



OFFICE OF THE DIRECTOR OF POLICE
THE UNIVERSITY OF TEXAS SYSTEM
TRAINING ADVISORY BULLETIN 017



OPIATES/ANTIDOTES
DECEMBER 5, 2016

I. Purpose

The purpose of this bulletin is to provide officers with the necessary background information regarding opiate antidotes and their administration, as well as the best practices regarding protocols for use.

II. Discussion

Providing law enforcement with the knowledge and the tools to reverse overdoses in the field can reduce the time between when an overdose victim is discovered and when the victim receives lifesaving assistance. Specifically, the objective is to reduce fatal opioid overdoses through the utilization of naloxone. Naloxone is the generic name for the brand-name Narcan and Evzio. Naloxone works on overdoses caused by opioids, which includes prescription painkillers and street drugs like heroin. Opioid overdose can occur when an overdose of opioids is accidentally taken, a combination of opioids is taken together or opioids are taken without a prescription for long periods of time. The most prevalent route of administration for nonmedical use is oral ingestion, followed by snorting, injection and the least common method is smoking. Opioids cause death by slowing, and eventually stopping, the person's breathing. When administered, naloxone restores respiration within two to five minutes, and may prevent brain injury and death. Naloxone will not affect the mind or mood or mental process, has no potential for abuse and side effects are rare.

Naloxone was approved by the Food and Drug Administration a number of years ago and is considered a very safe medication. Naloxone only works on overdoses caused by opioids. This family of drugs includes prescription painkillers such as OxyContin, fentanyl, methadone, and Vicodin, as well as street drugs such as heroin. Naloxone only reverses the effects of opioids such as heroin, methadone, morphine, opium, codeine, or hydrocodone. It does not counter the effect of other types of drugs, such as benzodiazepines (drugs including diazepam, midazolam, or alprazolam), antihistamines (like pheniramine or phenergan), alcohol, or other sedatives (drugs such as phenobarbital) or stimulants such as cocaine and amphetamines. However, if a person is not breathing and an opioid overdose is a concern, there is no negative medical consequence to the administration of naloxone as a cautionary measure. If there is an opioid involved the victim will likely start breathing again, although sedation may continue. Many overdoses occur due to the combining of opioids with other drugs, which is a common practice.

III. Definitions

Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin, Percocet and Percodan) and hydrocodone (Vicodin).

Naloxone hydrochloride: is a generic, non-narcotic opioid antagonist that blocks the brain cell receptors activated by opioids. It is a fast-acting drug that, when administered during an overdose, blocks the effects of opioids on the brain and restores breathing within two to three minutes of administration. It is marketed under various trademarks including "Narcan."

IV. Administration of Naloxone

Officers may administer Naloxone in three ways:

- **Intranasal (IN)** - FDA approved delivery process and most common administration method for officer overdose rescue programs. a liquid form of Naloxone is sprayed into the victim's nostrils. Many first responders prefer IN delivery because it does not involve needles, eliminating the risk of an accidental needle stick injury. The needleless syringe containing the Naloxone vial is first connected to a separate device called an atomizer that converts the liquid stream of the drug into a fine mist. The different components are typically sold separately, although limited quantities of pre-packaged IN rescue kits may be available from regional compounding pharmacies.
- **Intramuscular (IM) injection** - FDA approved delivery process utilized for decades because of its lower cost. Although IN administration is far more common, other law enforcement agencies have opted for injectable administration. With IM, naloxone is drawn from a vial into a syringe, and then injected into the victim's thigh or another large muscle.
- **EVZIO naloxone auto-injectors** - FDA approved and designed to guide the user through the process of overdose reversal using pre-recorded audio prompts and printed images on the device displaying the administration steps. **EVZIO** pre-filled, single-use, hand-held auto-injector utilizing a fully retractable needle system that is designed to eliminate the risk of needle stick injury. **EVZIO** has a retail price that is substantially higher than the IN or IM products but some manufacturers may offer the product at a discount to law enforcement agencies.

V. Training

As with any new initiative, officers should be trained in the proper handling, storage and use of the medication. The vast majority of law enforcement overdose reversal programs are administered in collaboration with state or local departments of health, community-based organizations, healthcare organizations, or EMS agencies that provide officer trainings at no charge. One important note; administration of naloxone is **not a substitute for emergency medical care**. When administering naloxone always notify EMS.

Training on the overdose reversal program should include three basic elements:

- information on how to recognize signs of an opioid overdose,
- information on how to provide basic life support and proper administration of Naloxone
- an applied component providing trainees an opportunity to practice their skills

Additional training should also include some combination of the following content:

- Drug abuse basics, including the chronic nature of addiction
- Mechanisms by which opioids can cause overdoses and the reversal properties of naloxone
- Occupational safety considerations
- Legal considerations, including naloxone authorization and applicable Good Samaritan laws or policy provisions covering overdose victims and bystanders
- Standard operating procedures for the administration of naloxone
- Overdose education and naloxone distribution programs available to community members
- Substance abuse treatment resources available in the jurisdiction

Trainings should also include time for the completion of requisite documentation to authorize naloxone possession and administration by law enforcement officers. It is recommended that each institutional police department, if engaged in an antidote program, establish standard operating procedures (SOPs) for law enforcement overdose response activities. Additionally, refresher training may be needed to ensure effective and compliant practices.

VI. Risks to Law Enforcement

Fentanyl is a dangerous, powerful Schedule II narcotic responsible for an epidemic of overdose deaths within the United States. Fentanyl, a synthetic opiate painkiller, is being mixed with heroin to increase its potency. Conversely, not only is Fentanyl dangerous for the drug's users, but for law enforcement, public health workers and first responders who could unknowingly come into contact with it in its different forms. Fentanyl can be absorbed through the skin and accidental inhalation of airborne powder can also occur. Law enforcement officers should be aware that Fentanyl and its compounds resemble powdered cocaine or heroin, however, should not be treated as such. If at all possible, do not take samples if Fentanyl is suspected. Taking samples or opening a package could stir up the powder. If you must take a sample, use gloves (no bare skin contact) and a dust mask or air purifying respirator (APR) if handling a sample, or a self-contained breathing apparatus (SCBA) for a suspected lab. If you have reason to believe an exhibit contains Fentanyl, it is prudent to not field test it. Submit the material directly to the laboratory for analysis and clearly indicate on the submission paperwork that the item is suspected of containing Fentanyl.

VII. Liability

On September 1, 2015, Texas Senate Bill 1462 became law regarding naloxone access laws that shield "any person" from civil and criminal liability if they administer naloxone. Such immunity applies to law enforcement officers as well as other professional responders who administer naloxone in good faith.

**Texas Health and Safety Code; Subchapter E. Opioid Antagonists, § 483.106.
Administration of Opioid Antagonist.**

- (a) A person who, acting in good faith and with reasonable care, administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of or failure to administer the opioid antagonist.
- (b) Emergency services personnel are authorized to administer an opioid antagonist to a person who appears to be suffering an opioid-related drug overdose, as clinically indicated.

In summary, so long as law enforcement officers act in good faith and within the scope of their training and standard operating procedures when providing opioid antagonist medication, there is minimal risk of liability to the officers or institution police departments.

VIII. Naloxone Procurement

Institution police departments may acquire naloxone products in various means.

- Campus pharmacy administrators may provide training and naloxone products to institution police departments
- Local area pharmacies such as CVS, Walgreens and retail stores with pharmacies (Target, Sam's etc...) often provide naloxone products without a prescription. See stores for availability and law enforcement discounts.
- The Bureau of Justice Assistance Law Enforcement Naloxone Toolkit provides information and resources to support Naloxone programs and product procurement.
<https://www.bjatrainning.org/tools/naloxone/Naloxone%2BBackground>
- Local or state public health agencies, or a local healthcare agency with drug procurement structures, may provide training and products.

- Ordering and purchasing Naloxone directly from a wholesale vendor. The table below provides selected product information including but not limited to the following vendors:

	Injectable (and Intranasal- IN) generic ¹		Intranasal branded ²	Injectable generic ³	Injectable generic	Auto-injector branded
Brand name			Narcan Nasal Spray			Evzio Auto-Injector
						
Ordering information						
How supplied	Box of 10 Luer-Jet™ prefilled glass syringes		Two-pack of single use intranasal devices	Box of 10 single-dose fliptop vials (1 ml) OR Case of 25 multi-dose fliptop vials (10 ml)	Box of 10 single-dose fliptop vials	Two pack of single use auto-injectors + 1 trainer
Manufacturer	IMS/ Amphastar	Teleflex (IN adapter)	Adapt Pharma	Hospira	Mylan	kaléo
Web address	Amphastar.com	Teleflex.com	Narcannasalspray.com	Hospira.com	Mylan.com	Evzio.com
Customer service	800-423-4136	866-246-6990	844-462-7226	877-946-7747	724-514-1800	855-773-8946
NDC	76329-3369-01	DME-no NDC	69547-353-02	00409-1215-01 (1 ml) 00409-1219-01 (10 ml)	67457-0292-02	60842-030-01

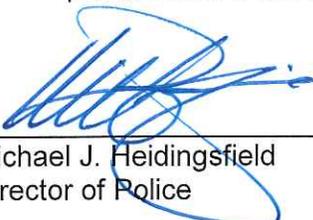
IX. Cost

Generally, Naloxone nasal spray product costs vary from \$20-\$150 per dose. Injectable and Auto-Injector Naloxone costs vary from \$300-\$2000. See vendors special pricing for police departments.

- Federal grants from programs including the Byrne Justice Assistance Grants (JAG) https://www.bja.gov/ProgramDetails.aspx?Program_ID=59 and High Intensity Drug Trafficking Area (HIDTA) <https://www.whitehouse.gov/ondcp/high-intensity-drug-trafficking-areas-program> grants are available to equip officers with Naloxone

X. Conclusion

Providing education and training regarding opiate overdose affords officers with another valuable tool to serve the communities in which they work. Whereas police officers are usually the first responders to arrive at overdose calls, expanding naloxone access to police officers can enhance positive community relationships in addition to saving lives.


 Michael J. Heidingsfield
 Director of Police



MYTHS AND FACTS:

Fentanyl* Exposure, Protection, and Treatment

Information for the DHS workforce from the Office of Health Affairs and the Occupational Safety and Health Program

EXPOSURE

MYTH: Touching even a small amount of fentanyl can result in opioid overdose, coma, or death.

► **FACT:** Incidental skin contact with fentanyl is extremely unlikely to harm you.

- Fentanyl can be present in a variety of forms (e.g., powder, tablets, capsules, solution, and rocks).
- Inhalation of airborne powder is MOST LIKELY to lead to harmful effects but is less likely to occur than skin contact.
- Do **NOT** touch your mouth, nose, eyes or any skin after touching any potentially contaminated surface.
- Fentanyl can be removed from skin with soap and water. Do **NOT** use alcohol-based hand sanitizers or wipes. (Alcohol-based products may increase the skin's adsorption of fentanyl.)

MYTH: First responders frequently experience opioid symptoms from contact with fentanyl overdose victims or contaminated environments.

► **FACT:** Most first responders' encounters with overdose victims and contaminated environments do not present a significant drug exposure threat to responders.

- Reports of responders falling ill after skin exposure to fentanyl have not been validated with details or evidence, and experts agree routine encounters do **NOT** present a significant risk of drug exposure.
- Commonly used controls and appropriate personal protective equipment (PPE) will protect responders where minimal amounts of powdered fentanyl are present.
- In non-routine situations, such as the presence of a high concentration of airborne powder and gross environmental contamination, first responders should separate themselves from the contaminant, report possible exposure, seek treatment, and call for HAZMAT.

PROTECTION

MYTH: PPE cannot protect the workforce from fentanyl exposure.

► **FACT:** Properly selected and worn PPE does protect the DHS workforce.

- Use a properly-fitted, NIOSH-approved respirator ("mask"), wear eye protection, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl are visible and may become airborne.
- **AVOID** powdered gloves. (Powder particulates from the glove may absorb and spread contaminants to unintended surfaces.)

MYTH: The standard methods for dealing with suspicious substances don't apply to fentanyl.

► **FACT:** Existing precautions for the DHS workforce contacting or working near unknown, suspicious powdered substances are appropriate for most incidental encounters with fentanyl.

- Avoid direct contact when possible; wear the PPE identified in plans for the specific task or activity.
- Always wash your hands—**USING SOAP and WATER**—at the end of every tour and after handling a suspicious substance.
- Do **NOT** eat, drink, or smoke during or after handling a suspicious substance until you have washed your hands.
- For visible contamination of equipment or clothing, use established decontamination and notification procedures.

TREATMENT

MYTH: Naloxone can't save you from fentanyl's harmful effects.

► **FACT:** Naloxone (e.g., Narcan Nasal Spray™) is a safe medication that counteracts the harmful effects of opioids—including fentanyl and its analogues.

- If you suspect fentanyl exposure, do not delay the administration of naloxone (following DHS Policy Directive 247-01 and protocols).
- Individuals exposed to fentanyl may require more than one dose of naloxone, since it's only effective for a limited period of time. If signs and symptoms reappear, re-administer naloxone.
- Naloxone is not definitive medical care. If you suspect an opioid overdose or administer naloxone, call for emergency medical assistance so the patient can be transported to a hospital for additional care.
- If naloxone is **NOT** available, provide rescue breathing or life-saving efforts (CPR) until emergency services arrive.

MYTH: If I feel sick after encountering a powdered substance, I am experiencing a symptomatic fentanyl exposure.

► **FACT:** The signs and symptoms of fentanyl overdose are the same as all opioid overdoses: **slow breathing or no breathing • drowsiness or unresponsiveness • constricted or pinpoint pupils.**

- Signs and symptoms like dizziness, rapid heart rate, nausea and vomiting, or "feeling ill" can be seen with heat injuries, dehydration, or unrelated medical conditions.
- When in doubt, give naloxone and call for emergency medical assistance.

* Including fentanyl analogues such as carfentanil and other synthetic opioids.

References:

- Consult with your mission operations and Occupational Safety and Health program personnel for component-specific protective guidelines.
- DHS naloxone guidance documents. <https://go.usa.gov/xRfFm>
- Centers for Disease Control and Prevention: NIOSH-Fentanyl: Preventing Occupational Exposure to Emergency Responders. <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>
- InterAgency Board's "Recommendations on Selection and Use of Personal Protective Equipment and Decontamination Products for First Responders Against Exposure Hazards to Synthetic Opioids, Including Fentanyl and Fentanyl Analogues" (August 2017). <http://bit.ly/2xd92PT>

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