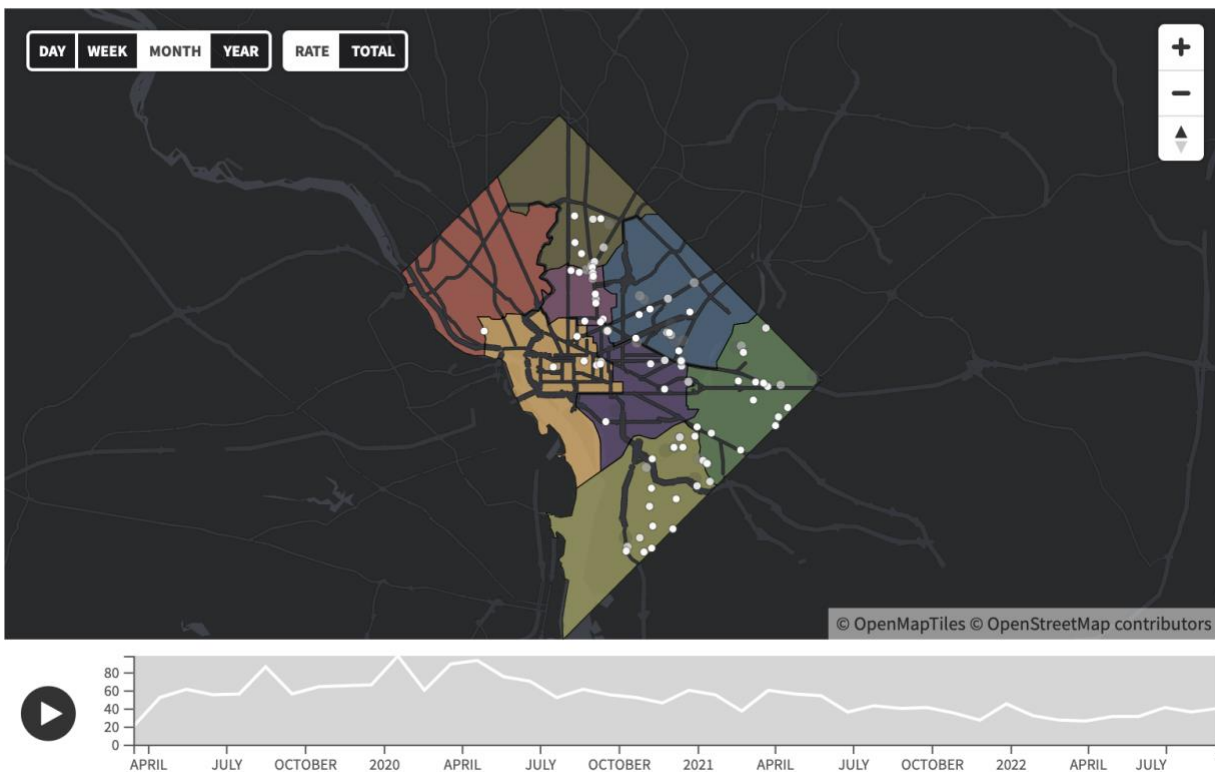


Police, armed with naloxone, have been reversing opioid overdoses in the District. Some advocates see the measure as a band aid solution.

MPD Administrations of Naloxone

April 2019 - October 2022



MPD officers have been administering naloxone since 2019 | Full visualization can be accessed [here](#)

Dec. 16, 2022

Audrey Hill

WASHINGTON, D.C. – Despite initial institutional opposition, D.C. police have been carrying the opioid antagonist naloxone – commercially known as Narcan – since 2019. New data obtained from the department paint a picture of their positive – if at times haphazard – attempts at curbing rising overdose deaths in the District.

In a [hearing on the issue](#) in 2018, spokeswoman Kelly O’Meara argued that Metropolitan Police Department officers shouldn’t have to carry naloxone because it would require too

many resources, would be better left to FEMs, and, she said, because it would not be something they could store on their belts.

However in an [abrupt about-face](#), D.C. Mayor Muriel Bowser (D) and police Chief Peter Newsham [announced](#) in a written statement in April of 2019 that officers would be equipped with naloxone, just a week after opposing legislation that would have required the same thing.

In D.C. opioid deaths [have been steadily rising](#) for the past few years, something Dr. Richard Carter, an emergency room physician at Howard University Hospital in Ward 1, attributes in part to social isolation and exacerbated mental health issues brought on by the pandemic. Against this sobering backdrop, police data show that officers reported administering naloxone more than 2000 times in the nearly four years since Bowser's announcement – to varying degrees of effectiveness.

While they don't always get it right – Dr. Ali Shabestari another emergency room doctor, said that he's seen patients come into the ER after police or other first responders administered the antagonist "inappropriately" – the consensus among Shabestari, Carter, and other experts and advocates is that naloxone in the hands of more people is essentially a good thing.

Generally, the harm of administering naloxone incorrectly is relatively minimal, Shabestari said, as it doesn't really affect people if they don't have opioids in their system. The worst that can happen are unpleasant side-effects as people come down off their high or that it is administered for the wrong kind of overdose and nothing happens, he said. The benefit could be saving a life.

Though the vast majority of the recorded drugs involved were listed as "unknown," police reported more than 80 instances of naloxone administration – sometimes multiple doses of it – to people who were not overdosing on opioids. In these cases, the main culprits were alcohol, synthetic cannabinoids like K2, and PCP.

Although he emphasized the importance of proper training, Shabestari is sympathetic to the pressure police face.

"We don't give them enough credit that when you come in a situation on the ground, on the street, you don't have a lot of ability to do a good assessment of what's going on," he said. "When I see someone in the emergency department, I have the luxury of monitoring and supporting their respirations and I can figure out if they really need naloxone or not."

Carter agreed.

"I don't think anybody having naloxone and giving it is a bad thing, because in general, they're giving it because they're worried and they don't have, a lot of times, the expertise to know what is actually going on," Carter said.

Shabestari added that because police are often the first ones on the scene, a matter of minutes could mean the difference between life and death.

“It's a good thing for police officers to have access to it [naloxone] because it's time sensitive,” said Shabestari. “They might be the first person on the scene and by the time EMS arrived, even if it takes five minutes, that's five minutes, potentially, of lack of oxygen to the brain.”

Although she agrees that police should be equipped with naloxone – though only insofar as it should be in everyone's hands – Queen Adesuyi, a senior national policy manager at the Drug Policy Alliance, a national advocacy organization, said she was wary of any police interaction with drug users.

“Contact with law enforcement, especially for Black Washingtonians,” Adesuyi said, “is a traumatic and volatile interaction – one that is often filled with fear and harassment.”

She would rather see trained outreach workers who know the community on the streets armed with naloxone, not the police, who she said have an antagonistic relationship with people of color in the District.

Beyond that, Adesuyi said, police carrying naloxone is simply a band aid solution to a far larger and more complex problem – one she sees police as having no part in solving.

Criminalization of drug use, said Adesuyi, has not only been a policy failure, but has actively harmed the health of the Black and brown communities most impacted by over-policing. While she is glad about the steps towards harm reduction that the District has already taken – having personally played a significant role in bringing them about – she said there was still a long way to go.

Adesuyi is one of the leaders of the [#DecrimPovertyDC](#) movement, a campaign co-led by the Drug Policy Alliance and the D.C.-based harm reduction organization, Honoring Individual Power and Strength (HIPS). The movement, which is backed by a broad coalition of advocacy organizations, was born of the belief that poverty and drug use were inextricably related, Adesuyi said.

Alex Colyer, who founded the Albertus Project, a D.C.-based harm reduction organization that is also part of the #DecrimPovertyDC campaign, after she lost her best friend to an overdose, echoed Adesuyi's sentiment.

Colyer says her organization helps fund treatment and pay for transportation to treatment centers, but will also aid recovering drug users in paying for anything from food to paper towels to desks.

“A lot of people are like ‘Why? That's not necessarily specific to addiction.’ But it is – it all plays a role, right?” Colyer said, “Because if these people are supported in the way that they need to, to set up their lives, they're not going to necessarily want to use drugs.”

This kind of holistic approach to the problem is key to the mission of the #DecrimPovertyDC campaign, Adesuyi said.

“Harm reduction really is meeting a person holistically where they are and being with them through whatever needs they need to be met,” said Adesuyi. “You can't figure that out by arresting them. And oftentimes, people ignore the ways that arrest and drug convictions really interrupt the flow of a person's life. And if you think about a person who's already struggling, all it does is exacerbate these harms.”

Both Colyer and Adesuyi said that the lack of continuous care means people get lost in the system.

“People do slip through the cracks,” Adesuyi said, “and oftentimes what our government doesn't understand is that the best way to reach a person, especially a person who's really in vulnerable situations, is meeting them with someone who understands where they are, because they've been there.”

Police officers are not those people, Adesuyi said. She envisions a world where funding goes not to police, whose interaction with drug users might increase their risk of being thrown into the carceral system, but District harm reduction organizations, like HIPS, staffed by those who have experienced substance use disorder themselves.

That world is possible, Adesuyi said.