



Scottish Police Federation

5 Woodside Place Glasgow G3 7QF

JCC Circular 9 of 2020

Ref: CS/LS

17 February 2020

Dear Colleague

Naloxone – Carriage and Administration by the Police

I refer to the above and write to detail the position and a summary of the rationale of the Scottish Police Federation (SPF) in respect of this issue.

- The SPF is completely opposed to police officers carrying and / or administering Naloxone.
- The SPF appreciates that those tackling the drugs death crisis consider police officers carrying and / or administering Naloxone is essential. This is the wrong approach and introduces risks and consequences that those outwith policing simply do not, or refuse to, understand.
- The SPF considers that asking or expecting police officers to carry and / or administer Naloxone represents significant legislative and personal risk to police officers.
- Legal advice secured by the SPF supports that police officers should not carry / administer Naloxone for the reasons stated above.
- Police officers are already overworked and dealing with unprecedented demand. Any police officer carrying and / or administering Naloxone undermines any arguments on this. It also makes it even easier for other agencies and public bodies to step back from their own responsibilities due to a belief the police will simply fill the void.
- Police Officers carrying and / or administering Naloxone introduces other risks and occupational hazards that simply do not exist for ordinary members of the public, or other professions who may choose to carry and /or administer Naloxone. The very presence of a police officer at incidents changes the dynamic and impacts on third party behaviours in a way that every police officer understands and has experienced.
- Clinical advice provided to the Police Service of Scotland states;

"Drug overdoses are a medical matter and the SAS [Scottish Ambulance Service] is the primary agency of response in incidences such as these. If Police Scotland officers are issued and carry Naloxone, it is not beyond the realms of possibility that the SAS may not attach a priority grading as the threat to life is ameliorated by the attendance of a naloxone carrying officer. In this regard, this potentially exposes Police Scotland to the possibility of "Mission Creep"."

And

"The Scottish Ambulance Service is the appropriate responding group for persons with a suspected drug overdose. I have concerns that with current demand levels, officers from Police Scotland will be called upon to attend such calls as the primary agency when there may be a possibility (no matter how remote) with the intention to consider the administration of naloxone. Whilst naloxone will have little effect on persons who are not opiate intoxicated, those that recover will require formal medical assessment at hospital and should be conveyed by ambulance. If the ambulance has not attended in the first instance, it may fall to the Police Service to carry out this task, which is inappropriate for a medical emergency; the response time by the Scottish Ambulance Service under their new model will not be provided and as such, may prolong the officers on scene."

- Clinical advice also makes clear that the standard treatment for any overdosed person, regardless of what they have taken, is to place them in the recovery position and that the physical act of placing the person into the recovery position may be all that is required to render life-saving assistance. This has not been disputed by those who promote the police carriage of Naloxone.
- There is absolutely no evidence that a single life has been lost due to police officers NOT being in possession of Naloxone at incidents they have attended or been dispatched to.
- Ongoing independent research has identified that police officers in Scotland are currently experiencing high levels of mental ill health associated with their work. The introduction of additional expectations and the inevitable consequences for mental ill health and psychological strain simply adds to an already intolerable reality.
- The Scottish Ambulance Service response model downgrades responses where police officers are in attendance. Increasing the likelihood of police officer attendance at medical incidents will only add to this, denying the availability of police officers for other demands. This will also lead to an increase in the use of police vehicles as ambulances and will further denude the capabilities of the police service to police.
- The Scottish Ambulance Service policy decision to downgrade its response approach to incidents where the police are in attendance was undertaken unilaterally and without any cognisance of the consequential impact on policing and police officers.

- An NHS (England) Patient Safety Alert titled **Stage One: Warning Risk of distress and death from inappropriate doses of naloxone in patients on long-term opioid/opiate treatment** states;

"Naloxone must be given with great caution to patients who have received longer-term opioid/opiate treatment for pain control or who are physically dependent on opioids/opiates. Use of naloxone in patients where it is not indicated, or in larger than recommended doses, can cause a rapid reversal of the physiological effects for pain control, leading to intense pain and distress, and an increase in sympathetic nervous stimulation and cytokine release precipitating an acute withdrawal syndrome. Hypertension, cardiac arrhythmias, pulmonary oedema and cardiac arrest may result from inappropriate doses of naloxone being used for these types of patients."

- A further NHS (England) Patient Safety Alert titled **Stage Two: Resources - Support to minimise the risk of distress and death from inappropriate doses of naloxone states;**

"The safety of all patients depends on staff who understand that doses that can be life-saving for one patient group and set of circumstances, can be life-threatening for another patient group."

- Police officers are not trained diagnosticians. The potential for allegations of assault is very real.
- Police officers have been reported for criminal allegations of assault in other instances where drugs were administered for what were considered life-saving reasons.
- Police officers carrying and / or administering Naloxone create additional risk for any of their colleagues who work alongside them but decline to do so.
- These risks exist regardless of whether Naloxone is administered or it is not. (think complaint where the officer considers Naloxone administration is not appropriate but bystanders consider that it is)
- A person administering Naloxone faces additional dangers (including exposure to blood borne viruses, assault and needle-stick injury) insofar as post administration, a recipient may show acute withdrawal symptoms including:
 - Explosive vomiting & diarrhoea
 - Fever, runny nose or sneezing
 - Aggression as they wake up
- The costs of obtaining, storing, replenishing Naloxone will place needless pressure on the already insufficient funds of the Police Service of Scotland.

- Both the Scottish Police Authority and the Police Service of Scotland have passed plans to reduce police officer numbers in order to “balance the books”
- Neither the Crown Office, the PIRC, nor the Police Service of Scotland itself will guarantee police officers will not be subject to either misconduct or criminal investigation following any case that centres on the administration of Naloxone.
- To date there has been no indication the Scottish Government is willing to legislate to address these issues.
- We would remind colleagues that police powers are vested in them as individual and they should be alert to evidential opportunities to pursue criminal inquiries and suspects in the event they are dispatched to an overdose call.
- No police officer can be compelled to carry Naloxone and any officer coming under pressure to do so should immediately report this to their local SPF office.
- The SPF will not indemnify any member who, contrary to this advice, chooses to carry and / or administer Naloxone and as a consequence may find themselves subject to any form of internal, PIRC, criminal, or other judicial inquiry.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Calum Steele', with a horizontal line drawn through the middle of the signature.

Calum Steele
General Secretary