs and or rehabilitation services?
14. Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policymakers of necessary additions, deletions, or corrections to existing policies and procedures in place?

15. Is there anything else you would like to add?

Data Collection

This researcher collected information by conducting semi-structured interviews. These fifteen semi- structured, interviews vary in the degree in which they are presented. Qualitative interviews are designed to be open-ended and flowing. The interview questions offered the participants an opportunity to shape the subject of challenges and opportunities from their perspectives (Bogdan & Biklen, 2006).

Interviews were conducted between 5:00 a.m. and 6:00 p.m. depending on the officers' schedule in the participant's home via video conferences due to Covid -19 restrictions. The duration of each interview of the fifteen police officers was 60 minutes. The 15 interview questions were open ended in order to create a comprehensive data source. This researcher conducted two rounds of interviews 60 minutes each. The first round of the interview focused on the interview questions. The second round of the interview focused was used to follow- up on themes that surfaced from the first round of the interview.

The purposeful sample of police officers was based on their experience in administering Narcan in a real-life overdose emergency. I addressed the police officers of the Eastern Police Department for a few minutes during roll call. During their roll call the Chief of Police allowed me to provide an overview of my study, based on a pre-approved solicitation script that was created for the study. Each officer received copies of the solicitation script at roll call for potential participants to review. Fifteen potential participants expressed interest to participate.

All the participants' identities were kept completely confidential: Only this researcher knew the identity of the participants. After each interview the participants were given the

opportunity to review the audio tapes. The semi-structured interview consisted of several open-ended questions. These open-ended questions were formulated from information discovered in the literature review and preliminary findings. The use of open-ended questions helped this researcher in gathering comprehensive data from the police officers who participated. Each of the interviews was recorded digitally and transcribed.

This researcher managed the data by assigning a three-number code to each participant. The numbers are in reverse order of the alphabet and each letter represents the first initial, middle initial, and last initial of their name of the participant. For example, JCR=17-24-9. If a participant does not have a middle name, the number code will be assigned the number 0.

Interview Themes

Each of the interview questions were tailored to the issues in the literature. Questions surfaced from the following themes.

- **Unintended consequences of Narcan program.**
- **Paradigm shift**
- **Training and confidence in deploying Narcan**

The interviews were conducted during the Months of February, March, and April 2021. Interviews were conducted between 5:00 a.m. and 6:00 p.m. in the participant's home or location of their choice. Video conference face-to-face, one-on-one interviews. Police Officers interviews lasted between 45-60 minutes.

According to Bogdan and Biklen (2006), if studies rely primarily on using interviewing, the participant is usually a stranger. This researcher used small talk prior to conducting the interview in order to develop a rapport with the participant. Most of the small talk would be

sports and job-related topics. This would break the ice and build rapport with the participant. Using this technique helps search for a common ground. On a topic, allows for a level of comfort, and establishes basis for a building a relationship (Bogdan & Biklen, 2006, p. 103).

The following are 15 questions that each participant was asked during the interview. Additionally, this researcher used follow up questions if needed as the interview developed. This gave this researcher a better understanding of the important issues.

Police Officers' Interview Questions

1. As a first responder can you share with me your opinion of the Narcan program for law enforcement?
2. How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?
3. Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?
    a). Have you observed any unintended consequences of the Narcan policy since its implementation?
    b). Can you recommend any policy revisions?
4. Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?
5. Is there anything else you would like to add?
6. In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.
7. Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

8. As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?
9. As a Police Officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?
10. Is there anything else you would like to add?
11. What training have you received in the physical assessment of opioid overdose emergencies?
12. How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.
13. What training have you received regarding accessing resources such as prevention programs and or rehabilitation services?
14. Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policymakers of necessary additions, deletions, or corrections to existing policies and procedures in place?
15. Is there anything else you would like to add?

Data Analysis

Bogdan and Biklen (2007) stated the "process of systematically searching and arranging the interview transcripts, fieldnotes, and other materials that you accumulate to enables you to come up with findings." (p. 159) Data interpretation is developing and formulating ideas about the findings putting them together and able to relate them to the literature, explaining and framing ideas in relation to a theory. Data analysis is working with the data by organizing,

assigning them into manageable units, coding, searching for patterns, and synthesizing. Bogdan and Biklen (2007).

The audio recordings from each of the fifteen interviews were transcribed by the researcher. After the automated transcription was completed, a comparison of the audio recordings to the transcripts was made and any discrepancies were resolved. Final transcripts were analyzed for articulable information. The information was organized and put into categorized themes and coded. According to Bogdan and Biklen (2007) "as you read through your data, certain words, phrases, patterns of behavior, subject's ways of thinking, and events repeat and stand out." Developing a list of coding categories after the data have been collected and mechanically sort them" (p. 173).

This researcher managed and organized each code (node) into primary codes. The primary codes were ultimately broken down into secondary codes that revealed underlying assumptions discovered in the interviews.

This researcher using a thematic analysis approach highlighted codes from police officers' descriptions of their experiences in administering Narcan. The two types of coding that was used was Situation codes and Strategy codes which according to Bogdan and Biklen (2007) defines Situation codes "You are interested in their worldview and how they see themselves in relation to the setting or your topic" (p. 174) and the definition of Strategy Codes "refer to the tactics, methods, techniques, maneuvers, ploys, and other conscious ways people accomplish various things" (p. 177). Prior to coding this researcher established a list to start off with. According to Miles and Hubberman (1994) the list should come from the "conceptual framework, list of research questions, hypotheses, problem areas, and/or key variables that the

researcher brings to the study" (p. 58). This list helped me with the direction and focused my thinking and keeping me on track. The following is an example of items on the list.

1. Responsibility
2. Police Academy
3. On the Job training
4. Perspectives on training
5. Narcan Deployed
6. Narcan Policy
7. Training activities
8. First Responders
9. First line supervisors
10. Counseling
11. Repeat offenders
12. Attitudes
13. Addiction coach

After this list was established, this researcher started to build a codebook. I established a set of criteria for each code. In the code book the following criteria was used: repeated responses that were pertinent to answering the research questions.

This researcher discovered and identified patterns; build narratives using data obtained during participant interviews. The narratives were used to showcase any relationships, trends, or contradictions found in the collected data. The concepts that surfaced from the narratives were used to link ideas found in the literature to the research questions (Maxwell, 2004)

Validity and Reliability

According to Patton (1990) “The credibility issue for qualitative inquiry depends on three distinct but related inquiry elements:” (p. 461)

1. Rigorous techniques and methods for gathering high-quality data.
2. Credibility of the researcher.
3. Philosophical belief in the phenomenological paradigm. (Patton, 1990, p. 461)

In this case study, this researcher used several different techniques to ensure credibility and trustworthiness, purposefully sampling the police officers who participated, assigning pseudonyms to ensure their anonymity, assembling a jury of experts to evaluate the research and interview questions, recording the interviews, reviewing, and confirming the transcription process, and coding the data collected. The case study’s theoretical foundation was based on McGregor’s (1960) best-known motivational theories on human behavior Theory X-Theory Y, further enhancing the study’s credibility. According to Patton (1990) there are four kinds of triangulation that will contribute to verification and validation process in qualitative analysis. They are one “checking out the consistency of findings generated by different data-collection methods, that is, methods triangulation”, the second one is “checking out the consistency of different data sources within the same method”, the third one is “using multiple analysts to review findings, that is, analyst triangulation”, and the fourth one is “using multiple perspectives or theories to interpret the data, that is, theory/perspective triangulation” (p. 464). “The triangulation of sources is the checking out the consistency of findings generated by different data sources within the same method” (p. 464). I triangulated the data after listening to the interview recordings, then transcribing them and coding the information I obtained in the interviews, and after reviewing the documents and research notes.

Ethical Issues

The ethical issues present in my study are few, but still should be addressed. The participants in this study have a low risk of being identified by the Eastern Police Department's administrators. Culturally police officers tend to be insular and will not convey their true feelings unless authorized to do so by their department. Even though the data gathered from the police officers' interviews are confidential and will not be shared with other participants, this does not guarantee or prevent a participant from discussing their interviews with colleagues. I could not eliminate this low-level risk for the participants.

Summary

Chapter III explains the methodology used in this qualitative case study, the qualitative study design, purposeful sampling selection of the participants utilizing IBM SPSS software, and the interview method used to collect data to answer the three research questions. Chapter III also addresses the method of qualitative data analysis used to develop and produce the findings. Additionally, chapter III addresses the methods used to ensure the study's validity and reliability.

Chapter IV

STUDY RESULTS

The purpose of this case study was to explore police officers' perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic. The study focused on police officers in a medium-size urban police department in Union County, NJ. Through semi-structured interviews I attempted to explore how police officers' perspectives on the use of Narcan in an opioid overdose emergency shaped their role as first responders. My use of pseudonyms protects the identity of the police officers who participated in the study. Focusing on the police officer's experience, views, and beliefs, this study ensures that the data reflect the best understanding of the topic.

As the results of the participants interviews, several themes surfaced that were relevant and pertinent to this case study. According to Creswell (2009) "Qualitative researchers can do much with themes to build additional layers of complex analysis" (p. 189). It appears the themes I identified in this study show that several layers are associated with the perceptions that a police officer has regarding the law enforcement Narcan program within their police department. According to Creswell (2012) "Identify the five to seven themes by examining codes that the participants discuss most frequently" (p. 245)

Emergent Themes

In this chapter, I provide six themes that surfaced from the interviews. These six themes are: (a) great program because it saves lives, (b) recidivism and steady increase, (c) community policing and care giving model, (d) needed aftercare after Narcan, (e) need mandatory trip to the hospital law, (f) additional training for prevention rehabilitation resources. These six themes

answer the research questions discussed in Chapter III. Additionally, sixteen sub themes that surface from the interviews are important to address as these sub themes capture the uniqueness of the participants thoughts and enhances the study.

Sub-Themes

Sixteen sub-themes that surfaced from the interviews. These sixteen sub-themes are: (a) these are medical calls not narcotic investigations, (b) Narcan gives a false sense of security, (c) not winning the war on drugs, (d) arresting people in crisis is not going to solve the problem of addiction, (e) need for enforcement through narcotics units for dealers, (f) multiple offenders should be charged, (g) law enforcement can't fix the problem, it's beyond our resources, we are just a band aid, (h) Narcan is an effective tool, (i) senior officers' have difficult time with shift from enforcement to a holistic role, (j) officers are motivated, do the right thing without supervision, (k) the press we received in the media has been positive, (l) equable treatment for other drugs not just opioids, (m) high economic costs & money spend on housing inmates, money better spent in a caregiving role, (n) diversion from jails and prisons better for the community, (o) drug use is linked to crime, (p) see more statistics based on how many frequent flyers are being sprayed with Narcan and track those people.

During the month of February, March and April 2021, the participants were interviewed outside of their police department using video conferencing software as well as face to face meetings at a location convenient to the participant. Before each of the scheduled interviews, the participant was presented with a letter of introduction, and informed consent form. Once the informed consent form was signed, the audio recorder was started. This researcher read the following interview questions to the participant to facilitate responses reflecting the participant's thoughts:

1. As a first responder can you share with me your opinion of the Narcan program for law enforcement?
2. How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?
3. Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?
    a). Have you observed any unintended consequences of the Narcan policy since its implementation?
    b). Can you recommend any policy revisions?
4. Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?
5. Is there anything else you would like to add?
6. In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.
7. Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?
8. As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?
9. As a Police Officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?
10. Is there anything else you would like to add?

11. What training have you received in the physical assessment of opioid overdose emergencies?
12. How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.
13. What training have you received regarding accessing resources such as prevention programs and or rehabilitation services?
14. Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policymakers of necessary additions, deletions, or corrections to existing policies and procedures in place?
15. Is there anything else you would like to add?

Coding

Thematic coding was utilized to capture and collect the perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic. The results of this case study are analyzed and addressed in Chapter V.

Corresponding Themes to Research Question 1

The researcher identified two themes related to research question 1 (What are police officers' perceptions of challenges related to the shift in roles from enforcement to holistic lifesaving as a result of the New Jersey Narcan program?). Participant #1 Officer Allen stated in the interview we have come a long way since becoming a police officer and it is a great program. However, stated that there has been a steady increase in overdoses but no question we are saving lives. Participant #2 Officer Brown stated this is a good program and is saving lives every day and was surprised it took a long time to put Narcan in the hands of cops. Officer Brown

continues to say Narcan is a safety net. We save them with Narcan, then the victim goes back to using and give Narcan again and again. Participant #3 Officer Carson stated it is a good program, we are saving lives and help those who need it. Officer Carson also stated they have been using Narcan a lot more but does not think of any unintended consequences and believes it is all positive. Participant #4 Officer Dale stated it is very beneficial to our community, we see a lot of overdose calls and we end up deploying a lot of Narcan. Officer Dale is surprised that the number of overdose call have not slowed down any. It seems that we use this stuff repeatedly. Officer Dale can't think of any unintended consequences. Participant #5 Officer Erickson stated it is a good program, a positive program, the police are put in a positive light when we save a life. Officer Erickson stated we are a safety blanket; we went back to the same guy's house three more times and sprayed Narcan until one day we didn't get to him in time. Participant #6 Officer Friday stated I think it is a great program. The press we receive in the media has always been positive, it is so common to respond to these calls we are always using it. Officer Friday believes the failure of aftercare for the victim is the unintended consequence. Participant #7 Officer Goodson stated this is a good program, Officer Goodson also has a friend within his family who died of a heroin overdose. Officer Goodson stated there is a failure in getting aftercare help as an unintended consequence. Participant #8 Officer Holiday stated it is a great tool for us to have and was surprised it took an epidemic before cops started carrying Narcan. Officer Holiday stated there are repeat offenders all the time, we call them frequent flyers. Deployed Narcan to several of the same people on different days. Participant #9 Officer Ivy stated yes, I am a supporter of the program, but we have all seen repeat offenders repeatedly. Participant #10 Officer Jules stated Narcan is a huge benefit. Officer Jules couldn't think of any unintended consequences. However, started to see an increase in the rate of overdoses here opposed to five years ago.

Participant #11 Officer Kato stated it's a very effective tool. Officer Kato also stated it is all positive, but we have what we call frequent flyers or repeat offenders. Participant #12 Officer Law stated it is a good program. Anytime we can add a tool to save lives is a good program. Officer Law also stated we have frequent flyers who might think there is this artificial safety net. Participant # 13 Officer Michaels believes the program was rolled out with good intent. And thinks it's a good that we have it as a tool. Officer Michaels stated he feels some people know they are going to be revived and my play around more with the drug. Officer Michaels has dealt with a lot of the same people, we gave them Narcan and brought them back repeatedly. Participant # 14 Officer Newsome stated this is a wonderful program, a needed program and it is saving lives. Officer Newsome also stated that there are a good number of repeat offenders all the time frequent flyers know we will save them. Participant #15 Officer Orlando stated it is a great program. But there are multiple times we use Narcan on the same people.

Summary of Themes for Research Question 1

The two themes that surfaced (1) great program because it saves lives and (2) recidivism and the steady increase of Narcan deployments. These two themes directly address research question one. This researcher identified these as ordinary themes. According to Creswell (2012) ordinary themes, can be themes that a researcher may discover and expect to find when analyzing qualitative data. All 15 participants described in similar fashion that the Narcan program was a great program because it saves lives. The second ordinary theme the researcher discovered related to recidivism and the steady increase in Narcan deployments. All 15 participants spoke about that idea. These two ordinary themes support the qualitative and quantitative data collected in this study.

Corresponding Themes to Research Question 2

The researcher identified two themes related to research question 2 (What are police officers' perceptions of opportunities related to the shift in roles from enforcement to holistic lifesaving as a result of the New Jersey Narcan program?). Participant #1 Officer Allan stated we are heavy on training, but we are not just locking people up and making arrests we have a community policing mindset and community care taking role, saving lives and diversion from jails and prisons is better for the community. Officer Allan continued to state that the Narcan program needs to help with the aftercare programs. If we don't break the cycle of addiction this will continue to be a revolving door. Participant #2 Officer Brown getting help is a better approach. Besides we have a community policing approach in our department. We believe in community policing; we enforce the law, when necessary, but my mind set is caregiving and helping. Officer Brown also stated we need more help with providing resources to those who are fighting addiction. Participant #3 Officer Carson stated I think it is the right thing to do, not sure if arresting someone will help them, we are there on a medical call no need for an arrest we do community policing, I believe in caregiving and helping others. Participant #4 Officer Dale stated I don't think it is a shift, we are there to save a life not to arrest the person, and we are there on a medical call. Officer Dale continues to describe we do a lot of community policing are role is to serve the community but there needs to be better aftercare and mandatory requirement to go to the hospital. Participant #5 Officer Erickson stated the shift is no big deal, we do the community a service, if we can help, and we do. It really is that simple. Officer Erickson continues to describe we still fight crime by prevention and outreach programs on the community policing model. People with an addiction problem need help and the government must step up and provide better mental health, drug, and alcohol treatment programs. Participant #6 Officer

Friday stated we are very community policing focused here. We have several roles, and one is community policing and helping our community with many different problems that are not enforcement roles. That is where our holistic role comes in, but we also know when our enforcement role kicks in. Officer Friday continues to describe that the government should have the resources to provide for people who want it. Many people with multiple problems, mental health issues and addiction and NJ fails at providing enough resources for this segment of society. Participant #7 Officer Goodson stated It is not a new shift, we have been in the community policing mind set for a long time and protect and serve means serve the public. Officer Goodson continues to describe making the program better by providing better aftercare and social services. Participant # 8 Officer Holiday stated we have been in a community policing effort for a long time it is all about helping people. Participant #9 Officer Ivy stated we cannot arrest our way out of these problems or social issues. Participant #10 Officer Jules stated under NJ Cares, and we learned about "Operation Helping Hands" we helped people to help them understand that shift to offer those services specifically to people who have overdosed not to be arrest but to get them help as quickly as possible. Officer Jules continued to state that going to the hospital to talk to the hospital to provide social services can help in providing treatment services. Participant #11 Officer Kato stated people don't understand that some drug users are also stealing and breaking into cars and houses to pay their next high so there is a direct correlation to drugs and crime. Officer Kato continues to describe we need someone to intervene at the hospital level, medical professional, or social worker to get these people help with their addiction problem. If that does not happen the Narcan program is just a Band –Aid on the problem. Participant #12 Officer Law stated our main goal is to save lives. Participant #13 Officer Michaels stated I think it is a part of community policing, I think it is a good idea, police

officer's mentality of protect and serve and they fully understand the caregiving roll they are in. You are serving to protecting a life as we are trained to do. It is part of our community policing roll; it is not a big deal. Officer Michaels describes I don't think we should put police officers who just deployed it now must be the one providing the social services. I want and there is a need for a statewide program. Participant # 14 Officer Newsome stated it is an easy shift serving the community and helping the community. It is the greatest job I can't think of another role other than helping save a life. We are community policing all the time. You know problem solving, community outreach, crime prevention and the likes. I am proud to work in a caregiving role. Participant #15 Officer Orlando stated I think it is smart policy shift. I have no problem with the shift. After all we are here to help. That's a main goal in this job, it is dealing with the public, and citizens in the community are who we serve. Officer Orlando continues to describe that we don't have the resources.

Summary of Themes for Research Question 2

The two themes that surfaced for research question 2 are: (1) community policing and care giving model, (2) needed aftercare post Narcan application. These two themes directly address research question two. 12 out of 15 participants a total of 80% responded spoke about community policing and the caregiving model. 14 out of 15 participants a total of 93 % responded spoke about needed aftercare post Narcan application.

Corresponding Themes to Research Question 3

The researcher identified two themes related to research question 3 (How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency?). Participant #1 Officer Alan stated we have a resource called "Prevention Link" if

we go on an overdose for opioids or perceived opioid overdose, we do have an 800 number and a card we can give to a patient or a family member if they are on the scene for follow up care, but again this is where it is sorely needed, a lot of things are missed here. The need is tremendous. Participant #2 Officer Brown stated I would like to see a law that specifically allows the cops to require the victim to go to the hospital. Officer Brown also stated more training is needed we have not gotten a lot of training; I mean I know to give out information about the county program called "Prevention Links" but really nothing more than that. The police are doing a good job with the Narcan program, but the aftercare should be expanded. Participant #3 Officer Carson stated received no training at all, just hand them information on the resources available and mandatory requirement to go to the hospital. Participant #4 Officer Dale stated maybe better guidance on when the person should go to the hospital. EMS want the police to make the decision, the cop wants EMS to make the decision and then the victim signs an RMA or refuse medical attention. It just causes confusion. It must be very clear. Just need to be a better legal standard when someone should go to the hospital. Officer Dale continued to describe that they received not really any formal training, Sergeants gave out cards to just hand out to the victim on information on the resources available. Participant #5 Officer Erickson stated you must make going to the hospital mandatory the victim should not be given the option of RMA by EMS. Officer Erickson stated they kind of got a briefing during the beginning of our tour of duty one day. Participant #6 Officer Friday stated I would suggest enhancing the law, so the person always goes to the hospital. EMS always has the victim sign a refusal and then we don't feel we are able to force someone to the hospital. That must be clear and better to understand. Officer Friday also stated I am not sure if it was training, I was handed Prevention Links information to give out to a victim or their family. Participant #7 Officer Goodson stated I would change and

make clear the law that every person must always go to the hospital. Officer Goodson also stated we kind of get training bulletins, addressing some of the resources, but that is it. I would not call it formal training. Participant # 8 Officer Holiday stated I would change the law, every person got to go to the hospital you know, they must always go to the hospital no opportunity to refuse medical attention. Officer Holiday also stated that is the problem, nothing formal just department bulletin's, we do have cards to hand out. Participant # 9 Officer Ivy stated the county has been very good with identifying programs that are out there and directing us to outpatient resources, that part is good. When it comes to police officers being a resource that is an area, we lag anywhere it should be. There was that gap between cops and aftercare. Participant #10 Officer Jules stated I think the one area where there is a gray area with questions we get with questions on refusals or RMA's post Narcan deployment, I think there is a lot of confusion ultimately who is in charge of handling that, is it EMS or law enforcement, enforcement matter because the person is under the influence and can that person just refuse any medical care, are they safe to leave in a house, and a lot of the time EMS will say it is up to the cop when they are on scene and then the cops look towards EMS because they don't have that additional medical background. I know we are always trying to iron that out a little. Officer Jules also stated going back to before entering the academy we had to get trained on the NJ Cares act and learned about the prevention and social recourses available. Participant #11 Officer Kato stated after Narcan employment should require mandatory trip to the hospital. The victim should not be allowed to sign an RMA or refuse medical attention. Officer Kato stated no training with the Narcan training, there not much available. Participant #12 Officer Law stated I am not sure if we had any physical training at all, but we do have pamphlets available to everyone in the radio room we just hand them information and phone number on the resources available. But I don't remember any

specific training. Participant #13 Officer Michaels stated we have not had a lot of training; information is put out on our daily bulletin I think that is something particularly with our Chief he wants to enhance and possibly change that part. Participant #14 Officer Newsome stated everybody we use Narcan on must go to the hospital. No RMA you know, they must always go to the hospital. Officer Newsome also stated not really, may be better training in the prevention component. Participant # 15 Officer Orlando stated I can't think of anything but the information that's in the radio room and department bulletins.

Summary of Themes to Research Question 3

The two themes that surfaced for research question 3 are: (1) mandatory trip to the hospital law, (2) additional training for preventative rehabilitation resources. These two themes directly address research question three. 11 out of 15 participants a total of 73% responded there needs to be a mandatory trip to the hospital law after you use Narcan on an individual. 12 out of 15 participants a total of 80% responded the need for additional training for preventative rehabilitation resources so officers can better assist the individuals or families.

Summary

The purpose of this study was to explore police officers' perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic. The study interviewed 15 police officers to identify themes that would further the study and research of police officers' perceptions on the law enforcement Narcan program. The researcher identified 6 themes corresponding to the three research questions and fourteen sub-themes. Two themes related to research question (1) What are police officers' perceptions of challenges related to the shift in roles from enforcement to holistic lifesaving as a result of New Jersey Narcan program?

Two themes related to research question (2) What are police officers' perceptions of the opportunities related to the shift in roles from law enforcement to holistic lifesaving as a result of the Narcan program? Two themes related to research question (3) How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency? According to Creswell (2012) themes "are unique or surprising, have the most evidence to support them, or are those you might expect to find when studying the phenomenon" (p. 245). The six themes were reviewed, and the results are analyzed to answer the three research questions.

See Table 2 for a breakdown of the themes and the corresponding research questions.

Table 2

Thematic Coding: Identified Themes and Corresponding Research Questions

Thematic Coding		Great program because it saves lives	Recidivism and steady increase	Community policing and care giving model	Needed aftercare after Narcan	Mandatory trip to the hospital law	Additional training for preventative rehabilitation resources
Individ. Partic.	1	RQ 1	RQ 1	RQ 2	RQ 2	X	RQ 3
	2	RQ 1	RQ 1	RQ 2	RQ 2	X	RQ 3
	3	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	4	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	5	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	X
	6	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	7	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	8	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	X
	9	RQ 1	RQ 1	X	RQ 2	X	X
	10	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	11	RQ 1	RQ 1	X	RQ 2	RQ 3	RQ 3
	12	RQ 1	RQ 1	X	X	X	RQ 3
	13	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	14	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
	15	RQ 1	RQ 1	RQ 2	RQ 2	RQ 3	RQ 3
Total Partic.	# of Resp.	15/15	15/15	12/15	14/15	11/15	12/15
	% of Resp.	100%	100%	80%	93%	73%	80%

Table 3

Thematic Coding: Identified Sub-Themes and Corresponding Research Questions (A)

Thematic Coding		These are medical calls not narcotic investigations	Narcan gives a false sense of security	Not winning the war on drugs	Arresting people in crisis is not going to solve the problem of addiction	Need for enforcement through narcotics units for dealers	Multiple offenders should be charged
Individ. Partic.	1	X	X	X	X	RQ 1	X
	2	X	RQ 1	X	RQ 2	X	X
	3	RQ 2	X	X	X	X	X
	4	RQ 2	X	X	X	X	X
	5	RQ 2	RQ 1	RQ 2	X	X	X
	6	X	X	X	RQ 2	X	X
	7	X	RQ 1	X	RQ 2	X	X
	8	X	X	RQ 2	RQ 2	X	X
	9	RQ 2	X	RQ 2	RQ 2	RQ 1	RQ 2
	10	RQ 2	X	X	X	X	X
	11	X	RQ 1	X	X	X	RQ 2
	12	X	RQ 1	RQ 2	X	X	RQ 2
	13	X	RQ 1	RQ 2	X	X	X
	14	RQ 2	X	RQ 2	X	RQ 1	X
	15	RQ 2	X	X	X	RQ 1	X
Total Partic.	# of Resp.	7/15	6/15	6/15	5/15	4/15	3/15
	% of Resp.	46%	40%	40%	33%	26%	20%

Table 4

Thematic Coding: Identified Sub-Themes and Corresponding Research Questions (B)

Thematic Coding		Law enforcement can't fix the problem, it's beyond our resources, we are just a band aid	Narcan is an effective tool	Senior officers have difficult time with shift from enforcement to a holistic role	Officers are motivated; do the right thing without supervision	The press we receive in the media has been positive
Individ. Partic.	1	RQ 2	X	RQ 2	X	X
	2	RQ 2	X	X	X	X
	3	X	X	X	X	X
	4	X	X	X	X	X
	5	X	X	X	X	X
	6	X	RQ 2	X	X	X
	7	X	X	X	X	X
	8	X	X	X	RQ 2	X
	9	X	X	X	X	X
	10	X	RQ 2	X	X	X
	11	X	RQ 2	RQ 2	X	X
	12	X	X	X	X	X
	13	RQ 2	X	X	RQ 2	X
	14	X	X	X	X	X
	15	X	X	X	X	X
Total Partic.	# of Resp.	3/15	3/15	2/15	2/15	1/15
	% of Resp.	20%	20%	13%	13%	6%

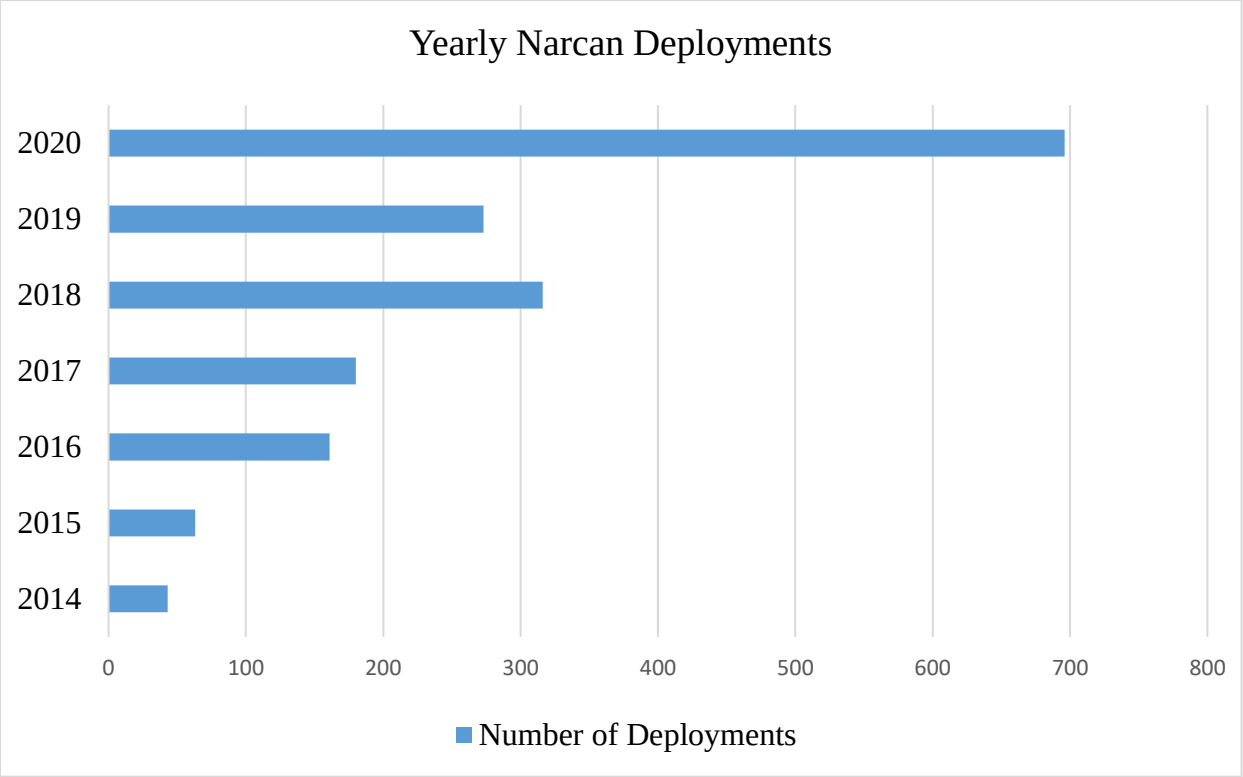
Table 5

Thematic Coding: Identified Sub-Themes and Corresponding Research Questions (C)

Thematic Coding		Equal treatment for other drugs, not just opioids	High economic costs and money spent on housing inmates; money better spent in a caregiving role	Diversion from jails and prisons better for the community	Drug use linked to crime	See more statistics based on how many frequent flyers are being sprayed with Narcan and track those people
Individ. Partic.	1	X	X	RQ 2	X	X
	2	X	X	X	X	X
	3	X	X	X	X	X
	4	X	X	X	X	X
	5	X	X	X	X	X
	6	X	X	X	X	X
	7	X	X	X	X	X
	8	X	X	X	X	X
	9	RQ 1	RQ 2	X	X	X
	10	X	X	X	X	X
	11	X	X	X	RQ 2	RQ 2
	12	X	X	X	X	X
	13	X	X	X	X	X
	14	X	X	X	X	X
	15	X	X	X	X	X
Total Partic.	# of Resp.	1/15	1/15	1/15	1/15	1/15
	% of Resp.	6%	6%	6%	6%	6%

Figure 2

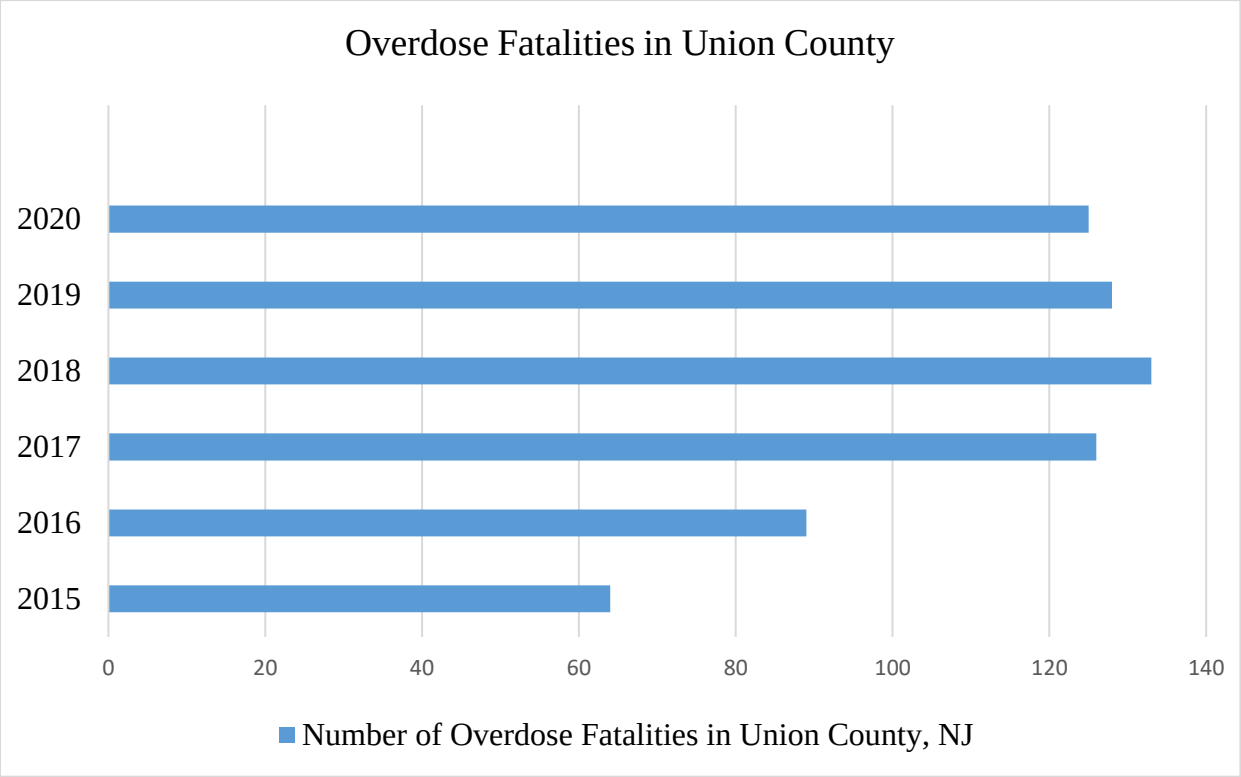
Yearly Narcan Deployments



Adapted from "Naloxone and Overdose Statistics," by the Union County Prosecutor's Office, 2020 (https://ucnj.org/prosector/). In the public domain.

Figure 3

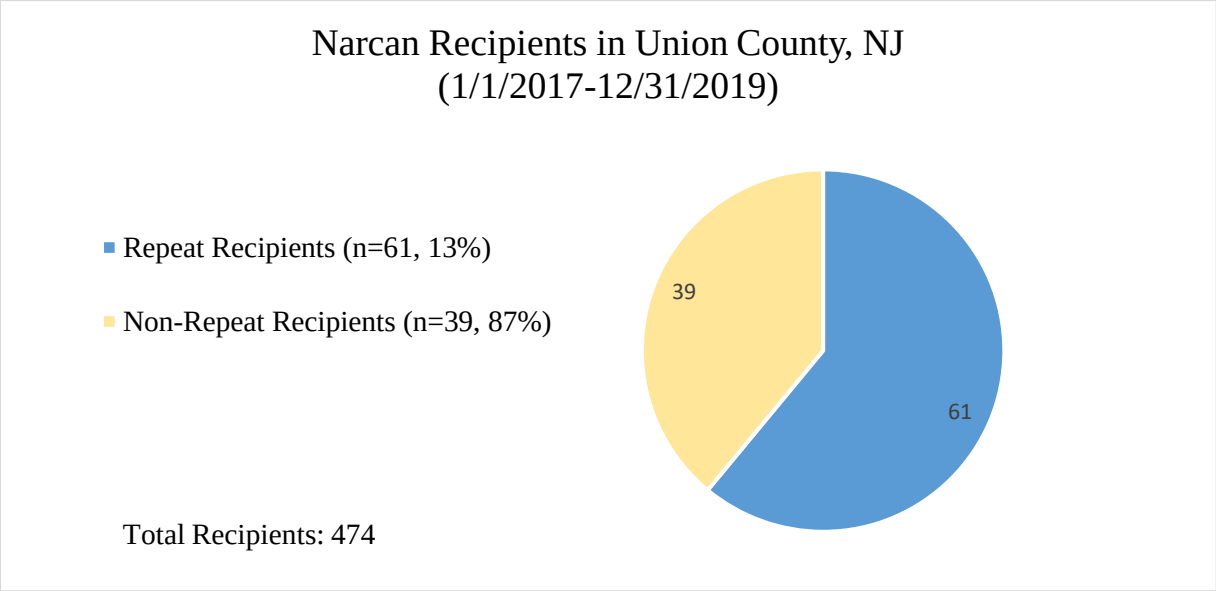
Overdose Fatalities in Union County



Adapted from "Naloxone and Overdose Statistics," by the Union County Prosecutor's Office, 2020 (https://ucnj.org/prosector/). In the public domain.

Figure 4

Repeat vs. Non-Repeat Recipients in Union County, NJ



Data are from "LE Naloxone Administrations Repeat Recipients," by the New Jersey State Police, Office of Drug Monitoring & Analysis, 2020.

Chapter V

CONCLUSIONS AND RECOMMENDATIONS

Chapter V is an overview of this qualitative case study. The researcher will discuss three areas of the study. First with a restatement of the case study purpose and the three research questions. Second are a summary and discussion of the case study and the findings in relation to the literature review, the case study's theoretical framework, and validate the accuracy of the findings. Third the researcher concludes with recommendations for future policy, practice, protocols, laws, and research. The purpose of this case study was to explore Police officers' perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic.

Examining Police officers' perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic can inform policy makers, law enforcement agencies' and county prosecutors' offices information to design and implement more effective standard practices and policies to better serve the community. The sample for this qualitative case study was 15 police officers from the Eastern Police Department in Union County, New Jersey. Data from one-on-one interviews were collected and analyzed during the months of February, March, and April 2021. The participants were male and female and ranged in age from 29 to 55 years. Their years of experience ranged from 5 to 31 years of service. Ten participants were White, three were Black, and two were Hispanic. All participants voluntarily participated after signing the informed consent form and answered the 15 interview questions. 22 themes surfaced during the interview process. The researcher developed 6 emergent themes from the data collected and 16 sub-themes. These six themes were pertinent to the three research

questions. Two of the themes: Great program because it saves lives, recidivism and steady increase were pertinent to research question number one. Two of the themes: Community policing and care giving model and needed aftercare after Narcan was administered were pertinent to research question number two. Two of the themes: Needed mandatory trip to the hospital law and additional training for preventive rehabilitation resources were pertinent to research question number three. The information obtained through the literature and incorporated into this study gives the reader a perspective on the history and professionalization of policing, McGregor's Theory X and Theory Y model, and training standards in law enforcement.

There is a noticeable lack of research examining police officers' perceptions of the Narcan program in New Jersey police departments. This case study was framed by McGregor's Theory X and Theory Y model. All participants that held a supervisory role within the police department made statements about officers' level of motivation, working without direct supervision, and following the rules, regulations and laws that govern their duties. Their statements indicated that they believed their officers are a Theory Y. It is important to point out that McGregor believes that workers must be encouraged to develop to their highest capacity by acquiring training, knowledge, and skills to make the organization successful, by acquiring training and through lived experience in their workplace individuals will be confident in their tasks (McGregor 1960). It should be noted that the data collected and analyzed regarding one of the interview questions "How confident are you in your ability to assess opioid emergencies and respond appropriately?" The response was the same to the point of saturation by all participants. All participants felt confident. However, the few participants with an advance level of EMS prior

training and experience gave a response of very confident. This was the only interview question that each participant responded in a similar manor.

During the interview process, this researcher found each participant to be highly, motivated, professional, a positive attitude towards their police department, their community, and a willingness to help in this research. According to Creswell (2012) Interpretation in qualitative research "means that the researcher steps back and forms some larger meaning about the phenomenon based on personal views and comparisons with past studies" (p. 259). This researcher reflected on personal views and experiences throughout the study. However, this researcher was at a disadvantage because there is a noticeable lack of research examining police officers' perceptions of the Narcan program in New Jersey police departments and had no comparisons with past studies.

Research Questions

The following three research questions guided this case study:

1. What are police officers' perceptions of challenges related to the shift in roles from enforcement to holistic lifesaving as a result of the New Jersey Narcan program?
2. What are police officers' perceptions of the opportunities related to the shift in roles from law enforcement to holistic lifesaving as a result of the Narcan program?
3. How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency?

Summary and Discussion of the Findings

Throughout the study, this researcher repeatedly observed that the 15 participants shared a high degree of knowledge, pride in their work and motivated to meet any challenges within

their profession. This observation supports McGregor's Theory X and Theory Y model and the case studies theoretical framework.

The dominant themes were determined by greater than 50% response rate. If a specific theme surfaced with at least 50% of the total responses, it was identified and considered to be a dominant theme.

The two dominant themes pertinent to research question 1 were:

(a) Great program because it saves lives.

(b) Recidivism and steady increase.

The two dominant themes pertinent to research question 2 were:

(a) Community policing and care giving model.

(b) Needed aftercare after Narcan was administered.

The two dominant themes pertinent to research question 3 were:

(a) Needed mandatory trip to the hospital law.

(b) Additional training for preventive rehabilitation resources.

Dominant Themes for Research Question 1

These findings surfaced from the literature review, problem statement, and interview responses from the 15 participants related to research question 1 (What are police officers' perceptions of challenges related to the shift in roles from enforcement to holistic lifesaving as a result of the New Jersey Narcan program?).

The first dominant theme, identified 100% of the 15 participants' responses, was "Great program because it saves lives". The second dominant theme was "Recidivism and steady increase," also identified 100% of the 15 participants' responses.

Dominant Themes for Research Question 2

These findings surfaced from the literature review, problem statement, and interview responses from the 15 participants related to research question 2 (What are police officers' perceptions of the opportunities related to the shift in roles from law enforcement to holistic lifesaving as a result of the Narcan program?)

The first dominant theme for research question 2, identified 80% of the 15 participants' responses, was "Community policing and care giving model". The second dominant theme was "Needed aftercare after Narcan," identified 93% of the 15 participants' responses.

Dominant Themes for Research Question 3

These findings surfaced from the literature review, problem statement, and interview responses from the 15 participants related to research question 3 (How confident are police officers in their ability to assess the need to deploy Narcan in an opioid/heroin overdose emergency?)

The first dominant theme for research question 3, identified 73% of the 15 participants' responses, was "Mandatory trip to the hospital law". The second dominant theme was "Additional training for preventative rehabilitation resources," identified 80% of the 15 participants' responses.

This researcher discovered during the interview process the 15 participants all shared a common opinion that saving lives and making the difference in just one life is the most rewarding aspect of their role in policing. The officers' welcomed any tool to help accomplish that goal to better serve their community. This researcher observed that the 15 participants maintain these high levels of pride and devotion to duty. In today's recent anti-police sentiment seen throughout the country, police departments and supervisors should be hypersensitive to police officers job satisfaction and their job performance to best serve the community. This research was conducted after the tragic death of George Floyd in police custody. This researcher believed those events might influence the responses and opinions of the 15 participants in a negative way. This researcher discovered the opposite effect and observed their professionalism, their genuine concern for all members of their community and their commitment to "protect and serve".

Recommendations for Policy and Practice

New Jersey law enforcement agencies are established by law and are governed by state statue, case law, executive orders, attorney general's directives, and police training commissions training standards, departmental policies, and standard operating procedures. The recommendations for policy and practice are discussed in this section. I recommend a major policy change based on this researchers' findings and personal lived experience as a 30-year law enforcement officer. The New Jersey legislature should initiate legislation to mandate a person shall be transported to the hospital after Narcan was administered. This would allow the person to get the proper medical attention to prevent a relapse once Narcan wears off. Additionally, this would reduce any potential civil liabilities that may surface against the police department. It

would eliminate any ambiguity that exist now, and police officers would not have to decide if an individual should be sent to the hospital.

Another major recommendation is establishing a close partnership with rehabilitation services to ensure the needed aftercare is provided. This will allow the person to enter a treatment program or utilize rehabilitation resources to break the cycle of addiction. If law enforcement and prevention rehabilitation services partner together and get the help to those in need.

A policy change that I recommend is the additional training for prevention rehabilitation resources for police officers. This will allow the police officer in the field to have additional tools to help provide resources to individuals in need. This can be accomplished in two phases; one this type of training should be introduced into the basic course for police officers in the police academy. The second phase is to conduct bi-annual refresher training in this topic during recertification of firearms qualifications, first aid & CPR training.

These recommendations are important for several reasons. They will help with reducing the number of opioid overdose emergencies. What is predictable is preventable: Law enforcement first responders can be a force multiplier if given the tools and resources to help prevent recidivism.

Recommendation for Future Research

A review of the study findings has shown the need to further expand on the relationship between training standards, policy, and the law enforcement profession. During this research and at the beginning of this investigation into this new phenomenon would lead to many questions, new insight, exploration, and discovery. This researcher was able to have the three research

questions answered based on the data collected. However, there is very little research on the perceptions of the police officers as first responders responding to an opioid overdose emergency. The following suggestions for further research are proposed.

1. A parallel study of duplicate subjects should be conducted using quantitative research methods. A quantitative study could provide the researcher the opportunity to explore the interview data from a completely different perspective. The researcher reviewing the statistical analysis could convert the numerical data already collected on the themes into tables, descriptive and otherwise, can be used for the researcher's hypothesis testing.
2. A study could be conducted on the effects of the law enforcement Narcan program in a sample with a suburban police department.
3. A study could be conducted on the effects of the law enforcement Narcan program and track the success or failure of the individuals who received Narcan from a law enforcement first responder. This data would show the true success of the program over time.
4. The results of this study should be shared and disseminated to all police agencies in the State of New Jersey. This sharing of police information is essential to the success of the Law enforcement Narcan program.
5. This case study should be revised into a manuscript suitable for law enforcement publication as an article.

Summary

Policy and Standard operating procedures are essential for any police department to function at an optimal level in multiple daily tasks, and the Eastern Police Department is no

exception. The public expects the police department that serves the community to be properly trained and carry out the police function in a professional manner. A properly trained police officer conducting law enforcement tasks based on policy and standard operating procedures coupled with the officers' training, education, and experience can only compound the professional job it is already doing.

References

Adams, T. (2017). *Opiate Addiction- The Painkiller Addiction Epidemic, Heroin Addiction, and the way out.*

Addiction medicine: changing laws, attitudes of police response to drug overdose may lead to better outcomes. (2013, Oct 14). *Mental Health Weekly Digest*. https://search-proquest-com.ezproxy.shu.edu/docview/1440318403?accountid=13793

Barna v. City of Perth Amboy, *42 F. 3d 809, 820 (3rd Cir. 1994)*

Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theories and methods* (5th ed.). Boston, MA: Allyn and Bacon.

Coronato, J (October 30, 2016) *Number of overdose deaths climbing.*

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Los Angeles, CA: Sage.

Criminal Justice Act of 1970. N.J.S.A. 52:17B-97 Et, Seq.

Drug Enforcement Administration (2016) *National Heroin Threat Assessment Summary.*

Graeme, D.W. (2017). *The Opioid Epidemic of America – What you need to know about the opiate and opioid crisis… and how we can heal from it.*

Green, T. C., Heimer, R., & Grau, L. E. (2008). *Distinguishing signs of opioid overdose and indication for naloxone:* an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction*, *103*(6), 979-989.

Harris, L. (2016). Police, medics often on overdose frontlines. *The State Journal, 32*(28), 7. https://search-proquest-com.ezproxy.shu.edu/docview/1826228241?accountid=13793

Hoffman, John (2013) *Directive to ensure uniform statewide enforcement of the Overdose Prevention Act.*

Hooper, M. K. (2014). Acknowledging existence of a fourth Era of policing: The information era. *Journal of Forensic Research and Crime Studies, 1*, 1-4. *Immunity from liability, certain circumstances, for persons seeking medical assistance for someone experiencing a drug overdose*. N.J.S.2C:35-30 (2013)

Maxwell, J. A. (2004). Causal explanation, qualitative research, and scientific inquiry in education. *Educational researcher*, *33*(2), 3-11.

Matossian, R. (2014) *Narcan Training Guidelines Trinitas hospital.*

McLean, B. (2019, August) A Sackler Heir Breaks his Silence: Bitter Pill. *Vanityfair*, (74- 77, 94-96).

McGregor, D. (1960). *Leadership and motivation.*

McGregor, D. (1960). *The human side of enterprise.*

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook.* sage.

Morey v. Palmer, *232 N.J. Super. 144, 153* (App. Div. 1989)

Morrone, W. (2017) *Essentials of American Narcan.* New Jersey Code, title 40A—municipalities and counties section 40A:14, 40A:14-152.1—*municipal police officer: power of arrest for crime committed in his presence anywhere within state.* (2009). Retrieved from https://law.justia.com/codes/new-jersey/2009/title40a/section-40a-14/40a-14-152-1/

New Jersey Open Public Records Act. (N.J.S.A. 47:1A-1 Et, Seq.) (2002).

Newman, T., Scotti, R. (June 12, 2017) *State Director of N.J. Office of the Drug Policy Alliance Press release.*

National Institute on Drug abuse (NIDA) (2007). www.drugabuse.gov

NIDA. 2020, April 3. *New Jersey: Opioid-Involved Deaths and Related Harms.* Retrieved from https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/new-jersey-opioid-involved-deaths-related-harms on 2020, September 15

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

Perin, M. (2018). Law enforcement's role in the opioid epidemic. *Law Enforcement Technology, 45*(4), 14-17. https://search-proquest com.ezproxy.shu.edu/docview/2021690348?accountid=13793

Person intoxicated in public place; assistance to facility; determination of intoxication. N.J.S. 26:2B-16 (2013).

Police Training Act. (1961). N.J.S.A. 52:17B-66 et. seq. Retrieved from http://www.state.nj.us/lps/dcj/njptc/pdf/njsa52_17b-69-2.pdf

Rando, J., Broering, D., Olson, J. E., Marco, C., & Evans, S. B. (2015). Intranasal naloxone administration by police first responders is associated with decreased opioid overdose deaths. *The American journal of emergency medicine*, *33*(9), 1201-1204.

Sauro, J. (2015). *5 types of qualitative research*. Retrieved from https://measuringu.com/qualmethods.

State v. Edmonds, 211 N.J. 117, 132 (2012).

State v. Frankel, 179 N.J. 586, 599 (2004).

State of New Jersey (1996-2018) *Department of Health Narcan waiver*. www.nj.gov/health/ems/ems-toolbox

State of New Jersey (October 30, 2017) *Press Release on Narcan for Pharmacies*. www.reachnj.gov/news

State of New Jersey Press Release *Governor Christie on expanding Narcan program* (2017). www.drugpolicy.org/news/2017/06governor

State v. Winne., 12 N.J. 152 (1953)

Terry v. Ohio, 392 U.S. 1, 16 (1968).

U.S. Government (2017) *The Opioid Epidemic*- Narcotics, Heroin, Pill Mills, Painkiller Addiction, Medical Prescribing Practice for Pain Management, Child Welfare, Neonatal Abstinence Syndrome (NAS), Naloxone, Narcan.

Union County Prosecutor's Office Eliz, NJ (2014)

U.S. Government (2011) (SAMHSA) *Substance abuse & mental Health Services Administration Survey.*

Wagner, K. D., Bovet, L. J., Haynes, B., Joshua, A., & Davidson, P. J. (2016). Training law enforcement to respond to opioid overdose with naloxone: Impact on knowledge, attitudes, and interactions with community members. *Drug and alcohol dependence*, *165*, 22-28.

Williams, A. V., Strang, J., & Marsden, J. (2013). Development of Opioid Overdose Knowledge (OOKS) and Attitudes (OOAS) Scales for take-home naloxone training evaluation. *Drug and alcohol dependence*, *132*(1-2), 383-386.

Appendix A

Interview Transcripts

JR= Primary Investigator

P # = Participant

TRANSCRIPT

Participant # 1 Officer Allan

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P1: We come a long way in EMS and first responders since I started as an EMT and paramedic back in the 80's. When the nasal Narcan started a couple years ago for law enforcement I think it was a great thing generally any first responder who is trained can actuality administer Narcan to save someone's life. In the past it was usually only paramedics who could use Narcan, and we had to give an IV to get Narcan into someone. But now it is nasal Narcan that any first responder can administer if trained firefighter, police, or EMT we have come a long way since I became a police officer it is a great program.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P1: Several times, when the policy came into effect in fact, I was still working part time as a medic we transferred to giving IV Narcan to giving nasal Narcan so not only as an EMS medic but as a first responder so since the policy several handfuls of times.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P1: Um, the numbers over the last couple of years has steadily increased and I don't know what this year's numbers will be, there is no questions that we are saving lives by given nasal Narcan. The question is once we give emergency care there is minimal follow-up for aftercare and these people relapse the same day or the same week. It is a great program, and we are saving lives, but we need follow up care in other areas.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P1: The only unintended consequences are that we are no question saving lives but no real follow up care for treatment programs first you must want it and families must push them into programs. The person who has the substance problem must want to get help sometimes it might take four, five, and six times being on your back being revived or maybe just once time and they wake up and realize they need help. The issue is not the initial treatment, the issue is really followed up care and the patient must want the help. And not enough resources and money statewide for treatment and aftercare treatment programs.

JR: Ok can you recommend any policy revisions?

P1: As far as Narcan deployment I would say no. The program is easy to administer the policy and guidelines should be clear and simple they are clear and concise when to administer it again the only thing that should be address is the aftercare and that is out of our realm that not the role of a first responder it more a role of a social service or medical role follow up.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P1: I am not aware of any, um we at our department is very aggressive and every member of our uniform service is trained in addition to the department policy we follow the statewide policy, and our policy mirrors the statewide policy when to administer it and how to replenish supplies and things like that. So, I don't see any need for a change as far as a first responder's role.

JR: Is there anything else you would like to add?

P1: I would like to say this is a long time coming it's a great tool that we have just like when we got defibrillator in police cars as far as carrying Narcan is like paramount to that we are saving hundreds of lives statewide no question about it. It is easy to administer, and I am glad it is out and into the hands of all first responder's police, fire, and EMS. My biggest concern is that someone who has been around a long time would see that we are not putting enough into the aftercare.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P1: I think it is a positive thing I am certainly old school I have been a police officer for over 30 plus years, we have many young officers today which I believe they will accept this more than an older officer would. We are heavy on training, but we are not just locking people up and making arrests we have a community policing mindset and community care taking role and this just plays into that of helping people and I think saving lives and diversion from jails and prisons is better for the community

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P1: We do have a law now if drugs are found and it is for personal use the drugs will be confiscated and generally not to charge them, the primary role in an opioid emergency is to save lives and the secondary role would be enforcement if drugs are to be found to confiscate them and again save their life and hopefully divert them and see that they get into a treatment program.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P1: Again, I think it is how you were brought into policing, for the older school officers 20-25 years on the job there is a big theory in training and philosophy of why we are doing this, why isn't this person being charged. To more of a holistic approach today as they have been ingrained into them coming out of the police academy under the way things should be under community policing role and community outreach in helping people there is a change in philosophy. We have many young officers in our department 50 to 70 officers with under ten years on the job and it's been ingrained into them that this part of your job they that the new philosophy of community policing and community care giving and community outreach and helping those who they come into contact with and again diversion vs. old school authority with just locking up and charging someone.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P1: Um as police officers we play a multi facet role one in the community outreach role type of setting Narcan is just one tool in saving people's lives and helping someone with substance abuse problem on the other end there is definitely a need for enforcement through narcotics units detectives need to conduct investigations into people who are pushing drugs and pills mills things like that, I think we are behind the eight ball in locking up these dealers and pushers, so we have multi facet role in enforcement of dealers and pushers, then we have the community care taking role and then the police role when someone is just a casual user who overdoses and we have to deploy Narcan so it is multi facet police alone cannot stop the drug supply, it takes public action and it takes public funding for programs and rehab as needed.

JR: Is there anything else you would like to add?

P1: Just that there is a need be on the Narcan program to help with the aftercare programs. If we don't break the cycle of addiction this will continue to be a revolving door.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P1: All have received initial training to look for in assessing a person and when to deploy Narcan. There are multi symptoms you are looking for the person is unresponsive, someone who may not be breathing or minimum breathing, someone with pinpointed pupils, someone with a history of an overdose or an addiction problem. Or you get to the scene, and someone is telling you that this person took some narcotic or pills and is now in an overdose state. So, there are

multiple symptoms that we look for and we are well training and well versed and the good thing about Narcan is that it can be administered even if it is not an overdose situation with opioids, it is harmless to the victim.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P1: Very confident being an EMT for 40 years and a medic 35 years and a police officer for 35 years I have seen hundreds of these cases I am very confident in my training and ability and our officers are all very well trained how to recognize an overdose and administer Narcan.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P1: Again this is an area that is sorely needed and in Union County where we work we have an outreach call "Prevention Links" if we go to an overdose for opioids or perceived opioid overdose we do have a 800 number and a card we can give to the patient or a family member if they are at the scene for follow up care, but again this is where it is sorely needed, a lot of things are missed here, you have a five or ten minute interaction and they may be taken to the hospital in an ambulance then they relapse and we meet them down the road again. The need is tremendous, and this program has been rolled out a couple of years ago in our county and is called "Prevention Links" this helps because it is some contact information we can give to the individual or family member for follow up care once they get out of the hospital.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary, deletions, or corrections to existing policies and procedures in place?

P1: I think the way we response to these calls don't need to be changed. The policies are sound, the equipment of Narcan is very simple, recognition of the problem and the policies are fine, but we do need more of this outreach, and our officers are ingrained to push out more information about "Prevention Links" and to push out other social services in our county and in our state. That's where we fall down a lot, we give the Narcan, then the patient leaves and we are having gotten them needed services. We need more community outreach. During the emergency the family should be given the resources like contact numbers for aftercare when they come out of the hospital. That needs to be pushed more not only in our department but statewide.

JR: Is there anything else you would like to add?

P1: I would like to thank you for asking me to participate in this interview, this is a great program Narcan and it has come a long way since my early days in EMS and paramedic from IV Narcan to nasal Narcan, it is easy to administer and we are saving hundreds of lives it a great program and you will see now police officers they are more involved in community outreach and developing community relations it is just one more tool in their tool box and saving someone's life and really making a dent in a family that has a loved one that has an addiction problem.

TRANSCRIPT

Participant # 2 Officer Brown

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P2: Yes, I think this is a good program and it is saving lives every day. I am surprised it took a long time to put Narcan in the hands of cops.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P2: I used Narcan three times since the beginning of the policy.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P2: I seen the lives of so many families destroyed by this epidemic when we responded on a suspected overdose death. Then I saw hope when we got Narcan, and we saved lives if we got to them in time. So, like I said before getting this in the hands of cops was a smart thing to do.

JR: This next question is part (a) of question 3: Have you observed any unintended consequences of the Narcan policy since its implementation?

P2: Yeah, I think some might feel the Narcan program is just a safety net. We save them with Narcan, then the victim goes back to using and we respond to an overdose call and give Narcan again and again until they become an overdose death statistic.

JR: Ok can you recommend any policy revisions?

P2: Yes, we need a better aftercare follow up. Right now, handing a card or pamphlet is not working.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P2: I am not aware of any changes. The policy is kind of simple.

JR: Is there anything else you would like to add?

P2: This is good for the police to help a segment of our society that really needs help. But a lot of this is put on the backs of cops to fix this problem. But this is everybody's problem.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P2: I know that arresting everyone is not going to help solve this problem. These people are in crisis, and they are dealing with addiction. Getting them help is a better approach. Besides we have a community policing approach in our department. There are times you must make arrests but there is time we need to be able to help those help themselves.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P2: No, I don't believe so, it is a medical call and should be treated as such. No need for an arrest.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P2: Not, we believe in community policing, we enforce the law, when necessary, but my mind set is caregiving and helping. That really is why I wanted to be a cop.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P2: As police officers we have so many roles, but the war on drugs is a losing battle. It never stops, I see a lot of effort put into fighting drugs and no impact in my community. I find in sad. And now with pot being legal, I just don't know if we in society care about this war. I do now drugs influence street crime.

JR: Is there anything else you would like to add?

P2: We need more help with providing resources to those who are fighting addiction.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P2: I received the basic training from our department when we started carrying Narcan, I thought the training was simple and easy to assess a victim. Even if you can't determine if the victim is overdosing on opioids, you can still use Narcan, and it will not harm the person. It's a safe drug.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P2: Very confident, just being a cop, you can figure it out. You see evidence of drug use, or a family or friend tells you.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P2: Not a lot of training, I mean I know to give out information about the county program called "Prevention Links" but really nothing more than that.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P2: Not really, I think the police are doing a good job with the Narcan program. But the aftercare should be expanded. I would like to see a law the specifically allows the cops to require the victim to go to the hospital.

JR: Is there anything else you would like to add?

P2: The program is good we are making a difference, and this will be just part of job from now on, just like providing first aid at a motor vehicle accident.

TRANSCRIPT

Participant # 3 Officer Carson

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P3: Sure, it is a good program. We are saving lives and help those who need it.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P3: I used Narcan three to four times since the beginning of the policy and one time where it was too late, and the victim died.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P3: Well one thing is for sure we have been using Narcan a lot more often. It appears like we are responding to more overdose medical calls than ever before.

JR: This next question is part (a) of question 3: Have you observed any unintended consequences of the Narcan policy since its implementation?

P3: I can't think of any. It is all positive

JR: Ok can you recommend any policy revisions?

P3: Um, maybe better information for the victim and family on the resources available to try to break the addiction.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P3: I just don't know of any changes. The policy is part of department's procedures and is kind of clear cut and simple.

JR: Is there anything else you would like to add?

P3: When I come to think about it, we have used Narcan on the same person a couple of times. I never had the same victim twice, but I know other cops who have. That seems to be a problem, if someone does not want help for their drug addiction, we just keep putting a band aide on the problem.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P3: Um, well, I think it is the right thing to do, it is part of our job to help people, and this helps people who accidently overdose, if we can make a difference in one life, I think it is worth it. Not sure if arresting someone will help them.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P3: No, we are there on a medical call. However, we will confiscate, and illegal drugs found at the scene. No need for an arrest.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P3: Um, not, we do community policing, we enforce the law when we must, we can use discretion, but I believe in caregiving and helping others.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P3: I grew up and attended DARE programs in school, we learned about the dangers of drugs. I don't think we are winning this war anytime soon. If we were, we would not be seeing the number of overdose medical calls and Narcan deployments.

JR: Is there anything else you would like to add?

P3: No, I can't think of anything.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P3: I received it in the police academy during crash injury management training. I t was one part of all our first aide training.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P3: Confident, it is not hard to figure out, um, you look for the basic signs.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P3: No training at all, just hand them information on the resources available.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P3: I think the police are doing a good job with the Narcan program. But there needs to be better aftercare. Mandatory requirement to go to the hospital. That's all I can think of.

JR: Is there anything else you would like to add?

P3: Um, just that this is a good program we are saving lives and that is a real good thing. That's it.

TRANSCRIPT

Participant # 4 Officer Dale

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P4: Well, I would say it is very beneficial to our community, we see a lot of overdose calls and we end up deploying a lot of Narcan. It is saving lives and I think it is making a difference. But I am surprised that the number of overdose calls have not slowed down any.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P4: I used it two times.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P4: Well, we use it a lot, I used it two times but have been on scene when other cops have used it. I see a lot of these calls for overdose during my tour. It seems that we use this stuff repeatedly.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P4: Not really…. Um no I can't think of any.

JR: Ok can you recommend any policy revisions?

P4: Um, maybe guidance on when the person should go to the hospital. EMS want the police to make the decision, the cop wants EMS to make the decision and then the victim signs an RMA or refuse medical attention. It just causes confusion. It must be very clear.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P4: I just don't know of any changes made to the policy.

JR: Is there anything else you would like to add?

P4: Just need to be a better legal standard when someone should go to the hospital.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P4: I don't think it is a shift. I have been taught that is what we do. In the academy we got the law that we are there to save a life not to arrest the person. So, I really don't have a lot of insight on that sorry.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P4: No, I don't think so, we are there on a medical call.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P4: I would say not, we do a lot of community policing, and we do enforce the law when we must. But are role being to serve the community and we get a lot of calls to help people in so many ways other than arresting them.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P4: Um…… good question… I am not sure we are winning the war; I think we should relook at the drug policies of this country. It does not stop, of course I believe in enforcing and arresting drug dealers. But I really think drug users need help.

JR: Is there anything else you would like to add?

P4: No.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P4: I received it in the John H. Stamler police academy, basic stuff.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P4: I am confident, you look for the basic signs. A lot is common sense when you get on the scene. In my experience there were obvious signs of heroin drug use. Both times needles were in their arms. So, I knew to deploy Narcan.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P4: Not really any formal training, Sergeants gave out cards to just hand the victim information on the resources available.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P4: Cops like to help people, that is why I became a cop, and saving a life it is all worth it and helping someone who has a drug problem…um with the Narcan program it's all good. But there needs to be better aftercare and mandatory requirement to go to the hospital.

JR: Is there anything else you would like to add?

P4: Well, this is a good program we are saving lives and hopefully making a difference in someone life. That is what really matters.

TRANSCRIPT

Participant #5 Officer Erickson

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P5: It is a good program, a positive program, the police are put in a positive light when we save a life.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P5: I personally deployed it two times.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P5: It is never ending; we go on way too many of these types of jobs. I would have thought that the OD rate would have stopped but it just keeps on coming and I think way more than in the past couple of years.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P5: Yeah, we are a safety blanket, I remember going to my first Narcan job on like a Sunday and we went back to the same guy's house three more times and sprayed Narcan until one day we didn't get to him in time. He ended up dying. So, like in that case I guess he had such a drug problem he didn't get any help and the cops just kept saving his life. That is the biggest consequence.

JR: Ok can you recommend any policy revisions?

P5: Yeah, the police should make aftercare and you must make going to the hospital mandatory the victim should not be given the option of RMA by EMS.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P5: I can't think of any.

JR: Is there anything else you would like to add?

P5: Must be a better SOP when someone should go to the hospital.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P5: It is not a big deal; we do the community a service in responding to medical calls of all types. This is just another type of medical call. If we can help, we do. It really is that simple.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P5: It depends if it is a user No we are on a medical call. But if you see many drugs or it is a different situation other than a medical call, we have discretion and we are still police officers. But the law is clear we will not arrest the victim of the person who may have called the police if they were using together.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P5: No definitely not, we still fight crime by prevention and outreach programs but with a focus on the community policing model. Times have changed and police like other professions change with the times. It is good for our community to be connected with the police in helping keep our community safe. I am proud of our outreach and caring approach to solving problems and it does help in fighting crime. So really what we are doing is fighting crime but in a different manner than years ago.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P5: Wining the war on drugs is a joke it is not happening. More drugs on the street than ever before. I don't see it. We are using Narcan more and more the overdose deaths are still on an increase.

JR: Is there anything else you would like to add?

P5: Just that people with an addiction problem need help and the police should not be the ones providing that help the government must step up and provide better mental health, drug & alcohol treatment programs. I know people must want the help, but it doesn't look like it is getting better.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P5: I received it at headquarters by the Narcan coordinator when we first got it, I also had a refresher from NJ Learn.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P5: I am confident it is not hard. You usually have tale tell signs like drug use.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P5: We kind of got a briefing during the beginning of our tour of duty one day. On trying to provide resources to victim or family about the programs for help.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P5: I haven't thought about it, but the need for more addiction help for the victim.

JR: Is there anything else you would like to add?

P5: Narcan is saving lives, we are making a big difference I don't know how many lives we saved this year, but I am sure it is a lot, it seems we go on OD calls all the time.

TRANSCRIPT

Participant #6 Officer Friday

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P6: I think it is a great program. The press we received in the media has always been positive. It is great feeling when you can get to a scene and a person is near death and you revive them. It is an awesome feeling. I can't say anything bad about the program. I am in the business of helping people in need and this program is saving lives.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P6: Um…. Maybe 4 or 5 times.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P6: I think it started back in 2014 when we got Narcan, and it was not a long time after that we first used it to save a person. But now it is all the time, it is so common to respond to these calls, we are always using it and always getting resupplies to carry.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P6: I think the failure of the aftercare for the victim. I believe that should be a priority after we use Narcan.

JR: Ok can you recommend any policy revisions?

P6: The only thing I would suggest is to enhance the law, so the person always goes to the hospital. EMS always has the victim sign a refusal and then the police don't feel they are able to force someone to the hospital. That must be clear and better to understand.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P6: I don't think so. No

JR: Is there anything else you would like to add?

P6: Must be better aftercare.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P6: It comes down to our role as police officers we are very community policing focused here. We have several roles, and one is community police and helping our community with many different problems that are not enforcement roles. That is where our holistic role comes in, but we also know when our enforcement role kicks in. You can help save someone's life in a medical emergency and try to get them into a program for help and that is a good thing. We don't have to arrest. We know in the past that arresting is not always the best option. So, I don't think that the policy shift is a problem for me or other officers.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P6: Like I said before I don't think arresting should be an option. I am there on a medical call not a drug investigation. We can seize drugs if on the scene, but the law is clear to not arrest. Let's get the person help and to the hospital.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P6: No definitely not, like I said we have several different roles as police officers. I have a community police mind set.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P6: This is a very hard tasking for law enforcement. We do our best and the tools we have are very limited. Narcan is a very beneficial tool in our toolbox to help with saving lives on the front lines if you will… but it takes the commitment from the entire community or society to win this war. The police alone cannot do it. I just don't think that the government has a great focus on providing the necessary tools to do this.

JR: Is there anything else you would like to add?

P6: People with an addiction problem need help, they must want it and then the government should have the resources to provide for the people who want it. Many people have multiple problems, mental health issues and addiction and NJ fail at providing enough resources for this segment of society. It is sad to talk to family members and they have tried repeatedly and could not get help.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P6: I first got it at the police academy then at HQ's during refresher training.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P6: I am very confident.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P6: Um…. not sure if it was training, I was handed Prevention links information to give out to a victim or their family.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P6: Need for more aftercare and addiction help for the victim, I don't think that should be our responsibility but more of the social workers role.

JR: Is there anything else you would like to add?

P6: Narcan has been a positive program and is saving lives. It is easy to use, will not hurt anyone if they are not having an opioid overdose. It is safe and works fast. I am glad that we now have this as an option and a tool. Waiting for a paramedic to arrive when we were on scene makes so much sense to get Narcan. Time is critical and we are on scene within minutes of getting a call. I am glad we can use it and save a life.

TRANSCRIPT

Participant #7 Officer Goodson

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P7: Sure, I really do think this is a good program for a couple of reasons. One big reason is I know a friend of my family who died of a heroin overdose. This is before cops carried Narcan, and by the time medics got to him he had died. So, now if the same situation occurred today. There may be a very good chance that the cops on scene could have reversed the effect of the opioid and possibly saved his life. The second reason is, because I and every cop on this department became a member of the police service to make a difference and help the community by giving back as a public servant. It is a huge problem, and we are trying our best to make a difference.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P7: Maybe a half a dozen time or so.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P7: Oh yeah, a false sense of security. That the cops will come and get to you before you die. Which kind of makes sense why we continue to see a rise in the Narcan deployments and overdose deaths.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P7: Just what I said to the last question. And I also feel there is a huge failure on getting aftercare help.

JR: Ok can you recommend any policy revisions?

P7: I would change and make clear the law that every person must always go to the hospital. The victim cannot sign a refusal and not go to the hospital. That must be clear and better to understand, for not only the cop but the EMS responder. There is a big disconnect on that issue.

JR: Since the Narcan policy was implemented, are you aware of any additions to or modifications to the policy? If so, can you explain what they are?

P7: No, I don't know of any.

JR: Is there anything else you would like to add?

P7: Keep this program going but make it better by providing better aftercare and social services. If the government is serious on taking this on with any level of success. They must address that issue.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P7: It is not a new shift; we have been in the community policing mind set for a long time. We respond to a medical call and that is how we treat that type of call. We know we cannot arrest our way out of this epidemic. Um…. I don't think it is a big deal at all.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P7: Like I said before I don't think arresting should be an option. Get them help. That is our main role. Very simple but understand if there are drugs on the scene, you take them for destruction.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P7: No not at all, like I said we have a community policing mind set and protect and serve means serve the public in a caring giving approach. We spend most of our work on the street doing non crime fighting functions.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P7: Um……. you know…. Um…. I am glad you asked that question. Just my opinion, there is a lot of talk about the war on drugs and look around and you tell me what you see. Overdose and overdose deaths are up. The cost of heroin is down, the supply is never ending. There is no chance in stopping this drug trade. Way too much money to be made.

JR: Is there anything else you would like to add?

P7: No, I covered everything.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P7: I received it here in HQ. I also had a refresher from NJ Learn.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P7: I am very confident. You just must follow the steps and you can't go wrong.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P7: We kind of get training bulletins, addressing some of the resources. But that is it, all the information is available in the training room or radio room so we can keep it with us. And get it out to the victim or family member. But I would not call it formal training.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P7: I don't think so, the policy is easy but needs to address more aftercare.

JR: Is there anything else you would like to add?

P7: Narcan is saving lives, we are making a big difference I don't know how many lives we saved this year, but I am sure it is a lot, it seems we go on OD calls all the time.

TRANSCRIPT

Participant #8 Officer Holiday

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P8: Absolutely, I think it is a great tool for us to have. I am a little surprised it took an epidemic before cops started carrying Narcan. It was a commonsense approach to give us the tools to handle that type of medical emergency. You know they have given us oxygen, first aid kits, AED's so it just makes sense. There was nothing more frustrating than responding to an overdose getting on scene in the pass and you couldn't do a dam thing. Medic got there and give Narcan. Like why we can't do that was always my question. So once this came out, I was happy as a cop. Nothing worst in the world is standing there not having the ability to do anything. Hey that's why I became a cop to help people, not standing there doing nothing other than requesting the medics.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P8: Um, pause……. I would say 10 to 15 times. We have a busy town, so I respond to lot of those medical calls while on patrol.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P8: Well, I would say I have seen much more medical calls for overdoses then before the program started.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P8: Yeah, repeat offenders all the time. We call them frequent flyers. I have used or deployed Narcan to several of the same people on different days. It is possible that the user knows the cops will save them. I think that is a problem.

JR: Ok can you recommend any policy revisions?

P8: Um, yeah, pause……I would change the law, every person got to go to the hospital you know, they must always go to the hospital no opportunity to refuse medical attention. The victim cannot sign a refusal and not go to the hospital you just put them in the ambulance and take them.

JR: Since the Narcan policy was implemented, are you aware of any additions to or modifications to the policy? If so, can you explain what they are?

P8: I don't think so, no, I can't think of any changes to the policy.

JR: Is there anything else you would like to add?

P8: No not really.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P8: Do you mean just for the Narcan program? JR: Yes. P8: Ok, well first we have been in a community policing effort for a long time. Police work in general has changed over the years. So much changed since I came on the job. That is just the way it is. Honestly, I don't mind the changes in this job, I know some hate change. But speaking for myself and the cops I work with like the change, it is not the same old stuff every day, month, or year. Policy, laws, tactics, always change it makes this job interesting, so it really is not a big deal and guys adapt without any major issues. Cops are self-motivated, we work without a lot of supervision, we do the right thing, we like coming to work and serving the community. It is one of the greatest jobs I have had.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P8: I don't think arresting should be an option. No.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P8: Nope, not at all. Listen we are here to help people; we all know that we took the job because of it. There is nothing in this world more satisfying then saving a life. We are given awards for it. I do community policing, and in that role Um…. pause…… I do things like problem solving within the community. I enjoy the interaction with the public. I learned more on the street about dealing with the public then any classroom I ever sat in. The dynamics of being a cop is enormous. Pause….and the tasks are getting more complex all the time. I deal with every kind of social ill you can think off. And I will tell you the cops I work with no matter their race or gender share the same feelings I do. It's all about helping people. And we all go out of our way to do it. And without recognition most of the time. Cops just do it. I am motivated to hit the streets each day and face the issues in this community. Most of it is not at all fighting crime. You see all the stuff on the news it appears everybody hates the cops. Well, let me make this loud and clear, it is not true in this community. I work for our citizens, and they know it. And my co-worker knows it. Don't get me wrong but if we must make an arrest or enforce the law, we do it. But it is not an issue shifting roles.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P8: Um……. Interesting question pause …. Um, overdose deaths are up I think that said it all. We are not wining this war; we never were and never will.

JR: Is there anything else you would like to add?

P8: Nope, I covered everything.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P8: I was one who received it at the police academy, I also had a refresher from NJ Learn and annually during the department CPR training.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P8: Very confident.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P8: That is the problem, nothing formal just department bulletin's that get contact information. We do have cards to give out.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P8: The state or county needs to do a better job on aftercare…. yup we need to address more aftercare.

JR: Is there anything else you would like to add?

P8: Look the Narcan program for cops is saving lives, that's great right? But the problem is not going away people need medical help, no different than the mental health crises in this country. When will politicians wake up? And fix the problems that everyday citizens are dealing with

TRANSCRIPT

Participant # 9 Officer Ivy

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P9: Yes, I am a supporter of the program. I believe that narcotics enforcement for law enforcement should be more on the line of assistance before of the state looking for getting a prosecution. I believe those people fighting with addiction should be treated medically and not criminally.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P9: Once.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P9: So, I would like to give a perspective from being a minority and our emotional response to the Narcan program. The National, State, and the County response to opioid problem is almost a kick in the face and the gut for a lot of minorities by looking at it because we crack, cocaine and marijuana are all drugs that did not receive the same response that the opioid epidemic received. And I remember talking to another law enforcement officer and we were offended by the idea, not about the idea of helping people with addiction and the medical issues, but it seems that it became a medical issue when people from South Jersey started to die and as terrible as that is. It wasn't a medical issue when African Americans were hooked on heroin, crack, coke, and other things in our minority communities. They were prosecuted and not given the opportunity to take advantage to something like this. This program is fantastic, and it is what is needed but it is difficult to be so excited because known prior to this an entire demographic of people were ignored with the type of assistance that they could have certainly used.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P9: I think we have all seen repeat offenders. People who have been given Narcan and they survived the overdose. And we see them repeatedly. And I think that is an unintended consequence. The essence of the program is to keep people from dying and that is the case. But it seems like at some point it has become a free pass and they continue to abuse opioids to get high.

JR: Ok can you recommend any policy revisions?

P9: Pause, I don't think I can. I am in support of it. But my belief this policy was developed because of certain groups.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P9: I am not.

JR: Is there anything else you would like to add?

P9: I will just say again it a great, pause…. Great position we are in, that we are taking people who are under the influence and in an overdose state that they should be given help from a medical stance and not being criminally charged. I would say it should be used for the entirely of all illegal substances. Because the chemical reaction in your body doesn't know what race you are but we do. So, I think that should be looked at in a broader scale.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P9: I agree with it. Um, law enforcement for way to long has been placed as the heavy-handed mechanism to solve the world's social ills. We are maybe the people in the fork in the road to be the service provider or a guide to the resources that are available. But we cannot be the ones to arrest our way out of these problems or social issues.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P9: So, should there be an option, I think there should always be an option. For us to completely remove that allows offenders to take advantage of causing so much damage in killing people. So, no we should not complexly disregard the legal aspect of it. The victim should not be overly burden with the criminal justice system when they have an addiction problem. Those who are sell should absolutely be charged criminally and face prosecution.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P9: So, it affects the way we are training, and it affects the way we see ourselves as law enforcement officers. If we see ourselves as worriers, then we are at war. If we see ourselves as guardians, then we see ourselves as protect the people we serve and entrusted to take care of. I believe the mindset shift is appropriate. What we have been doing hasn't worked if we look back historically on the war on drugs to where we are now it has shattered entire communities and it doesn't seem to work. Concept by Robert Peal the police are the community and the community are the police should always be the model we follow. We should continue to be these guardians and looking out for our fellow man and women. Just look at the economic effect. Look how much money has been spend on housing inmates. That money could be better spent in the caregiving role.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P9: First, I don't believe there is a war on drugs. My opinion is very clear I think it was made up to have law enforcement to be more forceful in certain communities. And it was put in place to protect certain groups of people or helping certain groups in the government. By no means I am saying there is no problem with drugs there is absolute a problem. Any people who are selling should be arrested and put in jail. But the idea of this priority is a war and treat the people involved as combatants is completely misplaced.

JR: Is there anything else you would like to add?

P9: No.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P9: Actually, when I was in patrol, we didn't really get any training. When the program came online there was in-house training and later NJ learn.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P9: I am confident to know that something is wrong. But not very confident to properly diagnosis what is wrong.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P9: So, the County has been very good with identifying programs that are out there and directing us to outpatient resources, that part is very good. When it comes to police officers being a resource that is an area we lag and anywhere it should be. There was that gap between cops and aftercare.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P9: No, I can't think of any.

JR: Is there anything else you would like to add?

P9: Equable treatment. And programs pushed out across the board for other drugs not just opioids.

TRANSCRIPT

Participant # 10 Officer Jules

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P10: Yeah, I guess having law enforcement and an EMS background and over the last several years having Narcan is definitely a huge benefit particularly because the majority of first responders getting first on scene is going to be law enforcement so you have a rapid ability to deliver Narcan more quickly and effectively then EMS would because they tend to have a longer response time. Especially when it comes to paramedics in the state because there is so few or them for a large geographic area. So, given law enforcement the ability to use and have access to Narcan is a large benefit.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P10: My time as a police officer, I have done it about a dozen times.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P10: Um, honestly since I have started, I have seen an increase in the rate of overdoses here opposed to five years ago it slowed down a little bit in 2020 I believe that maybe related because of covid pandemic but leading up to that before covid started there was a definitely increased every year of overdoses with the Narcan program since it came into effect.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P10: Um, no nothing I could think of offhand.

JR: Ok can you recommend any policy revisions?

P10: Um, I think the one area where there is a gray area with questions we get with questions on refusals or RMA's post Narcan deployment, I think there is a lot of confusion ultimately who is in charge of handling that, is it EMS or law enforcement, enforcement matter because the person was under the influence and can that person just refuse any other medical care, are they safe to leave in a house, and a lot of the time EMS will say it is up to the cop when they are on scene and then the cops look towards EMS because the cops don't have that additional medical background. So, there is a lot of question if the person can refuse or are, we as police officers able to force them to go to the hospital so I know we are always trying to iron that out a little. So that could be a better guidance in the policy to eliminate the confusion.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P10: Um, I don't believe if there are any changes, I am trying to think now if they did any changes. Um, I don't know of any offhand. As far as I know it's the same one since I started here.

JR: Is there anything else you would like to add?

P10: Um, as far as training I would like to see addition training that the state could offer for it. I know now they have the online program from NJ Learn. I think maybe a hands-on training as well if the state would offer and a little bit more on the background on handling the overdose emergency. Going be on just giving the Narcan the officer should be trained on what to do in managing the airway and handling the emergency. I know we do that here and it has benefited our officers as opposed to just squirt it in their nose in an overdose emergency and nothing else so more hands on and classroom training is needed.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P10: Yeah, I know with NJ Cares we were all learned about "Operation Helping Hands" I think that helped people to help them understand that shift to offer those services specifically to people who have overdosed not to arrest but to get them help a quickly as possible. We also try to the person help if going to the hospital to talk to the hospital to provide social services help in providing treatment services, but it is on the responsibility of the hospital social servers vs. just a medical treatment and then a discharge. So, I think that program has been pushed more and has helped with the shift. Opposed to treating it like a criminal matter.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P10: Um, we have what cops call the frequent flyer. You keep seeing the same person being Narcan over and repeatedly. When that happens, we should be able to then enforce the narcotic laws at that point how many times do we have to give Narcan to the same person. I believe in the program; it does save lives after a certain number of times we should be able to then charge the person.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P10: Um, I think…. what word I am looking for…. some officers might hesitate to what action they might have to take, um, I know that the policy said you can't be arrested if a caller calls the police for an overdose. I know some officers have gone into homes or hotel rooms and find drugs and paraphernalia and are unsure what to do, do we treated completely as a drug overdose, and nobody is getting in trouble, or do we treat it as a narcotic investigation I do think there is a little bit of a hurdle between the two.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P10: Um, we are on the front lines, and given us Narcan as a tool and we are still doing both the criminal drug dealers and of course the caregiving approach with the user. So, we are working both sides, but I am not sure we are winning the war. If we were winning you would see a decrease in overdoses, but we see the opposite effect.

JR: Is there anything else you would like to add?

P10: No, I think I have answered all the question fine.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P10: Well, I have done EMS for 20 years before becoming a cop as well as being a paramedic, so I have a lot of advance training in medical assessment and be on just overdoses. Additionally,

we were taught it again when we went to the police academy and prior to your first day at work after graduating the police academy you must review the NJ Learn on the deployment of Narcan through the AG's office, so that was additional training we had. And yearly during our CPR and First aid training we incorporate it in our in-house training.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P10: Yup I am very confident just because of my background and my experience in the medical field.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P10: Going back to before entering the Academy we had to get trained on the NJ Cares act and learned about the prevention and social recourses available. So that was a good recourse and they explained to us how to do it and gave us all the information and contact numbers even bracelets with numbers so people could call right away.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P10: I would like to see better assessment when the officer is on the scene and know that when they are treating the person that there are times to wait and then re administer if needed. We tend to just spray and then spray again. I know the medical protocols on using Narcan as a paramedic, but cops are not following them they don't have the advance medical training. And what other medical steps should be taken like working the airway and breathing. I think guys just deploy Narcan and overlook other medical stuff. They just spray and then step back waiting for something to happen.

JR: Is there anything else you would like to add?

P10: No, I don't think so, I think you hit a lot with all those questions.

TRANSCRIPT

Participant # 11 Officer Kato

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P11: It's a very effective tool, it is important that the police have that access to Narcan. Because the police are the first ones on the scene, we can immediately help someone who has overdosed.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P11: I have done 6 reversals or deployed Narcan.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P11: My feeling is that the opioid epidemic is a little bit of false sense of security because drug users believe they can go to a higher place and then can be pulled out of the hole in the last second seems to be the trend. Especially now 4- 5 years into this program drug users seem to be going into a deeper high, it's kind of hard to explain but it appears the risk taking becomes even more risker because the user knows the police will save them. That's what we are seeing.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P11: I thought it was rough during the roll out. But it has gotten more mainstream and is easy to get resupplies. Narcan at first was difficult to get from the county it was highly restrictive in how many units of Narcan each police department could get during the initial roll out in terms of Narcan kits and supplies but now it is readily available. Now a days everybody has unlimited availability. It is all positive, but we do have what we call frequent flyers or what is known as repeat offenders.

JR: Ok can you recommend any policy revisions?

P11: The policy Um……there is one part of the policy Um, it's kind of unique to each agency but each Narcan employment should require mandatory trip to the hospital and some sort of intervention. The victim should not be allowed to sign an RMA or refuse medical attention and just walk away. You should have to go to the hospital and only a doctor can sign off and release you. That is what really should be needed in the policy.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P11: After the roll, out there hasn't been any policy changes I am aware of. It appears that the public policy for the use of Narcan has been more lose, but we have not seen a change in the police on the use of Narcan. And the training has not been updated, we went to different types of Narcan delivery units. When the program was rolled out one was the combined unit where you must put the MAD devise on the injector. Now we have the Narcan one dose unit all self-contained you don't have to assemble it. So, there are the changes in the product but there has been no change in the policies in terms of training.

JR: Is there anything else you would like to add?

P11: Um, I would like to see more statics based on how many frequent flyers are being sprayed with Narcan and track those people. And would like to see where we are now 4-5 years into the program. There just seem to be so many overdoses now a days.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P11: Yeah, it's a unique type of thing where you are called to a scene where drugs are present and obvious in use and you are supposed to turn a blind eye and collect the product and take it for destruction. That's a whole new thought process for older officers but maybe for newer officers it is not a problem at all, and they don't have any conflict with the policy shift because that's all they know. But a guy like me at first, I felt conflicted. However, as cops we adapt. But when we were retooling or training our older guys, they would say what you mean, I can't lock them up if they are in possession of heroin or narcotics. But the law said you or someone else calls for help, its hands off. So, if you make that call you get immunity on that.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P11: It's a shift in public policy like are new marijuana laws today. Um, but going back to the frequent flyer and you keep seeing the same person being Narcan over and repeatedly, we should be able to then enforce the narcotic laws at that point. It's no different than the three strikes and you out for repeat offenders we treat them differently in the courts so there should be some consequences for their actions. Because I am certain but don't have any facts to support this but that person, we Narcan repeatedly, ultimately, and sadly becomes an overdose death static.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P11: Yes, it does affect your job because of the frequent flyers we are using Narcan on the same person weekly and it is not getting to the root of the problem of addiction. We go to John Smith's house use Narcan on him he doesn't want help to break the addiction and goes right back to using. That doesn't make sense. It does.t address the real problem, it become a revolving door and cops want to help but we get frustrated when we see that with no end in sight.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P11: Well, it really must stop at the source. That's what it is supply and demand you know; you know we can stop weapons of mass destruction coming into this country, but we can't stop drugs from coming into this country that is killing more people than WMD. You know cargo ships and commercial shipping carrying tons of heroin and cocaine into the country. It comes down to security and the will to take on that effort.

JR: Is there anything else you would like to add?

P11: Yeah, it seems like a simple answer, but it is really a very complex issue, and some people have an opinion that it doesn't affect me so why care about this problem but it does affect all of us and people don't understand that some drug users are also stealing and breaking into cars and

houses to pay for their next high so there is a direct correlation to drugs and crime. And it doesn't become an issue until it affects you personally. Or someone dies of a heroin overdose in your family then they say oh my god we must stop this. It's a matter of whose house it hits and if it hits your house, it then affects you.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P11: Um, we did a full roll out with training, I would want to say it was with the University of Pennsylvania it was a video from there department of health and on NJ Learn. We pick up their video I also had an extensive EMS career before, so it was basic responder type of training. You know check for breathing, check for a pulse, you know look for these signs then administer Narcan.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P11: Um me personally I am very confident. It's a very good narcotic to use because it has no side effects, and it can't be given wrong.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P11: Nothing with the Narcan training. There is not much available. No money for referral services and it all leads back to a revolving door system.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P11: I like the point I made before we need someone to intervene at the hospital level, medical professional, or social worker to get these people help with their addiction problem. If that doesn't happen the Narcan program is just a Band-Aid on the problem. If we don't address the addiction problem, we are just continuing to chase it. We know how they are doing it, but we need to know how to prevent it.

JR: Is there anything else you would like to add?

P11: I think some of the drug wars the government is fighting should include money for rehabilitation. Let's help those who want it and need it.

TRANSCRIPT

Participant # 12 Officer Law

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P12: I think it's…. Um it is a good program. Anytime we can add a tool to save lives is a good program.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P12: I used Narcan once, only once.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P12: I am not sure what you mean, can you say that again. JR: (repeated question) …I am still not sure if I understand the question, but I think off the top of my head we have had what we would call I guess our frequent flyers. Um…. But I haven't seen any different effects that we been seeing if that is what the question is asking um… I know that numbers are going up…. Um… I haven't seen any negative effects.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P12: It is all positive, but we do have frequent flyers who might think there is this artificial safety net.

JR: Ok can you recommend any policy revisions?

P12: Um……No I can't think of any. I think back on what I reviewed and received in training is fine.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P12: Um……. No.

JR: Is there anything else you would like to add?

P12: No

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P12: Um, well, like I said before our may goal here is to save lives. Um… and whatever we can do and whatever we can use to do that and get these individuals some help I think that is a plus.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P12: Um, going back to the frequent flyer and you keep noticing the same person being Narcan repeatedly, there should be some consequences in their actions. You know we are responding repeatedly. I think that is a problem. And maybe at that time an arrest is the best course of action to prevent this person from continuing that destructive path. But if you start enforcing narcotics laws people will stop calling the police and it will just go back to how it used to be.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P12: No not at all.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P12: Um…. You know it's hard to say, I believe we are trying and trying to make progress, but I don't think so as a country. No, we are not wining this war on drugs.

JR: Is there anything else you would like to add?

P12: No, I can't think of anything.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P12: I don't recall how long the training was, but we had to take an online course. And then annually when we take our first aid and CPR class, we get a refresher on Narcan.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P12: Very confident.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P12: Um… not sure if we had any physical training at all, but we do have pamphlets available to everyone in the radio room we just hand them information and phone number on the resources available. But I don't remember any specific training.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P12: No not that I can think of no.

JR: Is there anything else you would like to add?

P12: Um, I think that I would like to add there are others that may have different feeling about Narcan you know between different people. But we as police officers we are here to help people and save lives um like I said before if there is anything we can do to assist and have a tool to help us save one life or the next and try to get them the help that they need and to get them out of a bad situation is good. That's it.

TRANSCRIPT

Participant # 13 Officer Michaels

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P13: I look at it with two different prospective I was a paramedic and I have been using Narcan way before police starting to use it. I think they roll out the program with good intent. Um law enforcement I think there was not enough training involved with it um for law enforcement officer's um part of it is I think it was pushed out right away because we are first on the scene and for social justice issues. Um, I know they say it is saving lives, but I never saw the decrease in deaths but as a paramedic I dealt with a lot of the same people, we gave them Narcan brought them back over and over again, then law enforcement started administering it and people believe that they know that they will be revived if overdosed. I think it's good that we have it as a tool, but I believe there should have been better training. I have seen officers give the full dose on the first contact with the victim as opposed to a little at a time. Or they are given a second dose not given time for it to work. Not doing airway techniques in between. Um, I think it should have been rolled out to BLS or basic life support responders first before the cops' then if needed roll out to law enforcement later. Paramedic and BLS EMT have a more of a medical protocol training program. Where the law enforcement Narcan program is designed because we are the first on scene, but I also see how it was designed with a social justice emphasis as well because of the immunity clause in the law. And getting law enforcement better first aid training. Maintaining an airway until the advance medical responders came. Right now, we are just trying to lump more on law enforcement because we are on the street. And we don't completely prepare them.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P13: Um, an Um, since the policy took effect, I would say more than 10 times and as a paramedic I have given it may be over a couple of hundred times. But as a police officer more than 10 times or so.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P13: It is hard to say is there more opioid use or is it like everything else better known or publicizes, maybe in the past it was kept more under the radar. Um, going back to the early 2000 even in the 90's I know NJ has always have had a stronger opioid on the street and bigger supply then most other states. But I do think we have seen an increase in the amount of use not necessarily heroin but will pills and prescription medications Um, I think it has increased because people think they will be saved if they overdose or society in general and there has been a big increase in opioid use.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P13: I guess in my opinion and in my feeling some people feel they are going to be revived and maybe they can play around more with the drug with what they are doing because there is so much Narcan now available even with family members having Narcan in the house and access to it and I don't think the psychological and social services have caught up or even set up to take these people who use and have been revived by the police and able to get them in a situation where they don't want to do it anymore and get them help. I don't know if the system is just over run where they can't provide services. Which I feel is probably the case. Um, I think the balancing act is not there. You know people using it vs how to help them get out of using it.

JR: Ok can you recommend any policy revisions?

P13: Um, specifically in law enforcement I would try to get more in-depth training Um, if they are going to maintain this for law enforcement use. Um, I do like they never put it on the department to fund the purchase of the Narcan, we were able to get it from the county or other means like a hospital Um, because as you know Narcan is expensive, and we have had a lot of deployments of Narcan. Um, I think more so than many other towns because we took the stand that we gave every patrol officer the access and the ability to use it, where so other towns' initially during the roll out only gave it to a select few people or supervisors. Um, I just think the training aspect and I don't think we should put the police officer who has just deployed it now has to be the one providing the social services. I would want to see that there is a statewide program, right now it is very piece meal where so department have set up a program that if a person needs help, they can come into police headquarters and an officer can help in finding and coordinating social services. And right now, we have officers trying to figure it out on their own.

JR: Since the Narcan policy was implemented, are you aware of any addition to or modifications to the policy? If so, can you explain what they are?

P13: I am not aware of any changes or modifications or additions. No nothing comes to mind.

JR: Is there anything else you would like to add?

P13: No, I think I addressed everything.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P13: Um, I think it is part of community policing, I think it is a good idea. Um…. I am not 100% sure it was needed to be rolled out like that. Um, I know there are knee jerk reactions to certain things. I think it could have been phased in a little bit better, but we are a different animal our department has easy access to EMS, Um and rapid access to advance life support services where in other towns the EMS system is much more delayed in responding so police need to be equipped and trained to handle the emergency. You know large geographic towns with small populations that don't have the EMS resources available. Then law enforcement should be involved in that respect. Because they may be the only first responder there for 20-30 minutes, so I believe it is a good think overall. I do believe the training should have been a little more in depth. Repeat training and even after an officer deploys it may be a medical profession should be reviewing it. I know in theory we have a medical doctor overseeing the program, but I know we don't have a medical professional reviewing the administrating of the Narcan, like an officer gave Narcan and then a second dose without waiting the required time as an example. Or working on the airway waiting 5 minutes or so to see if breathing has increased. Our officers are highly motivated and operate without much supervision they want to do a good job under some tough circumstances. I think that is what is needed bringing the actual use in line with the established department of health protocols.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P13: I think Um the usage laws for the person under the influence Um…Um… in the case someone have overdosed I believe there given an option and there should be an attempt to get the person into treatment before you hit them with a criminal charges or complaint. The distribution is another and very different animal and the strict liability should be enforced. But I think the person who is using the narcotic should be given an opportunity to turn themselves around if those opportunity can be found. I think maybe that is where there is a shortage in the whole program.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P13: I don't think it affects it. The part about being a police officer is that they can compartmentalize and change rolls. May be and I hate to say it but may be the older guys might have a harder time adjusting and doing that. Or maybe they don't because they are more experienced and are very use to changes and communicating with the public opposed our new officers who are doing everything by texting. I think our officers could do it, they work most of the time without supervision, they adapt and overcome with the situation I just don't think it's a big deal in that respect. Our officers are doing the right thing. Some might have to put enforcing that law aside, but they go back to being police officer's mentality of protect and serve and fully understand the caregiving roll the are in. You are serving and you are protecting a life as you

were trained to do it. It is part of our community policing roll; it is no big deal, and our new officers know it as soon as they enter our department.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P13: Laughter…. the war on drugs is a failure…. laughter quite frankly. Um. I think that has been shown to be the case. The opioid epidemic is way more complex than a law enforcement issue and it has not been addressed in those other issues where some of the companies have been sued that make and distributed the opioids pills vs. the heroin so I think they are trying to shift that paradigm a little bit. It is hard now with Covid-19 and people are around and depressed and the mental health issues surrounding a lot of drug use. This is something that will take a long time and you cannot fix it overnight. Law enforcement can't fix this problem. It is well be on our resources. We are just a band aid.

JR: Is there anything else you would like to add?

P13: Nope nothing.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P13: I am unique because I am a trained paramedic, but I will keep it within the law enforcement side of the house. We have had the NJ learn video component from the state way back when it was rolled out and our own training done during us in house first aid training.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P13: Obviously because of my advance training and experience very confident.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P13: Um, we have not had a lot of training, information is put out on our daily bulletin I think that is something particularly with our Chief he wants to enhance and possibly change that part where we can help with psychological emergencies and mental health issues are related to this problem. I think that will change soon.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P13: Um, when I did the teaching or instructing at the academy, to take a breath, slow things down you know before they did something to try to look at the whole picture to take their time. I do know that in some places that may be counterproductive in some cases. Unfortunately, you can't make that a policy that can only be reinforced through training and more training.

JR: Is there anything else you would like to add?

P13: No, I am good.

TRANSCRIPT

Participant #14 Officer Newsome

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P14: My opinion of the Narcan program is that after a certain number of Narcan deployments the person should be put into some sort of program that way they can have a better resource in helping them get sober, so we won't see them that often. It is saving people's lives.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P14: Um, I would say at least 10 to 15 Narcan deployments.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P14: Um, quite honestly, I keep seeing the same people over again, not daily but often enough. They are getting help and they just fall back into it.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P14: Oh yeah for sure a good number of repeat offenders all the time. Frequent flyers. I used Narcan many of the same people on different days. The user knows we will save them. I think that is a problem that must be addressed.

JR: Ok can you recommend any policy revisions?

P14: No RMA you know, they must always go to the hospital. The victim is not able to sign a refusal and not go to the hospital and they would have to have a mandated counseling.

JR: Since the Narcan policy was implemented, are you aware of any additions to or modifications to the policy? If so, can you explain what they are?

P14: I can't think of any changes to the policy not recently no.

JR: Is there anything else you would like to add?

P14: Um, no nothing else.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P14: Honestly, I don't think they should face charges because you know they go to jail they get a warrant they won't have the money to pay for their warrants, so I think it is better we take that holistic approach to bring them back and not punish them. I don't mind the changes in this job.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstances?

P14: I would say there should be enforcement only if there is quantity to distribute to others, I am not sure; I mean I guess there may be some sort of situation that may lead to an enforcement. But look, it is a medical call we are being sent on, not a narcotics investigation. Um nothing more to add to that.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P14: I don't think so. It doesn't affect it at all. We are community policing all the time. You know problem solving, community outreach, crime prevention and the likes. So, I don't really know any other way then community-based policing. I am proud to work in a caregiving role. Yeah, we must enforce the law when necessary.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P14: We are starting to get more and more tools to help dealing with the opioid crisis. But it doesn't feel like it is slowing down. And now with the new marijuana laws it is making it difficult for police to develop probable cause to conduct search based on smell, or plain view. So, I really don't think we are winning this so-called war.

JR: Is there anything else you would like to add?

P14: No

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P14: Um, we received training for first aid, CPR and they like to throw in the Narcan depending on the trainer. We are brought up today every so often.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P14: I feel very confident.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P14: We go to different trainings throughout the year and have community outreaches with Bridge way and Helping hands and me personally one of my best friends' works for Integrity house in Newark, so she tells me her experiences and she tells me the different resources. So, I can talk to someone on the street after I have Narcan them, I am able to say what do you think about going into a program or go to Integrity or hit up Helping hands and try to break the cycle.

JR: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P14: Not really.

JR: Is there anything else you would like to add?

P14: No.

TRANSCRIPT

Participant #15 Officer Orlando

RQ#1

JR: As a first responder can you share with me your opinion of the Narcan program for law enforcement?

P15: Yeah, I think the program is great, in the past when Narcan was not available we lost many people's lives due to overdose. You know the law now allows you or someone else to call the police if they are overdosing and get help and there are no questions asked so that program is great. Now we are giving more police officers the equipment, the Narcan this helps the number of deaths to decline. I know some departments don't give every officer the equipment or only the Sargent carries Narcan I think that is crazy, because the officer gets on scene first before a supervisor or paramedics and because they don't have that Narcan it takes time away and I am sure over time more Narcan will be given to more officers. We are lucky in this department that we have individual Narcan, or it is in the cars and we have saved a life. Not only have I administered Narcan I also been around 20 or more deployments by other officers. And I don't think I ever been around one that did not make it. I think the program is going on the right path.

JR: How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

P15: Um…… pause I really couldn't say but a lot more than 5 One of the times, maybe 2 or 3 times I used Narcan on the same person. I was on a scene, and it was a person I used Narcan in the past, it was in the home and the parents also used Narcan before I got there. I asked them how often they use Narcan, the mother said 2 to 3 times a month.

JR: Since the Narcan policy was implemented, what effects, if any, have you observed relating to the opioid overdose epidemic?

P15: I know because of the program I have seen more overdoses. I think civilian know we are going to come with the Narcan, so they test their live a little more. One time I gave Narcan to the same person 2-3 times in a week. Although I feel the program is great, they feel they can be a little more reckless in using knowing we are going to come and save them. You know for the most part everybody was saved on my end. However, not everybody gets that lucky or the second chance. I think that is the effect of the program users feel they can use recklessly because we will save them by using Narcan.

JR: Have you observed any unintended consequences of the Narcan policy since its implementation?

P15: Um, no but like I said before people know we are coming with it and is the multiple times we use Narcan on the same faces. Very few we say I never seen this guy before. On the street it is always the same people.

JR: Ok can you recommend any policy revisions?

P15: Just that they would have to need every officer received refresher training every six months. Officers come out of the Academy and get the basic but if you never use it, you know you don't open it you don't see it; you don't look at it. You may even go a year without ever using it based on your assignment and then the time comes to use it they might not be familiar with it. So, I think the one think that should be in the policy maybe an annual training. You know getting officers to refresh their memory, there is times I have seen officers take the Narcan out of the box and must look at the picture instructions. Because they haven't seen it since the academy. So that is one of the things I would recommend.

JR: Since the Narcan policy was implemented, are you aware of any additions to or modifications to the policy? If so, can you explain what they are?

P15: I have not seen the policy in over a couple months, I am not aware of any changes.

JR: Is there anything else you would like to add?

P15: Um, I think I hit everything I said before on my opinion of the Narcan program. It is good for the department and the police saving lives, but users are becoming more reckless in using drugs and tend to use more. I also think training should be like our annual vehicle pursuit and use of force training for Narcan. I think the training is very important because the new type of Narcan is replacing the older type and it is completely different in its administrating of the narcotic.

RQ#2

JR: In an opioid overdose emergency, an officer's primary focus shifts from an enforcement role to a holistic, lifesaving one. Please share your insight on this public policy shift.

P15: Well right know some of the public looks at us as the bad guys, they might think we are only here to make people's lives miserable and make arrests. However, it is not like that and in these types of emergency calls everybody wants are help. That's our job to protect and serve but

to help everybody it is very natural to shift the role. However, you want to take a criminal off the street. But I find more joy helping someone medically if you know what I mean, if I arrest someone with a gun it feels good, but it seems like it is just another day. But if you can go home at the end of the day and say I saved someone's life it is a better feeling.

JR: Should enforcement of narcotics laws be an option in overdose situations? If so, under what circumstance?

P15: I don't think so, it is not the patrol officer that should take that option during the medical call, and it should come from the detectives and let them investigate. We are on a medical call and taking an enforcement role during a medical call would be counterproductive and could be traumatic to the family. So, no not at that time.

JR: As a law enforcement officer, does the paradigm shift from fighting crime to an emphasis of the holistic approach of care giving affect your job as a police officer? If so, can you describe the effect?

P15: No not at all.

JR: As a Police officer can you share your opinion on law enforcement's ability to win the war on drugs and make a difference in dealing with the opioid epidemic?

P15: So, it is kind of tough, I think the opioid epidemic has a lot to do with community policing I feel we are out there engaging in the community more, maybe we will have more influence in helping someone become sober. Again, when we go on a medical call and provide the medical aid by providing Narcan the ambulance comes puts them in the ambulance and takes them to the hospital and we never hear from them again or they receive medical attention and then go back into the house, and we wait until the next one. There is no one trying to go and this person help. It is like we close the chapter and go to our next job. I think there should be intervention with the hospital. But right now, we must continue to build our relationship that we are not always here to enforce the law but to help.

JR: Is there anything else you would like to add?

P15: No, not really, I think I hit everything.

RQ#3

JR: What training have you received in the physical assessment of opioid overdose emergencies?

P15: Um, like I explained before I learned about this in the police academy but at the academy you don't real retain the information, the academy is a very stressful. Training is important because the first time I used Narcan, I didn't see it except in the academy and now I am looking at the picture instruction and I shot it all over the place because I assembled it wrong because I was nervous, I had to get another one but that was a learning experience during an emergency and thankfully in that situation it turned out good. But what if I couldn't get another Narcan and had to wait for another officer to arrive to replace the one I sprayed in the air. But that all could be prevented with training, you know consistent training.

JR: How confident are you in your ability to assess opioid emergencies and respond appropriately? Explain.

P15: Confident I have had several practical experiences in using it.

JR: What training have you received regarding accessing resources such as prevention programs and rehabilitation services?

P15: Um, um, pause, I can't think of anything but the information that's in the radio room and department bulletins.

JR: Um, we just did a mental health training and it touched on drug addiction. We do have pamphlets downstairs but do any of us hand them out, I am not too sure. We have not had any training on how to help someone after giving them Narcan.

P15: Based on your field experience, have you developed any ideas that may assist first responders in critical overdose emergency calls? Or may inform policy makers of necessary additions, deletions, or corrections to existing policies and procedures in place?

P15: Um, no but basically during this interview you are putting some good ideas in my head. You know we have all kind of different types of training, active shooter, driving, and now this is giving me some ideas because we are not doing this kind of training. Now we need to have a better Narcan training.

JR: Is there anything else you would like to add?

P15: I think I covered everything concerning Narcan, I covered my experiences, how I feel about the program and the users, um bother beneficial and not, training I am very big on training I think not just Narcan but everything. And that is one of our goals here is to do as much training as possible. This department has a good training program I came out of the academy and now we are at our peak doing CPR, mental health, firearms, driving and so much more but now because of this interview I realize that during first aid, CPR, and how to put on a tourniquet we never put formal training on Narcan. So now this is something good I can suggest up the chain of command for future training.

Appendix B

Informed Consent Form

Seton Hall University
Institutional Review Board
FEB 12 2021
Approval Date

Expiration Date
FEB 12 2022

Title of Research Study: Police officers' Perception of the Law Enforcement Narcan program and the effectiveness in fighting the opioid epidemic.

Principal Investigator: James C. Russo Doctoral Student

Department Affiliation: Department of Education Leadership, Management & Policy

Sponsor: This research is supported by Department of Education Leadership, Management & Policy Seton Hall University

Brief summary about this research study:
The following summary of this research study is to help you decide whether or not you want to participate in the study. You have the right to ask questions at any time.

The purpose of this study is to explore police officers' perception of the Law Enforcement Narcan program and the effectiveness in fighting the opioid epidemic.

You will be asked to participate in one in-depth interview and one follow-up interview. If permission is given to be audio recorded, the researcher will audio record the interviews. At the start of the interview, the researcher will explain the reason for his research.

We expect that you will be in this research study for 60 minutes.
The primary risk of participation is none.
The main benefit of participation is providing insight and offering evaluations of the Narcan program, which may inform public policy makers in evaluating policy effectiveness.

Purpose of the research study:
You are being asked to take part in this research study because you are an active duty police officer, who has deployed Narcan at least once in a real-life opioid overdose emergency.

You will be one of 15 people, who are expected to participate in this research study.

What you will be asked to do:
Your participation in this research study will include: The interview protocol will start as follows: the participant will be assigned a pseudonym, which will be used during the transcription of the audio recording. The researcher will ask participants to describe a brief history of their career background in law enforcement. The researcher will then move to questions related to the research questions.

The interview protocol questions are designed to inform how police officers perceive the Law Enforcement Narcan program and the effectiveness in fighting the opioid epidemic.

Interview questions will focus on the following areas: opinion of the Law Enforcement Narcan program and their lived experiences related to Narcan deployment during a real-life opioid overdose emergency. Example of two specific questions:

1. As a first responder can you share with me your opinion of the Narcan program for law enforcement?

2. How many times have you deployed and administered Narcan in an opioid overdose emergency since the policy took effect?

The interviews will take place at the participants' home via video conferencing, due to COVID-19 restrictions, at a time convenient to the participant so not to interfere with their tour of duty.

Your rights to participate, say no or withdraw:
Participation in research is voluntary. You can decide to participate or not to participate. You can choose to participate in the research study now and then decide to leave the research at any time. Your choice will not be held against you.

If a participant misses a session or does not provide responses to questions, her/his contribution will be removed from analyses.

Potential benefits:
There may be no direct benefit to you from this study. You may obtain personal satisfaction from knowing that you are participating in a project that contributes to new information.

Potential risks:
The risks associated with this study are minimal in nature. Records of your participation in this research may be included in all records being stored in a secured facility for a minimum of three years after the conclusion of the study. After three years, the data collected will be shredded and audiotapes destroyed. A digital copy of the data will be stored electronically on a USB memory key in the principal investigator's home office in a secured and locked cabinet.

Confidentiality and privacy:
Efforts will be made to limit the use or disclosure of your personal information. This information may include the research study documents or other source documents used for the purpose of conducting the study. These documents may include audio recording and their transcripts . We cannot promise complete secrecy. Organizations that oversee research safety may inspect and copy your information. This includes the Seton Hall University Institutional Review Board, who oversees the safe and ethical conduct of research at this institution.

All information will be kept on a password protected computer accessible only by the research team. The results of the research study may be published, but your name will not be used.

Data sharing:
Data collected from this study will not be shared with anyone outside of the study team.

Cost and compensation:
You will not be responsible for any of the costs or expenses associated with your participation in this study.

There is no payment for your time to participate in this study.

Conflict of interest disclosure:
The principal investigator and members of the study team have no financial conflicts of interest to report.

SETON HALL UNIVERSITY 1856

Informed Consent Form

Contact information:

If you have questions, concerns, or complaints about this research project, you can contact the principal investigator (James C. Russo) at james.russo1student@shu.edu email address or the Seton Hall University Institutional Review Board ("IRB") at (973) 761-9334 or irb@shu.edu.

Audio and/or video recordings will be performed as part of the research study. Please indicate your permission to participate in these activities by placing your initials next to each activity.

I agree	I disagree	
_____	_____	The researcher may record [audio or video] interview. In understand this is done to help with data collection and analysis. The researcher will not share these recordings with anyone outside of the study team.

I hereby consent to participate in this research study.

_____ _____

Signature of participant Date

_____

Printed name of participant

_____ _____

Signature of person obtaining consent Date

_____

Printed name of person obtaining consent

Appendix C

REQUEST FOR APPROVAL OF RESEARCH, DEMONSTRATION OR RELATED ACTIVITIES INVOLVING HUMAN SUBJECTS

All material must be typed.

PROJECT TITLE:
Police Officers' Perceptions of the Law Enforcement Narcan program and its Effectiveness in Fighting the Opioid Epidemic

CERTIFICATION STATEMENT:

In making this application, I(we) certify that I(we) have read and understand the University's policies and procedures governing research, development, and related activities involving human subjects. I (we) shall comply with the letter and spirit of those policies. I(we) further acknowledge my(our) obligation to (1) obtain written approval of significant deviations from the originally-approved protocol BEFORE making those deviations, and (2) report immediately all adverse effects of the study on the subjects to the Director of the Institutional Review Board, Seton Hall University, South Orange, NJ 07079.

James C. Russo — Dec 7, 2020

RESEARCHER(S) OR PROJECT DIRECTOR(S) — DATE

James C. Russo

**Please print or type out names of all researchers below signature.
Use separate sheet of paper, if necessary. **

My signature indicates that I have reviewed the attached materials and consider them to meet IRB standards.

12-6-20

RESEARCHER'S ADVISOR OR DEPARTMENTAL SUPERVISOR — DATE

Dr. Christopher H. Tienken
Please print or type out name below signature

The request for approval submitted by the above researcher(s) was considered by the IRB for Research Involving Human Subjects Research at the _____meeting.

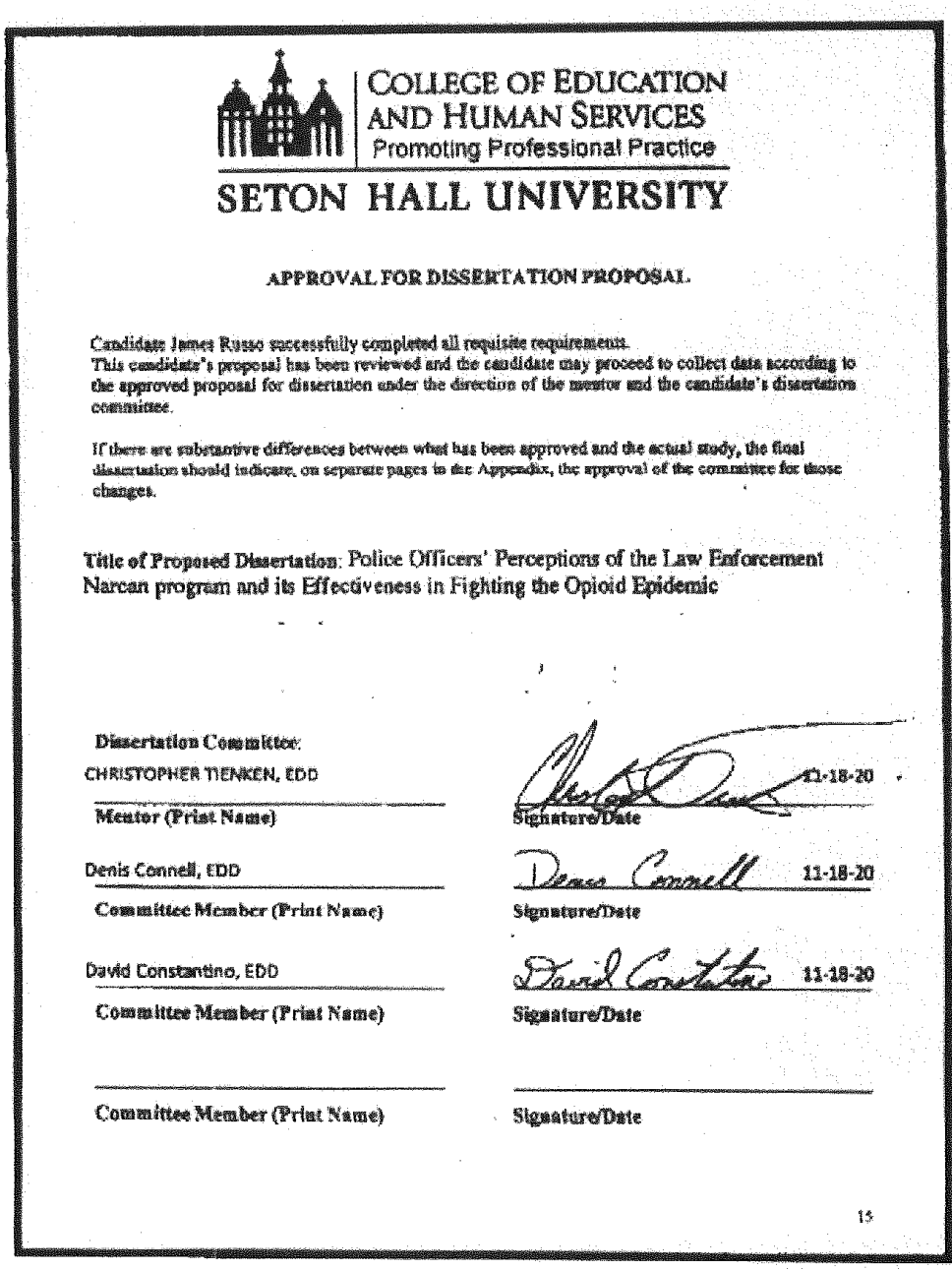
The application was approved ___ not approved ___ by the Committee. Special conditions were _____ were not _____ set by the IRB. (Any special conditions are described on the reverse side.)

_____ _____

DIRECTOR, SETON HALL UNIVERSITY INSTITUTIONAL REVIEW BOARD FOR HUMAN SUBJECTS RESEARCH — DATE

Seton Hall University
3/2005

Appendix D



COLLEGE OF EDUCATION AND HUMAN SERVICES
Promoting Professional Practice

SETON HALL UNIVERSITY

APPROVAL FOR DISSERTATION PROPOSAL

Candidate James Russo successfully completed all requisite requirements.
This candidate's proposal has been reviewed and the candidate may proceed to collect data according to the approved proposal for dissertation under the direction of the mentor and the candidate's dissertation committee.

If there are substantive differences between what has been approved and the actual study, the final dissertation should indicate, on separate pages in the Appendix, the approval of the committee for those changes.

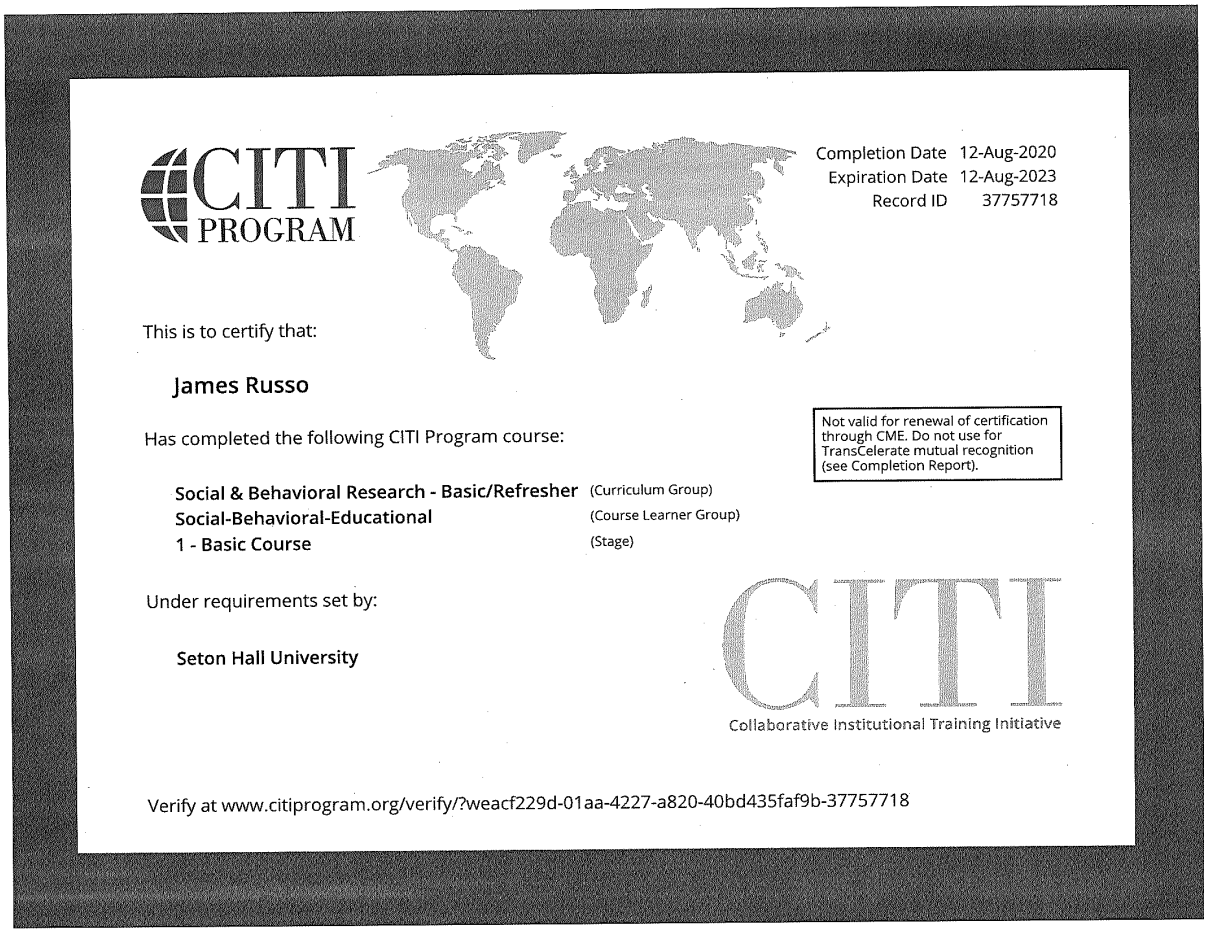
Title of Proposed Dissertation: Police Officers' Perceptions of the Law Enforcement Narcan program and its Effectiveness in Fighting the Opioid Epidemic

Dissertation Committee:

CHRISTOPHER TIENKEN, EDD	11-18-20
Mentor (Print Name)	**Signature/Date**
Denis Connell, EDD	11-18-20
Committee Member (Print Name)	**Signature/Date**
David Constantino, EDD	11-18-20
Committee Member (Print Name)	**Signature/Date**
Committee Member (Print Name)	**Signature/Date**

15

Appendix E



CITI PROGRAM

Completion Date 12-Aug-2020
Expiration Date 12-Aug-2023
Record ID 37757718

This is to certify that:

James Russo

Has completed the following CITI Program course:

Not valid for renewal of certification through CME. Do not use for TransCelerate mutual recognition (see Completion Report).

Social & Behavioral Research - Basic/Refresher (Curriculum Group)
Social-Behavioral-Educational (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Seton Hall University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?weacf229d-01aa-4227-a820-40bd435faf9b-37757718

Appendix F

SETON HALL UNIVERSITY
1 8 5 6

Chief [redacted]

[redacted] Police Department

[redacted]

[redacted] New Jersey [redacted]

RE: Permission to Conduct Research Study

November 30, 2020

Dear Chief [redacted]

I am writing to request permission to conduct a research study in the [redacted] Police Department. I am currently enrolled in the Educational Leadership Management and Policy, Doctoral Program at Seton Hall University and am in the process of writing my dissertation. My qualitative study is entitled Police officers' Perceptions of the law enforcement Narcan program and the effectiveness in fighting the opioid epidemic.

I am seeking to interview fifteen police officers from the [redacted] Police Department to participate in this study. If approval is granted, the police officers will be privately interviewed in a natural site at a time that is most convenient for them not to interfere with their tour of duty. The interview process should take no longer than one hour. The interview results will remain absolutely confidential and anonymous. No cost will be incurred by the [redacted] Police Department or the individual participants. If approval is granted kindly submit a signed letter of approval on Department letterhead acknowledging your consent and permission for me to conduct this study in the [redacted] Police Department. I greatly appreciate your support of my efforts in completing my research study.

Sincerely,

James C. Russo

James C. Russo

Doctoral Candidate

Department of Education Leadership, Management & Policy
400 South Orange Avenue • South Orange, New Jersey • 07079 • *www.shu.edu*

Appendix G

Fwd: Narran Study

JAMES RUSSO <attf993@comcast.net>
Tue 1/12/2021 9:37 AM
To: James Russo <james.russo726@ucc.edu>

****External Email****
This message has originated from an External Source. Please use proper judgement and caution when opening attachments, clicking links, or responding to this email.

---------- Original Message ----------
From: [redacted]
To: "James.Russo1student@shu.edu" <James.Russo1student@shu.edu>
Cc: "ATTF993@comcast.net" <ATTF993@comcast.net>
Date: 01/11/2021 5:11 PM
Subject: Narran Study

Jim: This email is to confirm the [redacted] Department's participation in your Narcan study. If there are any questions or concerns, please reach out to me directly.

NOTICE: This communication may be subject to the Open Public Records Act NJSA 47:1A-1. This message may include matters relating to official City business that is confidential and privileged and is intended for the addressee only. If you have received this message in error, please delete the message and notify the sender immediately. The unauthorized use, disclosure, reproduction, forwarding, copying or alteration of this message is strictly prohibited and may be a violation of state law.

Appendix H

COUNTY OF UNION

Office of the Clerk of the Board, 6th floor
Union County Administration Building
Elizabethtown Plaza, Elizabeth, New Jersey 07207
Tel. (908) 527-4140 Fax. (908) 558-0915
E-mail: opra@ucnj.org

Date Stamp

Part B - REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR COUNTY USE ONLY

Date Received: Date of Response:

Please see "Part A - DIRECTIONS AND PROCEDURES" prior to filling out this form.

***Name:** James C. Russo

***Address:** [redacted]

***Telephone (Day):** (732) [redacted] (•) Unlisted ( ) Listed

***Facsimile:** **E-Mail:** [redacted]

* Indicates helpful information in processing your request, but NOT required to be provided by law.

Type of Request:
- [ ] Inspect / View documents *only* (during normal business hours)
- [ ] Prepare photocopies of all requested documents for purchase
- [x] E-Mail documents (if available) to the above address
- [ ] Documents by Fax (see Part A for cost – faxes limited to a maximum of 30 pages)

Information Requested:

Copy of Minutes [Please specify board or entity, date, or other identifying info.]

Copy of Ordinance or Resolution [Please specify date, number, or other identifying info.]

Copy of a Bill, Voucher or Contract [Please specify the vendor or service provided.]

Other [Please specify]

Union County Prosecutor's Office (Countywide Narcan deployments and overdose deaths from 2014 to 2020)

The Requestor, by signing below, hereby certifies that he or she has NOT been convicted of any indictable offense (felony) under the laws of this State, any other state, or the United States and is not seeking government records containing personal information pertaining to the victim of a crime or the victim's family as provided by N.J.S.A. 47:1A-1 et seq.

James C. Russo
Requestor's Signature Date: Jan 22, 2021

County Official Date:

Version 2/13 (prior editions obsolete)

Page 2 attached: _____ (check if applicable)