

Opioid Overdose and Intranasal Naloxone Training for Law Enforcement

Participant Manual



Prepared by
NYS Division of Criminal Justice Services
NYS Department of Health
NYS Office of Alcoholism and Substance Abuse Services
Albany Medical Center
Harm Reduction Coalition

August 2014

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Training Rationale and Objectives

According to the federal Centers for Disease Control and Prevention, someone dies every 19 minutes from a drug overdose, and nearly three out of four prescription drug overdoses are caused by prescription painkillers. When prescription medication is no longer available, individuals often turn to illicit drugs, such as heroin.

Drug overdose is a significant problem in New York State. As a direct consequence of drug use, 1,848 persons died in New York in 2012. Based on post-mortem toxicologies, 478 of these deceased New Yorkers had heroin in their systems. In 879 of these deaths, opioid analgesics were involved.

The New York State Opioid Overdose Prevention Program authorizes community based organizations to prepare lay-responders to administer naloxone in cases of known or suspected opioid overdose. Between April 2006 and December 2013, lay-responders were responsible for over 850 overdose reversals as reported to the State by registered programs. As of April 2014, there are more than 130 registered programs across the State. While the NYSDOH has made significant progress promoting Opioid Overdose Prevention Programs, some areas of the state are without adequate overdose program coverage. In these areas, law enforcement officers and emergency responders are likely to be the first on the scene with the potential to play a role in reversing an opioid overdose.

Equipping law enforcement officers in NYS with intranasal naloxone is highly desirable for the following reasons:

1. The life-saving benefits of naloxone in reversing opioid overdose are clearly documented;
2. These individuals are frequently the first to arrive at the scene of an overdose placing them in the best position to administer this time-sensitive, life-saving intervention;
3. Delay in administering naloxone can lead to avoidable death and injury;
4. EMTs who can administer naloxone do not always arrive on the scene quickly enough to reverse an overdose;
5. Administration of naloxone via nasal atomizer by emergency response staff has become standard in other states and cities;
6. Use of a nasal atomizer reduces the potential for occupational exposure to HIV and viral hepatitis via needlestick;
7. Intranasal naloxone has comparable efficacy to injected naloxone;
8. No negative health outcomes have been reported after years of experience in several states and cities.

Training Objectives:

By the end of this training, the student will be able to:

1. Identify the reasons that law enforcement should be aware of community naloxone programs;
2. Explain the purpose of syringe access programs and the Good Samaritan 911 Law;
3. Identify the characteristics of an opioid overdose;
4. Identify the steps in care of a person who has overdosed on an opioid; and
5. Demonstrate how to use intranasal naloxone to treat an opioid overdose.

Training Agenda

Complete Pre-training assessment

Part One: Law Enforcement Naloxone Overview

Topics to be covered:

- Purpose of this Training
- Opioids and Opioid Overdose
- Review of NYS Law
- Community Access Naloxone in NYS


Part Two: Administration of Naloxone

Topics to be covered:

- Administration of Naloxone
- Practice Session
- Post- Administration Considerations
- Final Review

Complete Post-training assessment

Law Enforcement Naloxone Overview: Part One


Developed By:
 NYS Division of Criminal Justice Services
 Department of Health, Office of Alcoholism and Substance Abuse Services
 Albany Medical Center and the Harm Reduction Coalition


Meet the Presenter

✱ Name

✱ Position


✱ Disclosure

- The presenters have no academic conflict of interest
- The presenters have no financial conflict of interest
- FDA Off-label use of a medication will be discussed



By the end of this training, the student will be able to:

- ✱ Identify the reasons that law enforcement should be aware of community naloxone programs;
- ✱ Explain the purpose of syringe access programs and the Good Samaritan 911 Law;
- ✱ Identify the characteristics of an opioid overdose;
- ✱ Identify the steps in care of a person who has overdosed on an opioid; and
- ✱ Demonstrate how to use intranasal naloxone to treat an opioid overdose.



Why are police officers reviewing this topic?

- * Often the first on the scene at an overdose
- * To be better prepared to assist the public
- * To assure we are prepared to deal with opioid users in crisis
- * To improve interactions with the public



[Click above to play video](#)



Opioid Overdose Impacts all Socio-Economic Groups and Regions

Who is at risk of overdose?

| | | |
|-----------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| People who use opioids for pain control | Young people who are experimenting with drugs or who have drug dependence | Long time drug users, often after a period of abstinence (rehab, prison, recovery) |
|-----------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|

Opioid overdoses occur in urban, rural and suburban areas of the state



OPIOID OVERDOSE: CAN YOU RECALL?

- Any experience you have had on the job with overdose?
- Cases that have been in the news locally or nationally?



What are opioids?

Drugs derived from, or similar to, opium

- * Heroin
- * Morphine (named after Morpheus - Greek god of sleep)
- * Methadone
- * Oxycontin (long acting oral opioid)
- * Oxycodone (Percocet)
- * Hydrocodone (Lortab, Vicodin)
- * Fentanyl
- * Many others

NOT Opioids:

- Cocaine
- Methamphetamines
- Valium
- Xanax



Signs and Symptoms of Opioid OD

Unresponsive or minimally responsive

Not breathing or respiratory arrest

Slow breathing (< 10 per minute)

Snoring with gurgling

Blue or ashen color (cyanosis)



How overdose occurs

- * Opioids repress the urge to breathe
- * Carbon dioxide levels increase
- * Oxygen levels decrease
- * Process takes time
- * There is time to respond, but no time to waste

- 1 • Slow breathing
- 2 • Breathing stops
- 3 • Lack of oxygen may cause brain damage
- 4 • Heart stops
- 5 • Death



Drug treatment – opioid dependence

- * Methadone and buprenorphine (Suboxone, Zubsolv) are medications used to treat opioid dependence
- * If taken daily these medications reduce the risk of overdose death by as much as 80%
- * Both may be diverted and sold on the street for recreational use and for self administration to avoid withdrawal
- * Incorrect use of methadone has a much higher risk for overdose than does buprenorphine



Naloxone (Narcan)

- * Opioid antagonist which reverses opioid overdose
 - Can be administered intravenous, injectable or intranasal
- * Blocks opioids from acting on the body
- * Works for about 30-90 minutes
- * Analogy: "Steals the parking place"
 - Naloxone prevents opioids from going where they want to go
 - It steals the "parking place"



Naloxone in action

- * Causes sudden withdrawal in the opioid dependent person – an unpleasant experience
- * Doesn't get a person "high" and is not addictive
- * Has no effect if an opiate is not present
- * Routinely used by EMS for over 40 years
- * Available for use as first aid on another person in many states, including New York





Review of NYS Law

911 Good Samaritan Law

- * Encourage those present at an overdose to do the right thing and call for help
- * Offers protection from charge and prosecution for possession of:
 - Drugs up to an A2 felony offense (possession of up to 8oz of narcotics);
 - Alcohol (for underage drinkers);
 - Marijuana (any amount);
 - Paraphernalia offenses;
 - Sharing of drugs (in NYS sharing constitutes a “sales” offense).²



Good Samaritan Law: Limitations

- * Does not offer protection for drug offenses involving:
 - Sales for consideration or other benefit or gain
 - People in possession of A1 felony amounts of narcotics (not marijuana), meaning 8oz or more of narcotics
 - 1st degree criminal possession of a controlled substance
 - 1st degree criminal sale of a controlled substance
 - Operating as a major trafficker
 - Arrest or charge for drug or alcohol possession for individuals with an open warrant for their arrest or are currently on probation/parole.²
- * Does not extend to outstanding warrants, probation or parole violations, or other non-drug related crimes



Overdose Law in NYS (PHL 3309)

- * Protects the non-medical person who administers naloxone in setting of overdose from liability
 - “shall be considered first aid or emergency treatment”
 - “shall not constitute the unlawful practice of a profession”
- * Allows the medical provider to provide naloxone for use as first aid on another person



Syringe Possession: Amendment to Section 220.45 of the Penal Law October, 2010

Amended to state that persons do not act unlawfully by possessing a syringe without a prescription if they participate in one the these three public health programs

Public Health Programs

- * Syringe Exchange Programs
- * Expanded Syringe Access Program (ESAP pharmacies)
- * Opioid Overdose Prevention Program



More About Syringe Access Laws

PUBLIC HEALTH BENEFITS

1. Protects users from infections from sharing needles
2. Protects public safety personnel and the public from dirty needles
3. Gets dirty syringes off the street
4. Chance to enroll people in drug treatment programs

IMPORTANT NOTE

Section 220.03 of Penal Law was amended to state that residual amounts of a controlled substance on syringes obtained via public health programs is not unlawful



Community access naloxone in NYS

Well over 130 locations registered including:

- * Syringe exchange/syringe access sites
- * Drug treatment programs
- * HIV treatment programs
- * Homeless shelters
- * Public health departments
- * Hospitals
- * Law enforcement agencies



Community Overdose Education

- * Call 911 if there is a problem!
- * Use with others who know what to do if an overdose happens – make a plan
- * Be aware of companions at all times when using
- * Be careful if using alone, especially if:
 - Mixing different classes of drugs
 - Using after abstinence
 - (And watch out for others in these situations)



Community access naloxone

- * Individuals authorized to carry and administer naloxone to overdose victims
 - May not have any identification of this on them
- * Kits are generally blue and marked
- * In one study, the more community members that carried naloxone, the more the overdose death rate decreased

Don't stop someone if they say they are giving naloxone or Narcan to an overdose victim



Intramuscular naloxone



Intranasal naloxone



Bottom line

- * If at an aided call and someone has overdosed:
 - Prioritize officer and EMS safety and treat the overdose victim as soon as possible
 - Remember the Good Samaritan 911 Law
- * If someone says they are treating an overdose victim with naloxone or Narcan—let them!
 - You are not responsible for the administration of naloxone by someone else
 - The naloxone will be in a commercially prepared vial and may be intranasal or intramuscular



Law Enforcement Naloxone Overview Part 2

Administration of Naloxone

Logistics of naloxone program

- * It is regulated but not a controlled medicine
- * Needs to be obtained from a licensed prescriber
- * Should be stored at room temperature and away from direct light
 - Avoid extremes of temperature
- * Has a limited shelf life—note expiration date

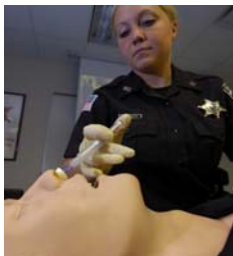


Intranasal naloxone



Advantages of intranasal administration

- * Nose is easy access point for medication and delivery
- * Painless
- * Eliminates risk of a contaminated needle stick

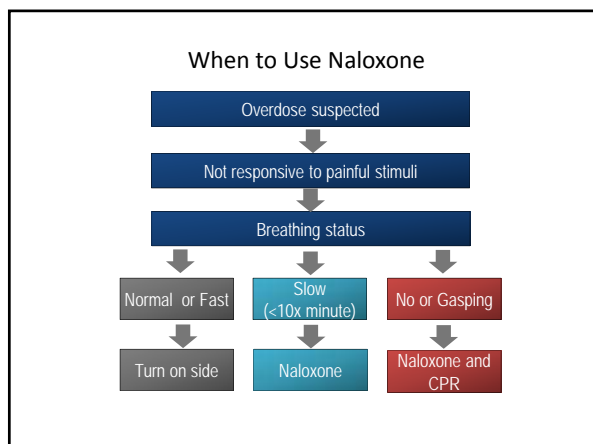


How to do it

The scene


- * You may be responding to a suspected overdose, or you may discover one
- * Scene safety / body substance isolation is a top priority
- * Ask bystander(s) what and when the patient injected, ingested, or inhaled, or if a transdermal patch has been used
 - Was more than one substance used?





Administration

- * Wipe the nose if it is messy
- * Hold the patient's head with one hand
- * Keep the head tilted backward (this prevents the medication from running out of the nostril)
- * Place the atomizer within one nostril
- * Gently, but firmly, spray half the vial (about 1 ml) into that nostril
- * Spray the rest of the medication into the other nostril





**STEPS TO ASSEMBLE –
OPEN BOX**











OPEN ATOMIZER





ATTACH ATOMIZER





SCREW MEDICATION INTO HOLDER



Post-administration considerations

- * Use **CAUTION** when administering naloxone to narcotic dependent patients!
- * Rapid opiate withdrawal may cause nausea and vomiting and may cause **combativeness**
- * Roll patient to their side after administration to keep airway clear
- * If patient does not respond within 3-5 minutes, administer second dose



Reporting Form

- * Law enforcement must report activities using the DCJS approved reporting form
- * Data elements to be completed include:
 - Status of overdose victim before administration of naloxone
 - Details regarding administration of naloxone, such as number of vials used, how long it took for the naloxone to work
 - Outcomes of the administration of naloxone
- * Brief review of form (included in training manual)



Know Your Law Enforcement Agency's Policies

- * After the June 11, 2014 MPTC meeting, the Council will have approved a model policy
- * It will be important for law enforcement officers to be familiar with their specific agency's policies and procedures



Questions?

Questions from other officers:

- * What if we give it to someone who hasn't taken opioids?
 - Nothing. They get a wet nose.
- * What about accidental spraying in the air near others?
 - Won't hurt anyone else or you.
- * Can we get in trouble for administering?
 - No. It is considered "first aid or emergency treatment" and PHL protects the person administering the medication.



Final Review

Why law enforcement naloxone?

- * Why watch someone die?
- * Early treatment improves outcomes for victim
 - Reduced cost in medical care
 - Increased potential for seeking rehab
- * Improves community relations

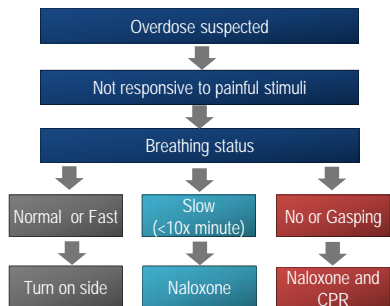


Resuscitation

- * Use of naloxone should be incorporated into standard procedures used for an unconscious person
- * Resuscitation may include full CPR, chest compressions only or rescue breathing with adjuncts
- * Rescue breathing may depend on availability of equipment



When to Use Naloxone



Thank You for Your Attention

* Instructor name and contact information



Appendix A: Contents of Naloxone Kit

Each naloxone kit consists of a zip bag or pouch containing:

- Two vials of naloxone
- Two mucosal atomization devices for nasal administration
- One pair of latex gloves
- Guide on the use of naloxone.

Appendix B:
Reporting Form



New York State Public Safety Naloxone Quality Improvement Usage Report

[Print Form](#)

Version: 05/23/2014

Date of Overdose:

/ /

Arrival Time of Officer:

 : ☐ AM ☐ PM

Arrival Time of EMS:

 : ☐ AM ☐ PM

Agency Case #

Gender of the Person Who Overdosed: ☐ Female ☐ Male ☐ Unknown

Age:

Zip Code Where Overdose Occurred:

County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section)Responsiveness: ☐ Unresponsive ☐ Responsive but Sedated ☐ Alert and Responsive ☐ Other: (specify)Breathing: ☐ Breathing Fast ☐ Breathing Slow ☐ Breathing Normally ☐ Not BreathingPulse: ☐ Fast Pulse ☐ Slow Pulse ☐ No Pulse ☐ Did not check pulse**Aided Overdosed on What Drugs?** (Check all that apply)☐ Heroin ☐ Benzos/Barbiturates ☐ Cocaine/Crack ☐ Buprenorphine/Suboxone ☐ Pain Pills ☐ Unknown Pills☐ Unknown Injection ☐ Alcohol ☐ Methadone ☐ Don't Know ☐ Other: (specify)**Administration of Naloxone**

Number of vials of naloxone used:

If naloxone worked, how long did naloxone take to work? ☐ Less than 1 minute ☐ 1-3 minute(s) ☐ 3-5 minutes ☐ >5 minutes ☐ Don't Know**Aided's Response to Naloxone:**☐ Combative ☐ Responsive and Angry ☐ Responsive and Alert ☐ Responsive but Sedated ☐ No Response to Naloxone**Post-Naloxone Symptoms:** (Check all that apply)☐ None ☐ Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) ☐ Respiratory Distress☐ Seizure ☐ Vomiting ☐ Other: (specify)**What else was done by officer?** (check all that apply)☐ Yelled ☐ Shook Them ☐ Sternal Rub ☐ Recovery Position ☐ Bag Valve Mask ☐ Mouth to Mask ☐ Mouth to Mouth☐ Defibrillator: (If checked, indicate status of shock) ☐ Defibrillator - no shock ☐ Defibrillator - shock administered☐ Chest Compressions ☐ Oxygen ☐ Other: (specify)**Was naloxone administered by anyone else at the scene?** (check all that apply)☐ EMS ☐ Bystander ☐ Other: (specify)Disposition: (check one) ☐ Care transferred to EMS ☐ Other (specify)Did the person live? ☐ YES ☐ NO ☐ Do not know

Hospital Destination

Transporting Ambulance

Comments:

Administering
Officer's
Information:

Agency

Shield #

Last Name

First Name

Please send the completed form to the
NYS Department of Health using any one
of the three following methods:

E-mail: oper@health.state.ny.us

Fax: (518) 402-6813

Mail:

Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237

Appendix C:
Model Policies and Procedures

Municipal Police Training Council

Administration and Maintenance of Intranasal Naloxone

Model Policy

I Purpose

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel within a law enforcement agency. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when law enforcement is the first to arrive at the scene of a suspected overdose. Each agency is encouraged to modify these protocols to conform to their specific needs, while being mindful of the intent of the procedures.

II Policy

Law enforcement personnel and civilians may possess and administer naloxone so long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations. The New York State Division of Criminal Justice Services and the New York State Department of Health training curriculum meets this standard. New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

III Definitions

- A. **Opioid:** A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percocet®), and hydrocodone (Vicodin®).
- B. **Naloxone:** A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.
- C. **Overdose Rescue Kit:** At minimum should include the following:
 - 1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
 - 2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

Municipal Police Training Council

Administration and Maintenance of Intranasal Naloxone

Model Policy

IV Procedures

A. Deployment:

1. Each agency will identify an individual to be the coordinator for the naloxone administration program: Responsibilities will include:
 - a. Maintaining training records for personnel;
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and;
 - c. Assuring the maintenance of the administration records.
2. Each agency will ensure the officers carrying or having access to the Overdose Rescue Kits are trained in the use of the naloxone.
3. Refresher training should occur at minimum biennially and consist of familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.

B. Naloxone Use

1. Officers will request an ambulance to respond to scene where the aided is in a potential overdose state.
2. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. Officers will determine need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations they should administer naloxone following the established training guidelines.
4. Once the assessment of the aided is complete; which should include, but may not be limited to determining unresponsiveness and other indicators of opioid involved overdose, each officer will administer the medication from the Overdose Rescue Kit following the established training guidelines.
5. Officers will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain

Municipal Police Training Council

Administration and Maintenance of Intranasal Naloxone

Model Policy

consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.

6. Officers will remain with the aided until EMS personnel arrive.
7. Officers will inform EMS personnel upon their arrival that naloxone has been administered.
8. Officers will complete a naloxone administration/restock form.

C. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to agency policy.
3. Expired naloxone will be:
 - a. Maintained by the agency for use in training; or
 - b. Properly disposed of according to agency policy.

D. Documentation:

1. Following naloxone administration, the officer shall submit a New York State Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health.
2. Appendix A contains the New York State Public Safety Naloxone Quality Improvement Usage Report.

Appendix A

New York State Public Safety Naloxone Quality Improvement Usage Report

New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form
Version: 05/23/2014

Date of Overdose:

Arrival Time of Officer:

Arrival Time of EMS:

: ☐ AM ☐ PM

: ☐ AM ☐ PM

Agency Case # _____

Gender of the Person Who Overdosed: ☐ Female ☐ Male ☐ Unknown

Age:

Zip Code Where Overdose Occurred: _____ County Where Overdose Occurred: _____

Aided Status Prior to Administering Naloxone: (Check one in each section)

Responsiveness: ☐ Unresponsive ☐ Responsive but Sedated ☐ Alert and Responsive ☐ Other: (specify) _____

Breathing: ☐ Breathing Fast ☐ Breathing Slow ☐ Breathing Normally ☐ Not Breathing

Pulse: ☐ Fast Pulse ☐ Slow Pulse ☐ No Pulse ☐ Did not check pulse

Aided Overdosed on What Drugs? (Check all that apply)

☐ Heroin ☐ Benzos/Barbiturates ☐ Cocaine/Crack ☐ Buprenorphine/Suboxone ☐ Pain Pills ☐ Unknown Pills

☐ Unknown Injection ☐ Alcohol ☐ Methadone ☐ Don't Know ☐ Other: (specify) _____

Administration of Naloxone

Number of vials of naloxone used:

If naloxone worked, how long did naloxone take to work? ☐ Less than 1 minute ☐ 1-3 minute(s) ☐ 3-5 minutes ☐ >5 minutes ☐ Don't Know

Aided's Response to Naloxone:

☐ Combative ☐ Responsive and Angry ☐ Responsive and Alert ☐ Responsive but Sedated ☐ No Response to Naloxone

Post-Naloxone Symptoms: (Check all that apply)

☐ None ☐ Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) ☐ Respiratory Distress

☐ Seizure ☐ Vomiting ☐ Other: (specify)

What else was done by officer? (check all that apply)

☐ Yelled ☐ Shook Them ☐ Sternal Rub ☐ Recovery Position ☐ Bag Valve Mask ☐ Mouth to Mask ☐ Mouth to Mouth

☐ Defibrillator: (If checked, indicate status of shock) ☐ Defibrillator - no shock ☐ Defibrillator - shock administered

☐ Chest Compressions ☐ Oxygen ☐ Other: (specify)

Was naloxone administered by anyone else at the scene? (check all that apply)

☐ EMS ☐ Bystander ☐ Other: (specify)

Disposition: (check one) ☐ Care transferred to EMS ☐ Other: (specify)

Did the person live? ☐ YES ☐ NO ☐ Do not know

Hospital Destination

Transporting Ambulance

Comments:

Administering
Officer's
Information:

Agency

Shield #

Last Name

First Name

Please send the completed form to the
NYS Department of Health using any one
of the three following methods:

E-mail: oper@health.state.ny.us
Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237

Appendix D:

Frequently Asked Questions

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

What is New York State's opioid overdose prevention program?

Since April 2006, New York State has had a program regulated by the Department of Health through which eligible, registered entities provide training to individuals in the community on how to recognize an overdose and how to respond to it appropriately. The applicable law is Public Health Law Section 3309 and the regulations are in 10 NYCRR 80.138. The appropriate responses to an opioid overdose include calling 911 and administering naloxone (Narcan), an opioid antagonist which reverses the potentially life-threatening consequences of an overdose. Eligible entities for these programs include individual prescribers (physicians, physician assistants and nurse practitioners), drug treatment programs, health care facilities, local and state government agencies, community-based organizations, secondary educational institutions, pharmacies and public safety agencies. Public safety agencies do not need to be registered programs in order for their officers to be trained.

Is this program successful?

Over 150 programs have registered with the Department of Health, and more than 20,000 overdose responders have been trained. These individuals have successfully administered naloxone more than 900 times according to reports that have been submitted to the State. The actual number of reversals these responders have been responsible for is likely to be substantially higher.

Why can't we rely solely on EMS to respond to overdoses?

We can and should continue to rely on EMS to respond to overdoses—but not to the exclusion of others who may be the first on the scene. Every second counts in an overdose. It is a medical emergency. With appropriate training, administering naloxone is relatively simple. Having trained individuals in the community makes saving lives easier for EMS.

Why are we training law enforcement officers?

Law enforcement personnel are often the first to arrive on the scene of an overdose. Sometimes they are responding to an EMS call; and sometimes, in the course of their work, they just happen to encounter someone who has overdosed. We want to ensure that these officers have the training and the necessary tool, naloxone, to make a difference when it matters most. Many law enforcement officers are already trained in using AEDs (automated external defibrillators) or in administering CPR (cardiopulmonary resuscitation). Adding naloxone to their set of tools will help save lives.

How does one get trained to save the lives of people who have overdosed?

A simple, single session generally lasting less than one hour is all that is necessary for an officer to be trained in recognizing and responding to an opioid overdose. The training is likely to be a joint effort between one of New York State's registered opioid overdose prevention programs and either a single law enforcement agency or a group of agencies, perhaps as part of a regional training. A standard curriculum has been developed to guide

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

these trainings. If your agency is a certified basic life support emergency medical service and if you are either a certified first responder or an emergency medical technician at the basic level, you should receive a specialized EMS training.

How will I know when training sessions will be offered?

The New York State Division of Criminal Justice Services utilizes a statewide email directory known as DCJS Contact to announce the availability of training courses. DCJS has already announced many opioid overdose training opportunities and will continue to announce them as soon as they are available for release. To enroll, click [here](#) to access the enrollment form. You may also view upcoming training opportunities by visiting the DCJS training calendar <http://calendar.dcjs.state.ny.us/>

Can a general topics instructor train other law enforcement officers?

Yes. General topics instructors who have successfully completed an approved opioid overdose and intranasal naloxone training for law enforcement are appropriate for training other law enforcement officers. Instruction should be coordinated with a New York State Department of Health registered Opioid Overdose Prevention Program and one of its affiliated prescribers.

Are there training materials available for use by law enforcement instructors?

The New York State Division of Criminal Justice Services, the New York State Department of Health, Albany Medical Center, the Harm Reduction Coalition and other local partners have collaborated to develop instructional materials for distribution to law enforcement agencies. The materials can be obtained by attending a train-the-trainer session or by emailing DCJS at OPS.GeneralPolicing@dcjs.ny.gov and requesting a course CD. A mailing address and contact name must be provided in order to send the compact disc. The training materials were developed for use by any individual or organization that will train law enforcement officers on the use of naloxone. Approved instructors must read through the Administrative Guide located in Appendix B of the instructor manual before conducting the training, so that they can receive the free kits and their students can receive a DCJS certification upon completion.

How do I get naloxone?

In order to furnish naloxone to law enforcement officers, three requirements must be met: 1) the officers must have completed a training which conforms with DCJS and DOH approved instructional materials; 2) a patient-specific or non-patient specific prescription must be issued for the medicine by a prescriber affiliated with a NYS DOH-registered opioid overdose prevention program; and 3) the naloxone should be furnished either by the prescriber personally or by someone designated by the prescriber in a non-patient specific prescription.

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

Why is a prescription necessary for naloxone?

Although naloxone is not a controlled substance, it is still a prescribed drug. All prescribed drugs require a prescription, and all prescriptions must come from someone who is legally authorized to provide them. Health Care professionals – who are defined in Public Health Law 3309 as persons “licensed, registered, or authorized pursuant to title eight of the education law to prescribe prescription drugs”—may prescribe naloxone to law enforcement officers by either a patient-specific prescription or a non-patient specific prescription.

Can naloxone be shared among officers in the same agency?

A non-patient specific prescription eliminates the need for law enforcement officers to have unique, personal overdose kits dispensed to them under a patient-specific prescription. Law enforcement officers can instead have shared access to – and use of – naloxone dispensed to the organization for which they work under a non-patient specific prescription (i.e. equip each patrol car with naloxone instead of each officer). Your agency’s policies and procedures should address this sharing.

Does my agency need to do anything special so that I and my colleagues can get naloxone?

Yes. Your agency should develop policies and procedures that address its officers intervening in overdoses and administering naloxone. The Municipal Police Training Council has adopted a Naloxone Administration and Maintenance Model Policy for agencies to utilize when developing their own policies and procedures. The model policy can be downloaded from the eJusticeNY Integrated Justice Portal via accessing resources > reference library > law enforcement > MPTC.

How should naloxone be maintained?

As a general rule, naloxone should be kept as close to room temperature as possible. It should also be kept out of direct sunlight. Your agency’s policies and procedures should address the maintenance of naloxone.

How long can naloxone be kept?

Naloxone should be within the expiration date that appears on its packaging. Your agency’s policies and procedures should address maintaining naloxone consistent with its expiration date.

Will I have to use a needle to administer naloxone?

No. All of the naloxone being provided to law enforcement officers will be for intranasal (up-the-nose) administration. You will receive hands-on training on how this is done.

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

Can the naloxone harm me or others around me?

No.

How do I get refills?

This will be addressed at your training. Generally the refills will come from the medical provider dispensing the naloxone to your agency.

Will a certificate of completion be issued by the NYS Division of Criminal Justice Services?

Yes. Individuals completing the training will receive a training certificate issued from the NYS Division of Criminal Justice Services and the individual's training record documented in the Police and Peace Officer Registry will be updated.

How do I obtain naloxone when my instructor(s) train members of my agency utilizing the DCJS and DOH approved training materials?

Included within the training materials is an administrative guide containing a list of currently acceptable options to equip trained opioid overdose responders with naloxone in your agency.

Appendix E:
DCJS January 2013 Memorandum
on Good Samaritan 911 Law



MEMORANDUM

TO: New York State Law Enforcement Agencies

FROM: Gina L. Bianchi *Gina L. Bianchi*
Deputy Commissioner and Counsel

DATE: January 28, 2013

SUBJECT: Good Samaritan 911 Law

As you know, pursuant to Chapter 154 of the Laws of 2011, a person who in good faith seeks health care for himself or another, or is the subject of a good faith request, and who is experiencing a drug or alcohol overdose or other life threatening medical emergency, shall not be charged or prosecuted for a controlled substance or marihuana offense, or possession of alcohol or drug paraphernalia if the controlled substance, marihuana, alcohol or paraphernalia was obtained as a result of the person seeking or receiving health care. In his approval message, Governor Cuomo directed that the Division of Criminal Justice Services work with law enforcement to ensure that appropriate training and guidance is provided to law enforcement personnel who may be expected to determine whether someone was suffering from an overdose and whether the person who sought aid acted in good faith since failure to promptly seek medical care or assistance for overdoses can result in avoidable loss of life. The intent of this law is to encourage people, who otherwise may refuse to do so for fear of criminal prosecution, to seek medical attention.

It should be noted that the immunity from being charged and prosecuted does not apply to drug offenses involving sales for consideration or other benefit or gain,¹ or class A-I drug felonies, such as Penal Law §220.21, criminal possession of a controlled substance in the first degree; Penal Law §220.43, criminal sale of a controlled substance in the first degree; and Penal Law §220.77, operating as a major trafficker.² Additionally, the protections do not extend to outstanding warrants, probation or parole violations, or other non-drug crimes. The law also makes it clear that evidence recovered in a situation involving seeking health care for an overdose victim may be admitted into evidence against a person who does not qualify for the exemption and, for the person who does qualify, evidence may be admitted in the prosecution of a non-covered crime. Finally, the law established an affirmative defense to a criminal sale of a controlled substance or marihuana offense when the defendant, in good faith, seeks health care for someone, or for him or herself, who is experiencing a drug or alcohol overdose or other life

¹ For instance, criminal sale of a controlled substance offense or criminal sale of marihuana offense.

² There are A-I felonies in Penal Law Article 220, which pertains to controlled substances offenses, but there are no class A-I felonies in Penal Law Article 221, which pertains to offenses involving marihuana.

threatening medical emergency; and the defendant has no prior conviction for the commission or attempted commission of a class A-I, A-II or B felony.³ However, the affirmative defense cannot be used for class A-I or A-II felonies.

The law is not intended to interfere with the protocols of law enforcement to secure the scene of an overdose and the law does not prevent the detention of a person while police investigate the facts of the particular case to determine if the person should be charged and prosecuted.⁴ Although the statute does not provide how long a person may be detained, the United States Supreme Court has held that where an agent diligently pursued his investigation and no delay unnecessary to the investigation was involved, a 20-minute detention of a suspect met the Fourth Amendment's standard of reasonableness (U.S. v. Sharpe, 470 U.S. 675, 105 S.Ct. 1568 [1985]). As noted, the law requires that medical attention be sought “in good faith.” As such, criminals who attempt to use this law to manipulate the exemptions to avoid prosecution when such prosecution is warranted can be charged and prosecuted.

In sum, if an overdose or life threatening emergency exists, and health care for this condition is sought in good faith, then the “Good Samaritan” or victim shall not be charged or prosecuted for a controlled substance or marijuana offense, or possession of alcohol or drug paraphernalia. However, because this law was recently enacted, there has been no judicial interpretation of its provisions. Thus, application of this law may raise questions and create challenges for the law enforcement community which must be determined on a case-by-case basis and will depend on the unique facts of each particular case. Therefore, law enforcement agencies should consult their local prosecutors with respect to specific enforcement questions.

If you require additional information, please contact the Division of Criminal Justice Services’ Office of Legal Services at (518) 457-8413.

³ This pertains to Penal Law Article 220; there are no class A-I, A-II, or B felonies in Penal Law Article 221.

⁴ As Governor Cuomo stated in his approval memo, “removal of the word ‘arrest’ from an earlier version of this bill was meant to give these responding officers the ability to detain individuals who may or may not be entitled to the statutory exemption from prosecution conferred by this bill in order to investigate all the facts and circumstances of any criminal conduct and seek guidance from the appropriate officials.”