



**Division of Criminal  
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# **Law Enforcement Naloxone Overview:**

## **Part One**

January 2024 In-Service Training

## Meet the Presenter

- Officer Scot Straight
- Village of Ballston Spa Police Department



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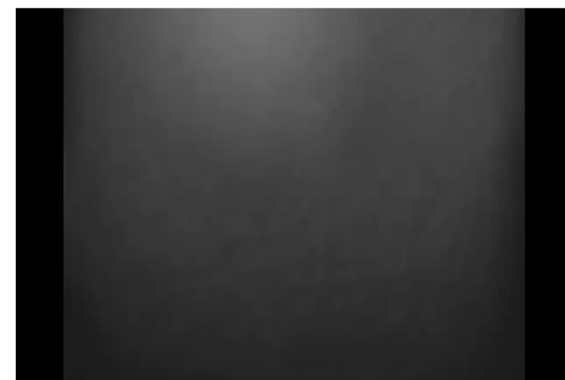
## By the end of this training, the student will be able to:

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.



# Why are police officers reviewing this topic?

- Often the first on the scene at an overdose
  - Law enforcement first on scene in 97% of cases in which they used naloxone
  - Law enforcement was on scene at least 5 minutes before EMS arrived in 45% of cases
- 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
- To enhance officer understanding in the presence of opioids



# Key Facts of the Law Enforcement Program

As of March 2023

- Greater than 13,000 reported administrations of naloxone by law enforcement since 2014
- Over 600 law enforcement agencies have trained personnel
- 273 different agencies have reported reversals



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# Opioid Use Disorder/Addiction

- Dependence and tolerance
  - Repeated use of opioids causes dependence- if a person doesn't get a dose they have withdrawal symptoms, the substance is needed to feel normal
  - Progressively higher doses are needed if a person is seeking intoxication
- Behavior
  - Some people don't feel well, normal or happy after detoxification and return to opioids which becomes a main part of their lives, sometimes the center



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# Medications for Opioid Use Disorder (MOUD)

- Methadone and buprenorphine (e.g., Suboxone®, Zubsolv®)
  - Methadone is available in specialized clinics
  - Buprenorphine can be prescribed by most doctors
- Benefits of MOUD:
  - Reduces risk of overdose death by as much as 80%
  - Reengage with family and other parts of their lives
- MOUD medicines are often used for self treatment in managing withdrawal



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# Examples of Opioids

Drugs derived from, or similar to, opium

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

## **NOT Opioids:**

- Cocaine
- Methamphetamines
- Valium
- Xanax
- Xylazine



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# Fentanyl

- The most powerful opioid regularly used in medicine
  - About 100 x stronger than morphine
- Has a rapid onset with a short duration
- Illegally manufactured fentanyl since 2013
- Often mixed with heroin, fake pills, including cocaine and methamphetamine
- Reports of chest wall rigidity and rapid effects during overdoses
- Risks to public safety personnel are likely minimal, BUT
  - Do not touch unknown powders without nitrile gloves
  - Do not enter locations with aerosolized powders
  - Powder fentanyl is not dermally absorbed.



# Xylazine

- A non-opioid anesthetic and sedative approved for use in veterinary medicine, not for human use
- Increasingly found in products sold as heroin
- It is associated with severe skin wounds

## Overdose

- Naloxone does not reverse it so a person getting naloxone may start breathing but stay very sedated
- Don't forget they need an opened airway



# Opioid Overdose Impacts all Socio-Economic Groups and Regions

*People from all walks of life*

## 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



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# Signs and Symptoms of Opioid OD

Unresponsive or minimally responsive

Not breathing or respiratory arrest

Slow breathing (<10 per minute)

Snoring with gurgling

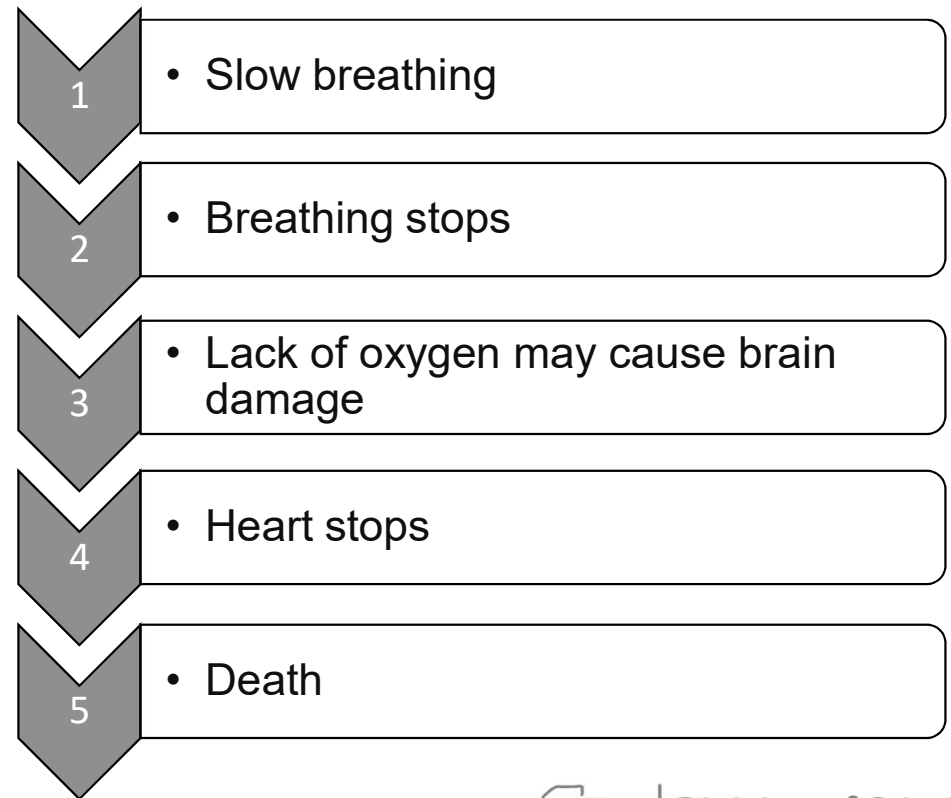
Blue or ashen color (cyanosis)



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# How Overdose Occurs

- Opioids repress the urge to breathe
- Carbon dioxide levels increase
- Oxygen levels decrease
- Overdose is 1-3 hours process unless fentanyl is present rapid response required
- There is time to respond, but no time to waste



# Naloxone

- Opioid antagonist which reverses opioid overdose
- Safe, quick acting, non-addictive medicine used for first aid
  - May be administered intramuscular or intranasal
- Used by EMS routinely for over 40 years
- Only blocks opioids in a person's system



# Naloxone in action

- Analogy: “Steals the parking place”
  - Naloxone prevents opioids from going where they want to go
  - It steals the “parking place” or gets knocked out like a scoop of ice cream falling off the top of the cone
- Acts within 2-5 minutes.
- If no response in 2-5 minutes, give 2<sup>nd</sup> naloxone dose.
- Works for about 30-90 minutes





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# **Review of NYS Law**



# 911 Good Samaritan Law

**Intent:** To encourage people on the scene to request help for an overdose

- This law protects an overdose victim and those who summon EMS:
  - From arrest in the presence of misdemeanor drug possession and/or underage alcohol drinking
  - From prosecution in felony possession unless there are aggravating circumstances, e.g. possession with intent to sell or outstanding warrants
- Responding officers have the ability to detain individuals who may or may not be entitled to the statutory exemption from prosecution in order to investigate all the facts and circumstances



# 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
  - 1<sup>st</sup> degree criminal possession of a controlled substance
  - 1<sup>st</sup> 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.
- Does not extend to outstanding warrants, probation or parole violations, or other non-drug related crimes
- Parolees are encouraged by DOCCS to carry naloxone



## 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: Section 220.45 has been Repealed

Persons do not act unlawfully by possessing a syringe regardless if they participate in a public health program



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# More about Syringe Access Laws

## **PUBLIC HEALTH BENEFITS**

1. Protects the community from blood borne infections (e.g., HIV, HCV) from sharing needles
2. Protects public safety personnel and the public from unintentional used needle sticks
3. Removes used syringes off the street
4. Chance to enroll people who use drugs into drug treatment programs and harm reduction services

## **IMPORTANT NOTE**

Section 220.03 of Penal Law was amended to state that residual amounts of a controlled substance in or on a syringe is not unlawful



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# Community Access to Naloxone

- Individuals authorized to carry and administer naloxone to overdose victims
- CPL 60.49 (effective Dec 6, 2021) – Possession of naloxone may not be used for the purpose of establishing probable cause for an arrest.
- In one study, the more community members that carried naloxone, the more the overdose death rate decreased



# Intramuscular Naloxone



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# Intranasal Naloxone





# NYS Community Access Naloxone Programs

- Syringe exchange programs and health hubs aka., syringe access services
- Drug treatment programs
- HIV treatment programs
- Homeless shelters
- Public health departments
- Hospitals
- Public safety agencies
- Pharmacies



# Naloxone Co-payment Assistance Program (N-CAP)

Key elements of the program:

- Co-payments for naloxone in an amount up to \$40 for each prescription dispensed will be billed to N-CAP, not to the individual getting naloxone.
- Individuals who are themselves at risk for an overdose or their family members may acquire naloxone using a patient specific prescription, or through a standing order in all pharmacies in NYS.
- No individual enrollment is necessary.
- Pharmacies participating in the New York State AIDS Drug Assistance Program are eligible to participate in N-CAP.
- There are no or lower out-of-pocket expenses when getting naloxone at a participating pharmacy.



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# Statewide Overdose Prevention Program

- Over 1,000 community programs provide free overdose education and kits
- Over 2,600 pharmacies sell naloxone
- Spring of 2023, naloxone is approved for over-the-counter, sales; no longer requires, patient or standing orders, for purchase naloxone
- 3-year shelf life or expiration date for naloxone nasal spray

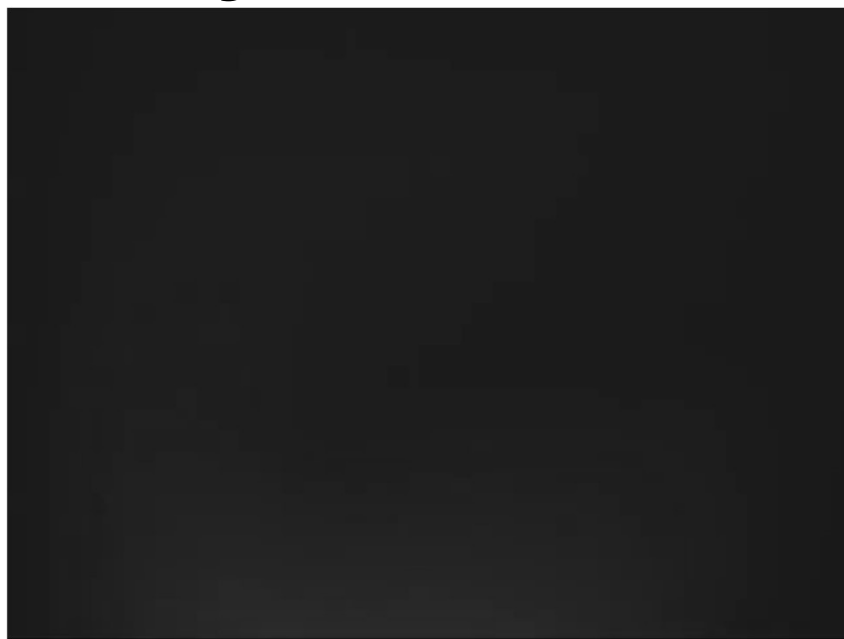
**Storage reminder:** Do not freeze or expose to excessive heat above 104°F (40°C); protect from lights.

**If only expired naloxone is available, it can be used**



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# Community Access to Naloxone



- Don't stop someone if they say they are giving naloxone to an overdose victim
- Under no circumstances take the kit



# 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 – 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





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# **Law Enforcement Naloxone Overview Part 2**

## **Administration of Naloxone**

# Advantages of nasal spray administration

- Nose is easy access to administer naloxone quickly
- Simple, painless
- Eliminates risk of needle sticks and blood borne infections, e.g., HCV





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**How to do it**

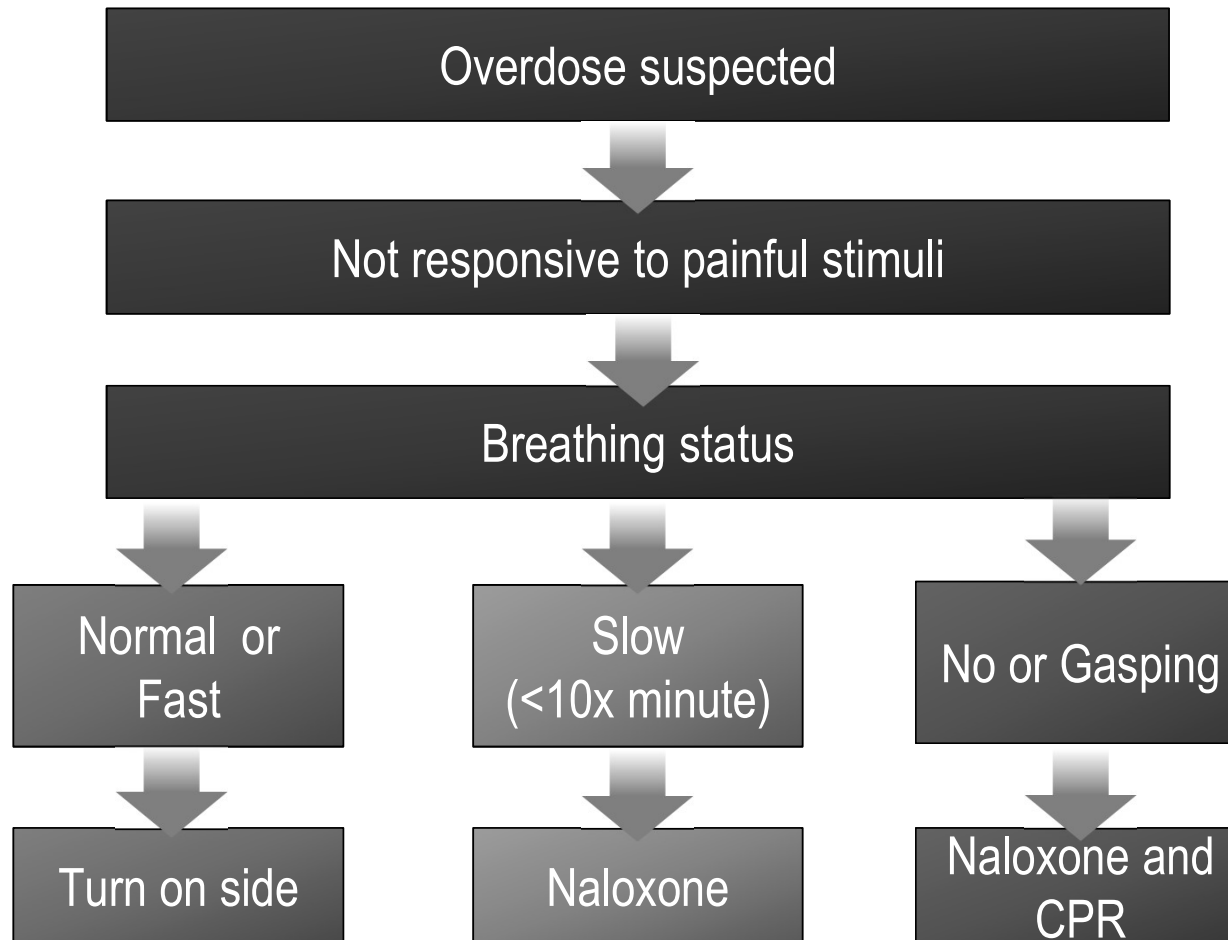


# The Scene

- \* 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?



# When to use Naloxone?



# Formulation of Naloxone Law Enforcement Will Receive



# Administration of Naloxone

- Kits include: two (2), 4mg in 0.1ml Narcan each box
- How to use?
  - Hold between fingers, DO NOT PRIME the device
  - Place into one nostril in nose, aim up and back
  - Push (middle red) plunger
- Acts within 2-5 minutes if no response give 2<sup>nd</sup> naloxone dose.
- Breathing is the key, sedation from other substances may keep the person from much activity
  - Regular breathing
  - Some stirring and response to pain
- Lasts for 30 – 90 minutes



# Administration of Naloxone by Law Enforcement



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# 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

## **Even if unable to provide resuscitation:**

- Try to lay the person on their back
- Place one hand on the forehead, use the other to place fingers under the chin
- Lift chin and push gently on the forehead to open their airway



# Post-administration considerations

- May have rapid opioid withdrawal symptoms: nausea, vomiting, withdrawal (sick feeling)
- Reassure the individual in withdrawal the naloxone will wear off – don't use more opioids to feel better
- Get follow up care
- Roll patient to their side after administration to keep airway clear (recover position)



# Common Administration Questions

- What if naloxone is given to someone who hasn't taken opioids?
  - Nothing.
- What about accidental spraying in the air near others?
  - Won't hurt anyone else
- Are we protected from liability when administering naloxone to a person?
  - Yes. It is considered "first aid or emergency treatment" and Public Health Law protects the person administering the medication.





# Online Reporting form

- Law enforcement must report usage of naloxone event online
- Statewide Usage Online Form:  
[www.nyoverdose.org/publicsafety](http://www.nyoverdose.org/publicsafety)
- Data elements include:
  - Status of overdose victim before administration of naloxone
  - Details regarding responder and aided information, type of naloxone administered, number of doses
  - Outcomes of the administration of naloxone

# Policy and Procedures

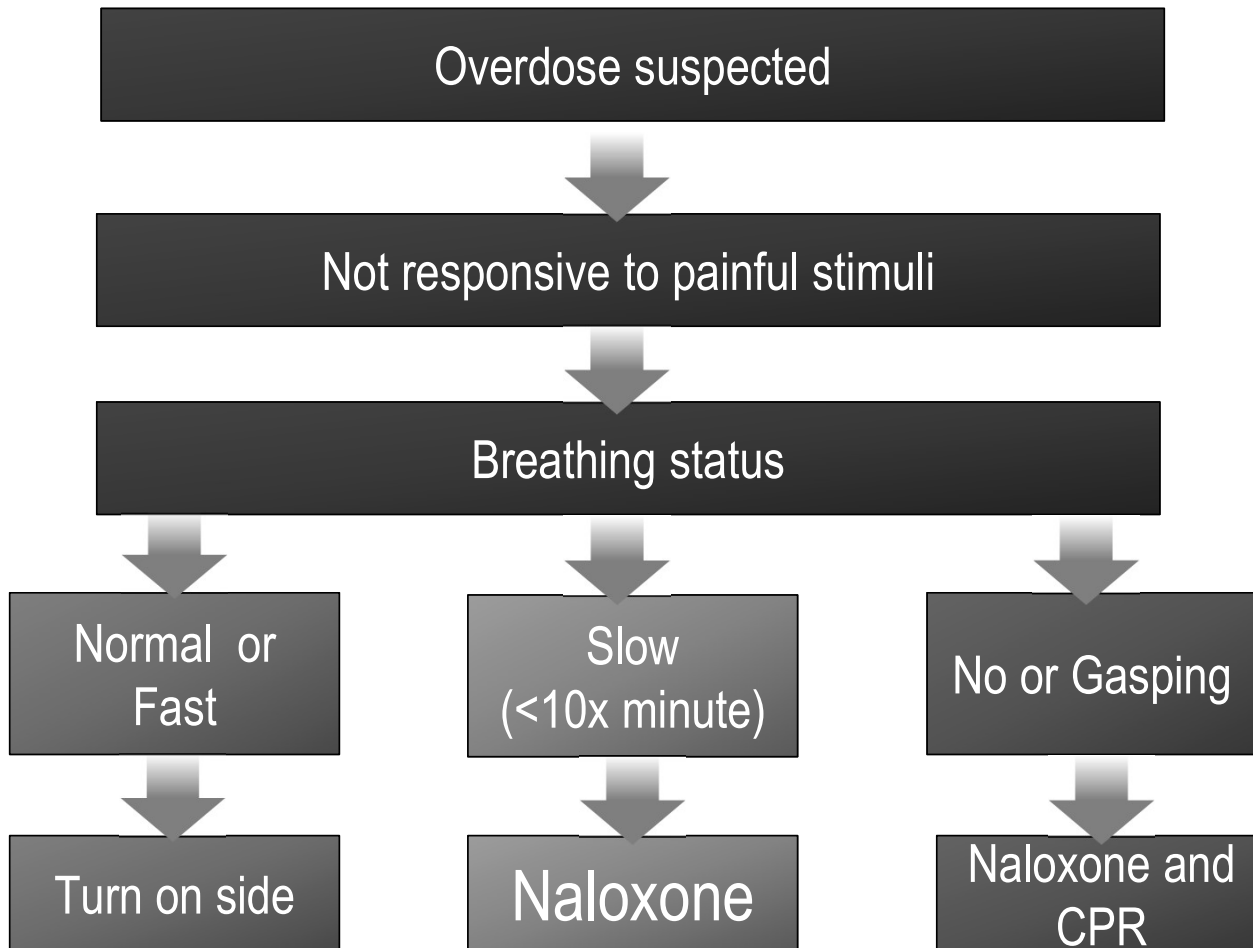
- Familiarize yourself with your agency's naloxone policy and procedures
- Model policy guidance issued by the Municipal Police Training Council

# Questions?



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# Final Review



## When to use Naloxone?



# Thank you for your attention

\* Instructor name and contact information