WASHINGTON ASSOCIATION OF SHERIFFS & POLICE CHIEFS

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Serving the Law Enforcement Community and the Citizens of Washington

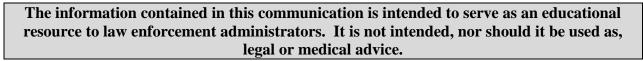
MEMORANDUM

TO: WASPC Members

FROM: James McMahan, Policy Director

DATE: Tuesday, June 02, 2015

RE: Opioid Overdose Antagonist (Naloxone)



There has been recent interest and discussion by law enforcement executives, the U.S. Department of Justice, and the Washington State Legislature regarding the availability and use of medication to reverse the effects of an opioid overdose (Naloxone). Recent actions by the State Legislature and interpretations by state healthcare regulators have enabled easier access to Naloxone by law enforcement agencies and other first responders. The purpose of this communication is to provide Sheriffs and Police Chiefs with information about Naloxone and how to equip officers with Naloxone, should you determine it to be appropriate for your agency.

Executive Summary: Effective July 24, 2015, licensed physicians can prescribe and dispense Naloxone to law enforcement agencies. Law enforcement agencies and law enforcement officers acting in good faith and with reasonable care are immune from criminal and civil liability for possessing, storing, distributing, or administering an opioid overdose antagonist. WASPC recommends that agencies interested in equipping officers with Naloxone contact their county medical program director to obtain supplies of Naloxone.

About Naloxone

Naloxone is a Schedule II legend drug under Washington law. Naloxone is commercially available under the brand name "Narcan" and "Evzio." Naloxone is in a class of medications designed and used to prevent and/or counteract an opioid overdose – known as opioid antagonists. Opioids, such as heroin, morphine, and oxycodone, act on opioid receptors in the brain and nervous system, causing depression of the central nervous system and respiratory system. Naloxone blocks these opioid receptors and reverses the effects of the opioid. Naloxone may be injected in muscle or intravenously, or sprayed into the nose.



Naloxone is said to be remarkably effective in reversing the effects of an opioid overdose. Naloxone is also said to be a 'no harm' drug – meaning that it causes no harm if administered to a person who is not suffering from an opioid overdose.

Accessing Naloxone

While current law provides immunity to those who would administer, dispense, prescribe, purchase, acquire, possess, or use Naloxone (<u>RCW 69.50.315</u>), its protections only applied to individual persons, and was not applicable to an entity (such as a law enforcement agency). Physicians were still required to have a doctor/patient relationship with a *person* to prescribe a legend drug. Therefore, there were no appropriate means by which a physician could prescribe *any* legend drug to an agency, because a physician cannot establish a doctor/patient relationship with an entity.

In the Fall of 2014, WASPC began working with the Washington State Department of Health (DOH) to obtain policy interpretations from various DOH boards governing medical practitioners to establish clear authority for a physician to prescribe and a pharmacist to dispense opioid antagonists to law enforcement agencies. WASPC has obtained such interpretations from the Washington State Medical Quality Assurance Commission, and the Washington State Board of Osteopathic Medicine and Surgery. *Each of those interpretations are provided below under "Additional Resources."*

In January, 2015, State Representative Brady Walkinshaw invited WASPC to partner on legislation (HB 1671) to amend the law to establish clear authority and protections for the prescription, dispensing, and administration of opioid antagonists.

HB 1671

The 2015 Washington Legislature enacted HB 1671, which, among other things, provides clear authority, and protection, for physicians to prescribe opiod antagonists to any person at risk of experiencing an opioid overdose and to a first responder, family member, or other person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. The legislation also provides clear authority for a pharmacist to dispense an opioid overdose antagonist pursuant to a prescription authorized in the bill. Finally, the legislation provides criminal and civil immunity to any person (including law enforcement agencies and law enforcement officers) who possesses, stores, distributes, or administers an opioid overdose medication in good faith and with reasonable care.

HB 1671 becomes effective on July 24, 2015.

Other Considerations

Cost

While WASPC believes that there is now clear authority and protections for a law enforcement agency to acquire Naloxone and authorize its officers to administer Naloxone, this medicine is not free. Narcan, the commercial brand of Naloxone available in a nasal spray, is said to cost approximately \$42 per dose. Agencies considering equipping its officers with Naloxone should consider the resources available to purchase Naloxone.

Shelf Life

Naloxone is said to have an 18-24 month shelf life. Agencies considering equipping its officers with Naloxone should consider a schedule to replace and replenish Naloxone that is not administered prior to its expiration date.

Training

Proper administration of Naloxone requires proper training. Agencies considering equipping its officers with Naloxone should establish clear and sufficient training requirements using qualified trainers.

Additional Resources

- <u>Law Enforcement Naloxone Toolkit</u> U.S. Department of Justice, Bureau of Justice Assistance
- <u>www.stopoverdose.org</u>- University of Washington, Alcohol and Drug Abuse Institute
- <u>First Responders and Naloxone</u> Washington State Medical Quality Assurance Commission
- <u>Possession and Administration of Naloxone</u> Washington State Medical Quality Assurance Commission
- <u>Use of Naloxone by Law Enforcement Officers</u> Washington State Board of Osteopathic Medicine and Surgery