

The Feasibility of Hamilton Police Service (HPS) Officers Administering Naloxone (Narcan)

Prepared by Superintendent
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Public Health Services

Hamilton Police Service

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The following is a report to determine the feasibility of HPS “front line” officers administering Naloxone to persons who have overdosed on an opioid. The report examines the following:

- Best Practices in Canada
- Legal Implications
- Methods of Administering Naloxone
- HPS Priority Response System
- First Responder Response Times
- Police Training and Associated Costs
- Logistics Deploying / Managing Naloxone

Best Practice

Definition:

“A best practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success.”

Best Practices are identified in fields as diverse as health, mental health, addictions, **policing**, courts corrections and social services. Ideally, a "best" practice is based on peer-reviewed literature and provides a clear amelioration of a condition or problem validated in an empirical study.

Currently there are no “Best Practices” available regarding the administering of Naloxone for police services in Canada.

What Are Other Police Services in Canada doing in relation to Administering Naloxone

- There are currently NO police services in Canada administering Naloxone.
- The RCMP in Surrey BC is considering a “pilot project” training approximately 40 officers to carry Naloxone. However, to my knowledge this project is still under review and has not been initiated.



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The following is a Quote from the Toronto Star from May 30, 2014:

- Toronto police spokesman Mark Pugash said, “The force’s procedure is to not allow officers to administer drugs, with the exception of an epiPen”. He said there is currently no interest in looking into the possibility of having officers carry Naloxone, adding “we’re always examining our procedures and so I can’t rule anything out.”

Legal Barriers to the Availability of Naloxone

Efforts to increase the reach of Naloxone are hindered by legal and jurisdictional issues. In Canada, Naloxone is a Prescription Only Medicine under Schedule F of the *Regulations for Canada’s Food and Drug Act* and is included in Schedule 1 under the National Association of Pharmacy Regulatory Authorities (NARPA).

Naloxone can only be dispensed with a prescription. Legally, a prescribed drug may only be administered to the person named on the prescription, not a third party. Some physicians (or other prescribers), considering potential liability issues with prescribing medication that will end up being administered to an unknown third party, express reluctance and fear around prescribing Naloxone.

Note: Recently according to Hamilton Public Health Services, Health Canada has removed the prescription requirement for the overdose-reversing drug Naloxone; however, to date this initiative has not been implemented by Health Canada.

Methods of Administration of Naloxone

Although Naloxone is typically delivered by intramuscular or intravenous injection, it can also be used in the form of an intranasal spray, auto injector, or a pre-filled syringe.

The intranasal form of Naloxone simplifies its use as there are no needles used in its administration, making it more appropriate in emergencies and other settings where the number of overdoses is likely high. Health Canada has only approved the injectable ampoule or vial form of Naloxone for use in Canada.

Based on my review of US Police Agencies currently using Naloxone the preferred method is intranasal spray.

The most common comment, said Health Canada, was "the need for a more user-friendly dosage form." Currently the drug is administered through injection — it said a nasal-spray form isn't yet available in Canada.

HPS Priority Response System

As the Public Safety Answer Point (PSAP), Hamilton Police Service receives all 9-1-1 emergency calls for the City of Hamilton. If a caller advises that they require an ambulance due to an overdose the Hamilton Police Communications Operator will immediately transfer the call



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to ambulance dispatch, but will remain on the line to determine whether or not police are required.

If the overdose is accidental, police **may** respond (Priority Two – Assist Ambulance). If the overdose is an attempt to suicide, police will attend (Priority One – Suicide). In both cases an ambulance will be dispatched prior to police and in most cases arrive first on scene.

First Responder Response Times

For Naloxone use by law enforcement to be effective, police officers have to be in an area where they frequently arrive on scene long before any EMS providers. As such, it is imperative that agencies look at law enforcement, medical first responders (EMS/HFD), and response times before making final decisions on who should carry Naloxone.

EMS 6 Month Review on Narcan Calls for Service

- 172 patients requiring BVM Narcan
- Average response time (T2T4) in minutes 6
- Number of times Fire ahead of EMS 54
- Average time difference when Fire FAU 3
- *Number of times Police ahead of EMS* 15

Other Legal Implications for Police Officers

Police officers are subject to a number of oversight bodies. For example, if a patient dies after administering Naloxone they become subject officers and are investigated by the Special Investigations Unit (SIU) to ensure there is no criminality on the part of the police.

If the patient is hospitalized during police interaction this also would trigger an SIU investigation.

There is currently no “Good Samaritan” legislation in Canada. Therefore, to protect first responders like the police, the Government of Canada would need to consider enacting Good Samaritan Legislation similar to the USA.

For example, numerous US states have enacted laws providing legal protection from civil or criminal liability for medical professionals and laypeople who prescribe or administer Naloxone to those at risk for drug overdose death.

Police Training on the Administering of Naloxone

Currently the HPS is required to provide legally mandated annual training to all HPS Officers. In addition, HPS Officers require other types of training depending on their duties. It is not feasible at this time to introduce Naloxone training given the current HPS training model and the complexity of training HPS Members on intramuscular injection.



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Notes: Improperly administering Naloxone could cause an infection, bleeding, numbness, or pain.

Currently, the HPS does not administer drugs. As such there is no policy or practice surrounding drug administration by Hamilton Police nor the subsequent and associated legal and risk-analysis.

Issues with Managing and Deploying Naloxone in the HPS

- Staffing re: training (associated costs)
- Complexity of training officers on intramuscular injections
- Acquiring the Naloxone
- Logistics - managing the Naloxone, expiry dates, and deployment of Naloxone packs – in police cars
- Cost of medication
- Legal implications of administering the Naloxone
- No current best practices in Canada
- Based on recent EMS statistics, EMS arrives 90% of the time ahead of police
- Police Priority Response System
- Police do not respond to all overdoses

Conclusion

The focus of Hamilton Police Service is public safety. Our role and commitment is to stop, solve and investigate crime in partnership with our community.

In my review and evaluation of the feasibility of police administering Naloxone (Narcan), I have identified a number of barriers to participating in this initiative.

Given the concerns identified in this report the Hamilton Police Service will not be participating in the administering Naloxone at this time.

