

Memorandum



Date: February 2, 2017

Agenda Item No. 2(B)1
February 22, 2017

To: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in cursive script, appearing to read "Carlos A. Gimenez", written in blue ink over a light blue grid background.

Subject: Report On Miami-Dade Police Department Naloxone Administration Program –
Directive 162117

Per Resolution R-1053-16, the following information is provided in response to Commissioner Sally A. Heyman's request during the November 1, 2016 Board of County Commissioner's (Board) meeting to provide a report to evaluate the extent to which Miami-Dade County (County) Police (MDPD) and Fire (MDFR) Departments currently carry Naloxone or similar medication to help combat opioid and heroin overdoses, and its uses to combat opioid use, along with the feasibility of Naloxone being carried by both departments, its fiscal impact, and the implementation of related policy.

Opioid overdoses are often encountered by MDFR and MDPD when called upon a scene. Opioids, such as Fentanyl, are a Schedule II substance under the Controlled Substances Act that come in the form of powders, blotter paper, tablets, and sprays; additionally, they can be absorbed through the skin or inhaled as aerosolized particles. Carfentanil, another opioid, is 100 times more potent than Fentanyl and is authorized for use in veterinary medicine as a tranquilizing agent for elephants and other large animals. Based on its potency, it is believed that a two (2) milligram dose of Carfentanil can be fatal depending on how it is administered; however, the lethal dose range for humans is unknown.

The most effective intervention for non-medical personnel in any overdose incident is the rapid initiation of rescue breathing via a pocket mask and/or Bag-Valve-Mask (BVM). MDPD officers are certified in Cardiopulmonary Resuscitation (CPR) in accordance with the American Heart Association Basic Life Support/Healthcare Provider level, and are recertified every two (2) years. All MDPD officers are issued a pocket mask and a BVM.

As a result of the increase in opioid overdoses, several law enforcement agencies have adopted and instituted policies for the administration of Naloxone Hydrochloride, which is sold under the brand name "Narcan." Narcan is an opioid antagonist that reverses the effects of opioids by blocking the opioid's ability to attach to opioid receptors. Narcan comes in a liquid form and can be administered via intramuscular, intranasal, and intravenous routes. The goal of any law enforcement Narcan administration policy is the immediate improvement of the respiratory drive and overall oxygenation. For this reason, Narcan administration must be utilized in conjunction with an established CPR program. The law enforcement agencies that have adopted the use of Narcan predominantly administer it via the intranasal route. It can be administered from either a pre-filled syringe utilizing a medical atomizer device or a pre-filled spray device. Onset of action for intranasal Narcan is approximately one (1) to three (3) minutes, and its effects are dependent on the amount of opioids utilized by the individual. For this reason, multiple doses may be required every three (3) to five (5) minutes in order to achieve a therapeutic effect and improve the respiratory drive and oxygenation.

Currently, MDPD police officers do not carry Narcan and have not received training on administering the medication. Emergency calls for service involving medical episodes, such as overdoses, are not always dispatched to MDPD. However, MDPD officers are often times dispatched to assist MDFR or respond to medical emergencies involving drug overdoses.

Currently, it is difficult for MDPD officers to manage patients due to the lack of advanced medical training, certification, and equipping for advanced airway intervention and/or management which MDFR personnel possess. Currently, there are 67 MDFR stations throughout the County. Each MDFR unit is staffed and equipped to an Advanced Life Support level capable of providing the administration of Narcan via intravenous and intranasal routes

MDFR could support a MDPD Narcan program, however, MDPD and MDFR share the following patient care concerns:

1. **Precipitation of Severe Opioid Withdrawal.** Reversal of an opioid overdose in addicts can result in aggressive and violent responses, at times. For this reason, at times, Narcan should be administered in incremental doses. An aggressive and/or violent response can create an officer safety issue, particularly for a single officer unit.
2. **Nausea and Vomiting.** Oftentimes Narcan administration causes acute nausea and vomiting. This is a very serious complication, as these victims already have a depressed respiratory systems and poor oxygenation, which can lead to aspirating vomit into the lungs. This reaction would further compromise the airway patency and inhibit rescue breathing efforts. Management of this type of reaction/situation would require advanced airway interventions which MDPD officers are not trained for.
3. **Opioid Withdrawal Seizures.** Post-Narcan administration can result in withdrawal seizures, particularly in addicts. While MDPD routinely responds to seizure incidents, in most instances, the seizure activity has ceased and officers simply monitor the respiratory functions of the victim. Withdrawal seizures can result in a condition known as status epilepticus, in which the victim experiences repeated, continuous seizure activity, which further compromises their airway. Status epilepticus requires advanced medical intervention through medication and airway techniques that MDPD is not trained for.
4. **Poly-substance Overdose.** Narcan will not have any effect on overdoses involving other types of drugs like cocaine, benzodiazepines, or alcohol. Like opioids, these drugs affect the central nervous system, resulting in impaired respiratory efforts and oxygenation. These drugs can also elicit the responses enumerated in 1-3 above.
5. **Side Effects.** The most common side effects of Narcan are agitation, anxiety, pain, nausea, vomiting, sweating, diarrhea, abdominal cramping, and shivering or trembling. Additionally, in some cases, cardiorespiratory arrest, hypotension, hypertension, pulmonary edema, and cardiac arrhythmias may occur.
6. **Shelf-life.** When manufactured, Narcan has approximately a two-year shelf life. Most of the Narcan that is being distributed has an expiration date of 12-18 months. Any Narcan administration policy must include a quality assurance program to ensure the efficacy of the medication, as well as strict record keeping for administration and dispensing.
7. **Storage.** Narcan must be kept at room temperature between 59 degrees and 86 degrees Fahrenheit. It should be kept away from direct sunlight and it should never be stored in a refrigerator, or a vehicle glove box or trunk. Exposure to any of the above can reduce the efficacy of the medication. In order to prevent crushing and/or damage to the Narcan kits (pre-filled syringe and medical atomizer device), they should be kept in a crush resistant container.

POLICE LEGAL BUREAU/LEGISLATION

This year, the Florida Legislature passed Section 381.887 of the Florida Statutes regarding emergency treatment for suspected opioid overdose. Among other things, this statute authorizes law enforcement officers to “possess, store, and administer emergency opioid antagonists” to an individual who is experiencing an opioid-related overdose “as clinically indicated.” If it is decided that MDPD officers should carry and administer Narcan to members of the public, the MDPD would need to develop and implement Narcan-related policies and guidelines, as well as provide training to all of its officers. Furthermore, it would need to remain up-to-date on Narcan guidelines, training, and administration standards in order to comply with the statute’s requirements.

If officers follow these policies and training in administering Narcan, they will not be held personally liable for such actions, pursuant to Section 768.28 of the Florida Statutes. Likewise, there are no foreseeable liability concerns for the Department specifically relating to the administration of Narcan.

FISCAL IMPACT

Narcan comes in either a pre-filled two (2) milligram syringe, requiring the use of a Mucosal Atomization Device for administration, or a four (4) milligram nasal spray container. MDPD would have to maintain a sufficient re-stock level to ensure each officer has the minimum Narcan dose of eight (8) milligrams, as recommended by the MDPD Medical Director. Due to the extremely close proximity to the individual required for Narcan administration, there is an inherent risk of exposing MDPD officers to the victim’s blood and/or bodily fluids. Officers will be required to use Personal Protective Equipment (PPE) including gloves, N95 particulate masks, safety glasses, and disposable sleeves.

While administering Narcan, each officer would need to be issued either four (4) pre-filled syringe kits (\$130.48) or two (2) nasal sprays, five (5) N95 particulate masks, five (5) pairs of disposable sleeves, and one (1) pair of non-vented safety goggles (\$95.20) The cost per units are as follows:

1. Pre-filled Syringe Kit
 - a. Two milligram Narcan Vial - \$29.52/vial
 - b. Mucosal Atomization Device - \$3.10/each
2. NARCAN Nasal Spray (four (4) milligram dose) - \$37.50
3. N95 Particulate Mask - \$2.60
4. Disposable Sleeves - \$0.74
5. Non-vented safety goggles - \$3.50

RECOMMENDATION

Based on the research conducted by MDPD narcotics investigators and MDRFR personnel, MDPD will initiate a pilot program and deploy police officers into the North Side District, which includes Liberty City, the area most affected by opioid overdoses. MDPD personnel patrolling within that area will receive training from MDRFR personnel on storage, administration, safety, and other related matters pertaining to the use of Narcan. MDPD personnel will provide a report to the Board six (6) months after the implementation of the pilot program.

Honorable Chairman Esteban L. Bovo, Jr.
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Per Ordinance 14-65, this report will be placed on the next available Board of County Commissioners meeting.

If you should require additional information, please contact Director Juan J. Perez, Miami-Dade Police Department, at (305) 471-3272.

c: Russell Benford, Deputy Mayor, Office of the Mayor
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