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**HEALTH HUB OVERDOSE AND INTERVENTION SERVICES**  
**GENERAL ORDER NO: 1.2.25**

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<b>Distribution:</b> All Personnel	<b>Page:</b> 1 of 6
<b>Issuing Authority:</b> Chief Eric Hawkins	

**PURPOSE:** The purpose of this policy is to establish procedures relating to Health Hub overdose and intervention services.

**POLICY:** It is the policy of the Albany Police Department to refer individuals who have experienced a recent overdose or are at risk of experiencing an overdose to the Health Hub for intervention and services.

**DEFINITIONS:**

**Opioid** – Opioid means a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percocet®), and hydrocodone (Vicodin®).

**Naloxone** – Naloxone means a prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

**I. BACKGROUND:**

- A.** Catholic Charities Care Coordination Services is responsible for operating and maintaining the Health Hub/Project Safe Point. Catholic Charities Care Coordination Services (formerly Catholic Charities AIDS Services) provides case management, care coordination, housing, prevention, and other services throughout a thirteen (13) County area in New York State’s Capital Region. The organization serves people living with HIV, those with chronic behavioral and physical health conditions, drug users, homeless individuals, and others in need of non-judgmental person-centered care.
  - 1.** The Health Hub is a single point of entry for individuals who have experienced a recent overdose and/or at risk of experiencing an overdose. Health Hub services

include enhanced targeted outreach, crisis intervention, and harm reduction services. Specifically, these services may include some or all of the following:

- a. Overdose prevention training with naloxone distribution;
  - b. Syringe exchange program services;
  - c. Treatment readiness assessment;
  - d. Treatment referral/advocacy;
  - e. Risk reduction education;
  - f. Primary/specialty care linkage;
  - g. HIV/HCV Screening;
  - h. Health and wound care assessment; and
  - i. Case management/care coordination referrals.
2. Project Safe Point is a syringe exchange program, which may include some or all of the following services:
- a. Syringe disposal;
  - b. Access/exchange services;
  - c. Risk reduction and recovery readiness counseling;
  - d. Treatment access;
  - e. HIV/Hepatitis testing; and
  - f. Opioid overdose prevention.

## **II. PROCEDURES**

- A.** When responding to an overdose or scene where an individual is at risk of experiencing an overdose, officers shall:
1. Notify the dispatcher of the victim's physical state, and if not already en-route, request AFD/EMS to respond.
  2. Administer first-aid, which, based on the circumstances, may include naloxone and/or CPR. Officers are reminded to use universal precautions and protections from blood-borne pathogens and communicable diseases when administering first-aid.
  1. Identify the type/amount of drug(s) used.
  2. Identify and interview any potential witnesses.
  3. Determine the victim's identity, including: name, date of birth, address (places the victim frequently visits or sleeps), phone number, and any additional contact information for next-of-kin, significant other, close relative, or friend. Detailed information about how the victim can be contacted is crucial to effective outreach and follow-up.
  4. Request additional resources (e.g., CIU, FIU, CRU, etc.), as per current directives.
  5. Conduct a follow-up investigation at the hospital, if applicable.
  6. Contact the Health Hub at 1-866-930-4999 and provide the following information:
    - a. Brief summary relating to the overdose;
    - b. Detailed victim information (see # 3 above);
    - c. Victim's current location (e.g., AMCH ER); and
    - d. Officer's name and contact information.

- i. If Health Hub personnel are available, they will respond to the victim's location. Officers are not required to stand-by until Health Hub personnel arrive, unless circumstances require the officer's presence.
  - ii. If Health Hub personnel are not available, staff will attempt to make contact with the victim within twenty-four (24) to forty-eight (48) hours.
- 7. Complete a Standardized Incident Report (SIR), documenting the following:
  - a. Circumstances relating to the overdose;
  - b. Drugs that were seized, including identified markings and/or color of packaging; and
  - c. The time the Health Hub referral was made.
- 8. Process any property/evidence, as per current department directives.
  - a. Responding officers shall secure all illegal substances, paraphernalia, and/or other items of evidentiary value adhering to the rules of evidence regardless of whether an arrest will be made. As a safety measure, see fentanyl precautions below.
- 9. Complete any other related paperwork (e.g., Investigation Reports, etc.).
- B.** In addition to Health Hub referrals, an assigned Community Response Unit (CRU) detective shall be responsible for completing a detailed follow-up investigation for all fatal and non-fatal opiate related overdoses.
  - 1. The assigned CRU detective shall complete a monthly opiate overdose report, which shall be reviewed and approved by a CRU supervisor; and
  - 2. When applicable, the Albany Crime Analysis Center will complete opiate overdose analyses, noting any trends, demographics, known offenders, and overdose locations/dates/time frames.

### **III. FENTANYL PRECAUTIONS**

- A.** Fentanyl poses a significant danger to public safety as law enforcement personnel may unknowingly come into contact with fentanyl.
  - 1. Fentanyl is a water soluble drug that can be administered intravenously (IV), intramuscularly (IM), or as a skin patch (transdermally). It can also be found in an illegal pill or powder form, which can be smoked or snorted.
  - 2. Due to fentanyl's rapid rate of absorption into the human body, reports indicate that 100 to 150 micrograms (0.1 to 0.15mg) of pure fentanyl can be deadly. Visibly, that amount is about the size of a few grains of table salt. Investigating officers are advised to consider the potential exposure to fentanyl and take appropriate safety precautions. The improper handling of fentanyl is very dangerous and can prove to be fatal.
  - 3. Fentanyl can be absorbed into the body via inhalation, oral exposure or ingestion, or skin contact. It is not known whether fentanyl can be absorbed systemically through the eyes.

**B.** If fentanyl comes in contact with skin (i.e. the hands) it could subsequently enter the body through inadvertent touching of the mouth, nose, or other mucous membranes. The onset of adverse health effects, such as disorientation, coughing, sedation, respiratory distress or cardiac arrest is very rapid and profound, usually occurring within minutes of exposure.

1. If inhaled, move to fresh air;
2. If ingested, wash out mouth with water - provided the person is conscious - and seek immediate medical attention.
3. Narcan (naloxone), an opioid antagonist, is an antidote for opiate overdose and may be administered.
4. It must be noted that a higher dose or several doses of naloxone may be necessary in cases involving a fentanyl overdose.
5. Officers shall not conduct field tests. All confirmatory tests shall be completed by CRU detectives using protective clothing and equipment.

#### **IV. GOOD SAMARITAN LAW**

**A.** New York State Penal Law section [220.78 – Witness or victim of drug or alcohol overdose](#), which is commonly referred to as the “911 Good Samaritan Law,” provides that a person, who in good faith, seeks health care for himself or another who is experiencing a drug or alcohol overdose or other life-threatening medical emergency, shall not be charged or prosecuted for possession of a controlled substance, paraphernalia, marijuana, or alcohol that was obtained as a result of the person seeking or receiving health care.

1. This law does not apply when the charge would be an A-1 felony. In addition, the protections against being charged and prosecuted do not apply to crimes involving sales for consideration or other benefit.
2. The intent of this law is to save lives by encouraging people to seek medical attention who otherwise may refuse to do so for fear of criminal prosecution.

**B.** When a subject(s) at the scene of a medical emergency is found to be in possession of the substances specified and your presence at that scene is a result of the afflicted subject, or another, summoning medical attention, the subject(s) should not be charged with possession of those substances. Conduct an investigation and document the facts of whether a victim or a witness sought health care.

1. While the law specifically protects the individual requiring medical attention or any second party actually seeking the medical attention for them, it does not specifically address third parties who may be present and potentially subject to arrest. In such cases, responding officers should carefully evaluate all facts and circumstances.
2. There are likely to be many variables to consider when encountering such situations that may bring applicability of the Good Samaritan Law into question. An understanding of the intent and spirit of the Good Samaritan Law is essential to properly exercise discretion in these matters. These situations may require further investigation or consultation with supervisors and/or prosecutors.

3. Responding officers are reminded that the Good Samaritan Law does not preclude the temporary detention of individual(s) while all the facts and circumstances are ascertained, nor does it preclude arrest at a later date following a full investigation and evaluation of the circumstances.

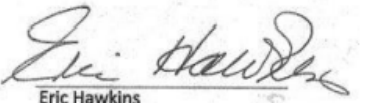
## V. NYS SYRINGE POSSESSION LAWS

- A. [New York State's Public Health Law Section 3381](#) authorizes injection drug users (IDUs) to obtain sterile syringes and safely dispose of contaminated ones through two initiatives—the state's community based *Syringe Exchange Programs* (SEPs) and the pharmacy based *Expanded Syringe Access Program* (ESAP). Both initiatives are designed to stop the spread of HIV and other blood-borne infections which are easily transmittable by contaminated syringes.
- B. However, [New York State's Penal Law Section 220.45](#) continues to treat the possession of syringes as a criminal offense, but provides an affirmative defense for those whose syringe possession is otherwise authorized (*It shall not be a violation of this section when a person obtains and possesses a hypodermic syringe or a hypodermic needle pursuant to section thirty-three hundred eighty-one of the public health law, which includes the state's syringe exchange and pharmacy and medical provider based expanded syringe access programs*).
  1. Individuals found in possession of syringes can be arrested, prosecuted, and held in jail while they attempt to prove that their possession of syringes is authorized.
  2. This practice deters IDUs, who are at the highest risk of exposure to infection, from utilizing state prevention programs because they fear arrest and detention, despite the fact that their actions are authorized by the public health law.
  3. Officers shall **NOT** make an arrest if a person in possession of a hypodermic needle clearly states that they are a part of a SEP or ESAP.
- C. Syringe Exchange Programs (SEPs):
  1. SEPs must provide syringe exchange participants with the following:
    - a. Access to sterile syringes and a method of safe disposal of contaminated syringes;
    - b. HIV and Hepatitis prevention education; and
    - c. Referrals to healthcare and social services, including substance abuse treatment programs.
- D. Expanded Syringe Access Program (ESAP):
  1. Under ESAP, up to ten (10) syringes may be sold or furnished to a person eighteen (18) years of age or older without a prescription by pharmacists, health care facilities, and health care practitioners who have registered with the New York State Department of Health.
  2. According to state regulations, hypodermic needles and syringes provided through the ESAP are accompanied by a safety insert explaining proper use, risk

of blood borne diseases, proper disposal, dangers of injection drug use, and how to access drug treatment as well as information about HIV/AIDS.

## VI. RESIDUE – NYS PENAL LAW 220.03

- A. [New York State's Penal Law Section 220.03](#) provides that person is guilty of criminal possession of a controlled substance in the seventh degree when he or she knowingly and unlawfully possesses a controlled substance; provided, however:
1. It shall NOT be a violation of section 220.03 when a person possesses a residual amount of a controlled substance and that residual amount is in or on a hypodermic syringe or hypodermic needle obtained and possessed pursuant to section thirty-three hundred eighty-one of the public health law; and
  2. It shall NOT be a violation of section 220.03 when a person's unlawful possession of a controlled substance is discovered as a result of seeking immediate health care as defined in paragraph (b) of subdivision three of [section 220.78](#) of the penal law, for either another person or him or herself because such person is experiencing a drug or alcohol overdose or other life threatening medical emergency as defined in paragraph (a) of subdivision three of [section 220.78](#) of the penal law.



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