



# Scottish Police Federation

5 Woodside Place Glasgow G3 7QF

## JCC Circular 6 of 2021

Ref: CS/KB

5 March 2021

Dear Colleague

### **Naloxone – Carriage and Administration by the Police**

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

The SPF respects the Chief Constable's recent decision to permit a Test of Change and are not challenging that decision. The choice on whether to participate in this experiment is however a personal one so it is important that police officers are fully informed on the risks as well as benefits of Police officers administering Naloxone.

The SPF did request to speak at all Naloxone training courses so that Officers would have the opportunity to fully understand the SPF position and concerns. This request was refused.

- The SPF considers that Scotland's drugs crisis is a tragedy that deserves much more focus, effort and attention than "sticking plaster" approaches such as issuing police with Naloxone Spray. The solution to tackling the drugs crisis is not this and officers should not be emotionally coerced into thinking that it is.
- The SPF notes the Chief Constables recognition that Police Officers will have "legitimate concerns" relating to Naloxone and also his assurance that no officer will be pressurised to carry or administer it.
- The SPF reminds members that Police Officers are held to different standards and accountability from members of the public. It is being the holder of the Office of Constable that puts Officers in legal jeopardy and risk that the public do not face.
- The SPF notes that there has not been a single occasion evidenced where Police Officers not having Naloxone has led to the death of an individual.
- The SPF advocates evidence-based policing. There is no evidence that supports police officers carrying naloxone over other medications or equipment in saving lives.
- The SPF do not stigmatise groups and acknowledge a number of strong cases to administer many other medications such as adrenaline for those in anaphylactic shock or insulin for diabetics.

- Even before the exceptional demand and expectations placed upon policing in response to the global pandemic, police officers were 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 excuse themselves from their responsibilities and expect the police to simply fill the void.
- The Scottish Police Authority and the Police Service of Scotland have passed plans to reduce police officer numbers in order to “balance the books”
- The National Police Chiefs Council (UK Police Chief Officers) do not support the carriage of Naloxone by Police Officers
- SPF note that in this current COVID pandemic, officers are being asked to administer naloxone without the support and protection of an occupational vaccination programme. SPF believe that if Police officers are expected to be healthcare workers then they should be protected like healthcare workers.
- Clinical advice provided to the Police Service of Scotland remains;

*“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.

- As a consequence of the pandemic, police officers have not received First Aid Training for at least a year. This could increase the potential of an adverse outcome if naloxone was administered.
- Ongoing independent research still identifies 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 (SAS) response model currently downgrades responses where police officers are in attendance. This policy change was undertaken unilaterally and without any cognisance of the consequential impact on policing and police officers. 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. Recent assurances that SAS will not downgrade their responses further are therefore hollow- SAS should be upgrading responses.
- Previous SPF observations re the risks of administering Naloxone were denied by advocates of this policy. For clarity, here they are replicated.

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.”*

- SPF note the WHO advice on administration of Naloxone but also note that this is general health advice and does not cover the unique status of Police officers in society and the legal implications of that.
- Police officers are not trained diagnosticians. The potential for allegations of assault is very real. In Birmingham in 2019, Police were criticised for administering Naloxone to a male who was simply sleeping.

- 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 and assault) 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
- In situations where a person to whom Naloxone is administered and refuses to remain with the officers until arrival of the ambulance, officers will have to assess if that person has the capacity to make the decision to refuse further treatment. A decision that is made more perilous given that Naloxone's effects may wear off shortly after the subject has left. In such circumstances officers should expect to face some form of scrutiny and have their judgement questioned on whether the subject should have been allowed to leave prior to the attendance of the ambulance.
- A death following contact with Police must be reported to the PIRC.
- Neither Crown Office nor the PIRC can give an un-caveated guarantee that police officers will not be subject to either misconduct or criminal investigation following any case that centres on the administration of Naloxone.
- The Police Service of Scotland has still not given an un-caveated guarantee that police officers will not be subject to either misconduct or criminal investigation following any case that centres on the administration of Naloxone.
- SPF acknowledge the Police Service of Scotland has no appetite to pursue officers should a subject die or suffer an adverse reaction following the administration of Naloxone. However, Crown Office, the PIRC and the Police Service of Scotland continue to use the terms "unlikely" and "do not expect" in response to concerns raised , none have categorically ruled out the possibility
- 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
- Access to legal support from Police Service of Scotland is not unconditional and must meet a series of tests to be successful

- Whilst we will support any member in an investigation, the SPF will not indemnify or financially support 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