



Item No. 25 Town of Atherton

CITY COUNCIL STAFF REPORT – REGULAR AGENDA

**TO: HONORABLE MAYOR AND CITY COUNCIL
GEORGE RODERICKS, CITY MANAGER**

FROM: STEVEN D. McCULLEY, CHIEF OF POLICE

DATE: SEPTEMBER 19, 2018

**SUBJECT: RESPONSE LETTER TO THE SAN MATEO COUNTY CIVIL
GRAND JURY REPORT REGARDING THE DEPLOYMENT OF
NARCAN BY PEACE OFFICERS.**

RECOMMENDATION

Approve the Town of Atherton's Response Letter to the San Mateo County Civil Grand Jury Report "Law Enforcement Officers+ Narcan = Lives Saved From Opioid Overdoses."

BACKGROUND

On July 28, 2018, the San Mateo County Civil Grand Jury released a report entitled "Law Enforcement Officers+ Narcan = Lives Saved From Opioid Overdoses." The purpose of the report is identified as determining whether or not law enforcement personnel in San Mateo County should be trained and equipped to provide emergency opioid overdose medication to prevent deaths. Within the report, the Grand Jury developed eight findings and two recommendations applicable to the Town of Atherton. The Town of Atherton's responses to each finding and recommendation are due to the Grand Jury no later than ninety days following the issuance of the report.

ANALYSIS

The Grand Jury report includes eight findings and two recommendations applicable to the Town of Atherton. The Town of Atherton is required to respond to each finding and recommendation. The findings include observations related to the impact of an opioid overdose, the risk to law enforcement personnel associated with an exposure to fentanyl, and the effectiveness of Naloxone (Narcan) when treating an overdose victim. The Grand Jury's recommendations address equipping law enforcement personnel with Narcan and the provision of necessary training.

Staff has reviewed the findings and recommendations and has prepared a response letter for Council approval attached to this report. In summary, staff agrees with each finding listed within the report. Furthermore, staff is taking the necessary steps to comply with the listed recommendations.

POLICY FOCUS

The purpose of the report is to determine whether or not law enforcement personnel in San Mateo County should be trained and equipped to provide emergency opioid overdose medication to prevent deaths.

FISCAL IMPACT

The adoption of the proposed equipment and training for sworn personnel to carry NARCAN will have minimal impact on our FY 2018-19 budget. The approximate cost for the equipment and training will be under \$5,000.

PUBLIC NOTICE

Public notification was achieved by posting the agenda, with this agenda item being listed, at least 72 hours prior to the meeting in print and electronically. Information about the project is also disseminated via the Town's electronic News Flash and Atherton Online. There are approximately 1,200 subscribers to the Town's electronic News Flash publications. Subscribers include residents as well as stakeholders – to include, but be not limited to, media outlets, school districts, Menlo Park Fire District, service providers (water, power, and sewer), and regional elected officials.

COMMISSION/COMMITTEE FEEDBACK/REFERRAL

This item ___ has or X has not been before a Town Committee or Commission.

- Audit/Finance Committee (meets every other month)
- Bicycle/Pedestrian Committee (meets as needed)
- Civic Center Advisory Committee (meets as needed)
- Environmental Programs Committee (meets every other month)
- Park and Recreation Committee (meets each month)
- Planning Commission (meets each month)
- Rail Committee (meets every other month)
- Transportation Committee (meets every other month)
- Tree Committee (meets each month)

ATTACHMENTS

- ATTACHMENT 1 – Grand Jury Findings
- ATTACHMENT 2 – Narcan Report

September 19, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655

Subject: Response of the Town of Atherton to the Grand Jury Report "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Dear Judge Swope,

Thank you for the opportunity to respond to the Grand Jury report entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses." The Town of Atherton's response to both the findings and recommendations are listed below.

Responses to Grand Jury Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response:

The Town of Atherton agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response:

The Town of Atherton understands this finding and believes it to be true.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response:

The Town of Atherton agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response:

The Town of Atherton agrees with this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response:

The Town of Atherton agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response:

The Town of Atherton agrees with this finding.

F7. Certain law enforcement officers and Sheriffs Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response:

The Town of Atherton agrees with this finding.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response:

The Town of Atherton agrees with this finding.

Responses to Grand Jury Recommendations:

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response:

The purchase of intranasal naloxone hydrochloride will be included in the Fiscal Year 2018/2019 Atherton Police Department budget. In addition, the Atherton Police Department will provide its officers with training on the risk of exposure to fentanyl derivatives and equip the officers with intranasal naloxone as a minimum standard of practice. The Police

Department is finalizing the development of policy and training for staff. It is anticipated that this substance will be deployed in the field by the fall of 2018.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response:

The Town of Atherton will ensure that all officers are trained and equipped with intranasal naloxone in order to protect themselves and the general public. It is anticipated that this substance will be deployed in the field by the fall of 2018.

Sincerely,

Carey Wiest
Mayor

This is an advanced copy of a Grand Jury report that will be publicly released on June 28, 2018. Penal Code section 933.05 (f) prohibits any officer, agency, department, or governing body of a public agency from disclosing any contents of the report prior to the public release of this report.



LAW ENFORCEMENT OFFICERS + NARCAN = LIVES SAVED FROM OPIOID OVERDOSES¹

ISSUE

Should law enforcement officers and public employees in San Mateo County be trained and equipped to provide emergency opioid overdose medication to prevent deaths?

SUMMARY

The opioid epidemic is not somebody else's problem. Over 42,000 Americans died of opioid overdose in 2016.² In that year, opioid deaths in California exceeded 1,900, including 19 people in San Mateo County (the County).³

Opioids of all varieties can kill. Abuse of heroin and prescription opioids are the leading causes of opioid overdose in the County. New opioids pose an even greater threat. Fentanyl and its derivatives are opioids 50 to 100 times more powerful than prescription opioids (such as Oxycodone) and heroin. While not yet reported being found in the County, carfentanil, an illegal laboratory-created analog that is estimated to be 10,000 times more powerful than morphine, has been increasingly implicated in overdose deaths nationwide.

Carfentanil and other powerful fentanyl derivatives not only endanger the lives of users but also present a potential source of accidental exposure (through skin contact or breathing airborne particles) for law enforcement officers and other first responders.⁴ A lethal dose of Fentanyl may be as low as 2 to 3 milligrams, less than 3 grains of salt.⁵

¹ NARCAN® (naloxone HCl) Nasal Spray is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose. Use of the term "Narcan" in this report is neither an endorsement of NARCAN nor Adapt Pharma, Inc. Narcan is used in this report as a generic reference to intranasal naloxone.

²Centers for Disease Control. "Understanding the Epidemic" Last modified August 30, 2017. <<https://www.cdc.gov/drugoverdose/epidemic/index.html>>.

³ California Department of Public Health, "San Mateo Numbers at a Glance" *California Opioid Overdose Surveillance Dashboard* (2018). Accessed February 26, 2018. <https://pdop.shinyapps.io/ODdash_v1>

⁴ DEA Public Affairs, "DEA Warning to Police and Public: Fentanyl Exposure Kills" *Drug Enforcement Agency*, June 10, 2016. <<https://www.dea.gov/divisions/hq/2016/hq061016.shtml>>

⁵ U.S. Department of Justice, "A Briefing Guide for First Responder" *Drug Enforcement Agency*, June 6, 2017: 9. <https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf>.

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Opioid overdose may induce respiratory failure which, if left untreated, will lead to severe brain damage and death within minutes.⁶ Administration of naloxone is the standard emergency treatment to reverse opioid overdose. Naloxone is safe, fast acting, and effective, having been used by medical personnel in its injectable form since 1971.⁷

Equipping law enforcement officers with intranasal naloxone (trade name Narcan®) can expedite treatment for overdose victims and officers who are accidentally exposed to powerful fentanyl derivatives.

Law enforcement officers can be the first to respond to an opioid overdose, particularly in more sparsely populated areas.⁸ Even when paramedics are the first to respond to an overdose, if the scene compromises their safety, paramedics must wait until law enforcement arrives and secures the area before offering medical assistance.

Lethal doses of fentanyl derivatives can be accidentally absorbed, posing a risk of overdose to those individuals whose jobs bring them into potential proximity. In particular, law enforcement officers and employees in the Coroner's Office and the Sheriff's Forensic Laboratory are at heightened risk of exposure.⁹ Equipping these at-risk employees with intranasal naloxone can mitigate their risk from accidental exposure. Police dogs in K-9 units are also at special risk and can also be protected with naloxone.

Law enforcement officers, following approximately one hour of training, can easily administer intranasal naloxone to opioid overdose victims. Available in the United States since November 2015, all first responders in the County are authorized to carry intranasal naloxone subject to being able to fulfill EMS standards and requirements. Although the San Mateo County Joint Narcotics Task Force (the NTF) is currently developing an officer-carry naloxone pilot program, no law enforcement agencies in the County train and equip their personnel to carry and administer intranasal naloxone.¹⁰ The only emergency responders within the County currently carrying naloxone are fire department and ambulance paramedics (paramedics).¹¹

In 2017, the White House Commission on Combating Drug Addiction and the Opioid Crisis concluded: "We must equip all law enforcement in the United States with naloxone to save

⁶ Zawn Villines, "What Happens After a Lack of Oxygen to the Brain" Spinalcord.com. Last Modified June 13, 2016. <<https://www.spinalcord.com/blog/what-happens-after-a-lack-of-oxygen-to-the-brain>>

⁷ Food and Drug Administration. "Summary Review for Regulatory Action: NARCAN® (naloxone hydrochloride) nasal spray," *FDA Approved Drug Products*. Last modified January 24, 2017. <https://www.accessdata.fda.gov/drugsatfda_docs/summary_review/2017/208411s001SumR.pdf>

⁸ Emergency Medical Services, "When Every Second Counts: San Mateo County Emergency Medical Services System Overview 2015-2016" *County of San Mateo*. Accessed on March 5, 2018. <https://www.smchealth.org/sites/main/files/file-attachments/ems_annual_final_0.pdf>

⁹ DEA Public Affairs, "DEA Warning to Police and Public: Fentanyl Exposure Kills" *Drug Enforcement Agency*, June 10, 2016. <<https://www.dea.gov/divisions/hq/2016/hq061016.shtml>>

¹⁰ Ibid.

¹¹ Grand Jury interviews with law enforcement agencies and other County officials.

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lives.”¹² Over 1,200 law enforcement agencies in 39 states have authorized officers to carry naloxone. In California, 36 law enforcement agencies currently equip officers with naloxone and 6 agencies have approved, but not yet implemented, naloxone programs (Appendix 1).¹³

The 2017-18 San Mateo County Civil Grand Jury recommends that all law enforcement officers in the County, and employees of the Sheriff’s Forensic Lab and County Coroner’s Office be equipped with intranasal naloxone on their person or in their vehicles as a minimum standard of practice.

Defined Terms

The County	San Mateo County
K-9	Canine Law Enforcement Unit
Paramedics	Fire department and ambulance paramedics in San Mateo County (County)
NTF	Narcotics Task Force (County)
CDC	Centers for Disease Control and Prevention (Federal)
DEA	Drug Enforcement Administration (Federal)
SWAT	Special Weapons and Tactics Unit (County)
CHS	San Mateo County Health System (County)
EMS	Emergency Medical Services (County)
FDA	U.S. Food and Drug Administration (Federal)
HHS	U.S. Department of Health and Human Services (Federal)
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
NCHS	National Center for Health Statistics

¹² The President’s Commission on Combating Drug Addiction and the Opioid Crisis, “Final Report Draft”, Presidential Commission Reports. by Chris Christie, Charlie Baker, Roy Cooper, Patrick J. Kennedy, Bertha Madras, and Pam Blondi. Last Modified November 1, 2017: 119.
<https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf>.

¹³ Grand Jury interviews and investigations.

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BACKGROUND

On October 26, 2017, the U.S. Department of Health and Human Services declared the opioid crisis a nationwide public health emergency.¹⁴ Opioid overdoses killed over 42,000 Americans in 2016 (an average of over 115 per day).¹⁵ More than 2.5 million Americans abused opioids in 2015.¹⁶

Opioids

Opioids are powerful pain relievers prescribed to alleviate moderate to severe pain.¹⁷ Prescription opioids, including codeine, hydrocodone, morphine, and oxycodone, are among the most prescribed drugs in the country. They are ordinarily safe and reliable when prescribed as part of a strictly supervised, short-term treatment plan to relieve suffering caused by acute pain.¹⁸ But, patients using opioids to treat chronic pain are at risk of abuse and addiction.¹⁹ Among patients who take opioids for more than 30 days in the first year, 47 percent continued to do so for three years or longer.²⁰ The Centers for Disease Control and Prevention (CDC) reports that up to 25 percent of patients who are prescribed opioids for long-term pain management struggle with addiction.²¹ Of the more than 42,000 opioid overdose deaths in 2016, an estimated 14,400 were the result of prescription opioid overdose.²²

In response to the opioid epidemic, the medical community is restricting access to prescription opioids.²³ When opioid abusers lose access to their prescriptions, they often turn to illegal means

¹⁴ Eric D. Harden, “Determination that a Public Health Emergency Exists” *Office of the Assistant Secretary for Preparedness and Response*, Last modified October 26, 2017.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids.aspx>

¹⁵ California Department of Public Health, *San Mateo Numbers at a Glance* (2018).

¹⁶ Department of Health and Human Services, “Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health” *Substance Abuse and Mental Health Services Administration*. Last modified September 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>.

¹⁷ National Institute on Drug Abuse, “Opioids” *National Institutes of Health*. Accessed February 26, 2018.

<https://www.drugabuse.gov/drugs-abuse/opioids>

¹⁸ Ibid.

¹⁹ Brady Dennis, “Opioids are among the most prescribed drugs. Here are the most common versions” *Washington Post*, April 14, 2014. www.washingtonpost.com/news/to-your-health/wp/2014/04/14/ban-some-pain-killers-here-are-6-common-opioids/

²⁰ National Institute of Drug Abuse, “Opioid Prescribers Play a Key Role in Stopping the Opioid Overdose Epidemic” *National Institutes of Health*. Last modified March 2017.

<https://www.drugabuse.gov/publications/improving-opioid-prescribing/improving-opioid-prescribing>

²¹ Centers for Disease Control and Prevention, “Prescription Opioid Overdose Data” Last Modified August 1, 2017.

<https://www.cdc.gov/drugoverdose/data/overdose.html> .

²² Ibid.

²³ Bloomberg School of Public Health, and the Clinton Foundation, Clinton Health Matters Initiative, “*The Opioid Epidemic from Evidence to Impact*” Johns Hopkins, October 2017. Pg. 13.

<https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf>

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of obtaining opioids.²⁴ Among the most dangerous opioids they can obtain are certain synthetic opioids, such as fentanyl, carfentanil, and their derivatives (fentanyl derivatives). Fentanyl derivatives are chemically related to, and utilize the same neurological pathways as other opioids such as morphine and codeine. However, fentanyl derivatives can be extraordinarily potent, delivering more than 50 times the dose of opioids as morphine.²⁵

Opioid abusers who have lost their prescriptions are increasingly turning to these fentanyl derivatives due to their relatively low cost, accessibility, and potency. As a result, synthetic opioid-related deaths nationwide have increased from 3,000 in 2013, to 20,100 in 2016 – an increase of over 500 percent.²⁶

Naloxone

Naloxone (naloxone hydrochloride) is an opioid antidote that blocks opioid overdose and reverses its symptoms. It is a safe, non-narcotic drug that can be easily administered nasally or by injection.²⁷ Naloxone is considered safe enough to administer as a diagnostic tool with unresponsive patients to eliminate opioid overdose as a possible cause.²⁸ Narcan[®], the brand of naloxone that is commonly used by emergency responders, is a nasal aerosol spray.

An opioid overdose may cause respiratory failure, which can lead to asphyxiation, cardiac arrest, and death.²⁹ Once administered, naloxone can reverse the overdose and restore breathing within minutes.³⁰ However, prompt medical attention thereafter is essential because the effects of naloxone can wear off before the opioids.³¹

Timely emergency administration of naloxone is essential. As Figure 1. shows, when opioid overdose causes breathing to stop, permanent damage can result within minutes.³²

²⁴German Lopez, “The opioid epidemic, explained” *Vox*, December 21, 2017. <<https://www.vox.com/science-and-health/2017/8/3/16079772/opioid-epidemic-drug-overdoses>>

²⁵“Synthetic Opiates List--Drugs that Derive from Opium,” *Opium.com*, Accessed on February 26, 2018. <<http://www.opium.org/synthetic-opiates-list-drugs-derive-opium.html>>

²⁶Josh Katz, “The First County of Fentanyl Deaths in 2016: Up 540% in Three Years” *New York Times*, September 2, 2017. <<https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html>>

²⁷Centers for Disease Control and Prevention, “Expanding Naloxone use could reduce drug overdose deaths and save lives” CDC Office of Media Relations, April 24, 2015. <<https://www.cdc.gov/media/releases/2015/p0424-naloxone.html>>

²⁸ Grand Jury interview with County official.

²⁹ Department of Health and Human Services, “Opioid Overdose Toolkit” *Substance Abuse and Mental Health Services Administration*, January 2017: 15. <https://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf>

³⁰ German Lopez, “How Fentanyl became America’s leading cause of overdose deaths” *Vox*, December 21, 2017. <<https://www.vox.com/science-and-health/2017/5/8/15454832/fentanyl-carfentanil-opioid-epidemic>>

³¹ Peter Lurie, et al. “Multiple Naloxone Administrations Among Emergency Medical Service Providers is Increasing” *Journal of Prehospital Emergency Care* (Vol. 21: 4) 2017: 1. <<https://www.tandfonline.com/doi/full/10.1080/10903127.2017.1315203>>

³²Zawn Villines, “What Happens After a Lack of Oxygen to the Brain” (2016)

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Figure 1.	
Timeline after Breathing Stops	
Between 30-180 seconds	Loss of consciousness
After one minute	Brain cells begin dying
After three minutes	Brain damage is likely
After five minutes	Coma and brain damage are almost inevitable
After ten minutes	Death is imminent

While paramedics in the County carry naloxone, they may not arrive at the scene of an opioid overdose in time to save the victim. The required Emergency Medical Services (EMS) response times for the County shown in Figure 2. are illustrative. Law enforcement response times may be substantially less.³³

Figure 2.			
Emergency Medical Services - Permitted Response Times³⁴			
EMS Required Response Times	Area Type	Emergency Ambulance	Fire-Paramedic Non-Transport
Priority Response 1³⁵	Urban/Suburban	< 13 minutes	< 7 minutes
	Rural	< 20 minutes	< 12 minutes
	Remote	< 30 minutes	< 22 minutes
Priority Response 2	Urban/Suburban	< 23 minutes	< 15 minutes
	Rural	< 60 minutes	< 25 minutes

³³ Grand Jury Interviews with City and County law enforcement leadership.

³⁴ Emergency Medical Services, “When Every Second Counts: San Mateo County Emergency Medical Services System Overview 2015-2016” *County of San Mateo*. Accessed on March 5, 2018. https://www.smchealth.org/sites/main/files/file-attachments/ems_annual_final_0.pdf

³⁵ Emergency Medical Services, “When Every Second Counts: San Mateo County Emergency Medical Services System Overview 2015-2016” pg. 10.

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	Remote	< 60 minutes	< 30 minutes
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The White House Commission on Opioids made the following recommendation regarding naloxone:

Naloxone is a lifesaver that rapidly reverses opioid overdose. It is the first line of defense in many parts of our country; if we lose someone to overdose we obviously have no chance to treat them and return them to a productive life. We urge you to mandate, with federal assistance, that naloxone be in the hands of every law enforcement officer in the United States...The Federal Government should ensure that naloxone is made available when there is the greatest chance for an overdose.³⁶

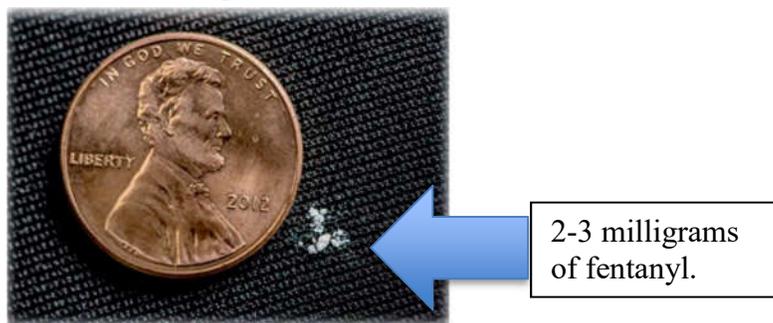
DISCUSSION

Equipping law enforcement with naloxone

Equipping law enforcement officers with intranasal naloxone empowers them to protect the public and themselves from opioid overdose. Officer-carry naloxone programs are increasingly common and implemented by law enforcement agencies with minimal training and cost. These programs do not expose officers to criminal or civil liability.³⁷

Fentanyl derivatives, including fentanyl, carfentanil and other analogs, can be absorbed into the body through any physical contact, including injection, oral ingestion, inhalation, transdermal transmission (through the skin), and contact with any mucus membranes.³⁸ While, in each individual case the size of a lethal dose depends on individual tolerance and body mass, per the Drug Enforcement Administration (DEA), a lethal dose of fentanyl may be as low as 2 to 3 milligrams, the equivalent of a few grains of salt. (See Figure 3.)

Figure 3.



³⁶ The President’s Commission on Combating Drug Addiction and the Opioid Crisis, “Final Report Draft” (2017)

³⁷ California Assembly Bill No. 635, October 10, 2013. <http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_0601-0650/ab_635_bill_20130912_enrolled.htm>

³⁸ U.S. Department of Justice, “A Briefing Guide for First Responder” *Drug Enforcement Agency*, June 6, 2017: 9. <https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf>.

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The threat of accidental exposure is present in any instance where an officer is in proximity to fentanyl derivatives. The DEA identified the following situations, among others, as presenting a heightened risk of exposure: while purchasing fentanyl during undercover operations, processing drug evidence containing fentanyl or fentanyl-related substances, and processing non-drug evidence which may be contaminated with these substances or while providing aid to overdose victims.³⁹

While all law enforcement officers in proximity to fentanyl derivatives are at risk of accidental exposure, the degree of risk corresponds to the individual officer's duties. Per DEA's policy guidance and Grand Jury interviews, law enforcement officers in the following units in San Mateo County are at a heightened risk of exposure to fentanyl derivatives: narcotics units, crime suppression units, Special Weapons and Tactics (SWAT) teams, K-9 units,⁴⁰ and evidence-handling units.^{41 42}

Law enforcement officers have been exposed to fentanyl derivatives when responding to opioid overdoses, serving search warrants, supporting national law enforcement actions, and during narcotics operations. Fortunately, however, no law enforcement officers in the County have, as of the date of this report, suffered overdose as the result of accidental exposure to fentanyl derivatives.⁴³ As fentanyl derivatives continue to become more common in the County, the risk of exposure will continue to increase. The DEA recommends that, where an individual may have been exposed to fentanyl derivatives, immediate medical attention be sought.⁴⁴

Law enforcement agencies across the U.S. have successfully implemented officer-carry naloxone programs. As of December 2016, over 1,200 law enforcement agencies in 39 states have equipped their officers with intranasal naloxone.⁴⁵

As of the date of this report, 40 agencies in 24 California counties have implemented programs for their officers to carry naloxone. Another six agencies have approved an officer-carry naloxone program but have not yet implemented it. For a complete list of agencies that equip officers with Narcan in California, see Appendix 1.

³⁹ Ibid.

⁴⁰ K-9's can suffer the full effects of an opioid overdose, and due to the nature of their duties are at heightened risk of exposure. Naloxone is also an effective antidote for opioid overdose in canines. "New drug kits save police dogs from opioid overdoses" *CBS News*, June 1, 2017. <<https://www.cbsnews.com/news/new-drug-kits-save-police-dogs-from-opioid-overdoses/>>. V.S. Copland, S.C. Haskins, J. Patz, "Naloxone reversal of oxymorphone effects in dogs" *American Journal of Veterinary Research* 50 (1989): 1854-8. <<https://www.ncbi.nlm.nih.gov/pubmed/2482683>>.

⁴¹ U.S. Department of Justice, "A Briefing Guide for First Responder" (2017): 13.

⁴² Grand Jury Interviews with law enforcement leadership.

⁴³ Grand Jury Interviews with law enforcement leadership.

⁴⁴ U.S. Department of Justice, "A Briefing Guide for First Responder" (2017): 16.

⁴⁵ "US Law Enforcement Who Carry Naloxone" North Carolina Harm Reduction Coalition Last modified February 12, 2018 <<http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone>>.

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Only eight California agencies have, as of the date of this report, published information regarding officer-administered naloxone “rescues” of overdose victims.⁴⁶ Those eight have reported a total of 103 rescues. As a majority of these agencies have not reported on their rescues, the actual number may well be higher than 103.

Officer-carry naloxone programs can be implemented with as little as one hour of training and can be added into existing annual first aid certification programs.⁴⁷ Such programs are readily available through a variety of sources.⁴⁸ Additionally, using “train-the-trainer” methods, agencies can quickly and efficiently train their entire force with minimal impact.⁴⁹

The Commission on Peace Officer Standards and Training (POST) sets minimum selection and training standards for California law enforcement.⁵⁰ While the POST has yet to establish training protocols for the administration of naloxone, in October 2014 POST and California Emergency Medical Standards Authority began the process of developing course content and competencies for naloxone administration as an “optional skill.”⁵¹

Equipping Officers with intranasal naloxone is inexpensive. The Los Angeles Police Department’s (LAPD’s) naloxone program provides a cost example for a complete and self-contained Narcan field kit. The LAPD determined that each Narcan field kit costs \$137.95 and should contain:

Figure 4. Narcan Field Kit and Costs

- Narcan atomizer unit (two doses) (\$75.00)
- Bag/pouch (\$4.95)
- Expiration Pull Tight Security Seal (\$17.99)

⁴⁶ The Grand Jury counts a “rescues,” as an intervention in which a trained officer administered nasal naloxone, the naloxone reversed the effects of an opioid overdose, the patient survived the incident, and the law enforcement agency publicized the results.

⁴⁷ Rian Fisher, Daniel O’Donnell, Bradley Ray, and Daniel Rusyniak “Police Officers Can Safely and Effectively Administer Intranasal Naloxone” *Journal of Prehospital Emergency Care* (Vol. 20:6, 2016): 675-680. DOI: 10.1080/10903127.2016.1182605

⁴⁸ “Law Enforcement Training Safety Videos and Resources” North Carolina Harm Reduction Coalition. Accessed on April 5, 2018 <<http://www.nchrc.org/law-enforcement/law-enforcement-safety-videos-and-resources>>

⁴⁹ Grand Jury Interviews with law enforcement leadership.

⁵⁰ “About POST” *The Commission on Peace Officer Standards and Training*. Accessed on: May 10th, 2018 <https://post.ca.gov/About-Us>

⁵¹ POST Monthly Reports, “Monthly Report: October 2014” *The Commission on Peace Officer Standards and Training* Accessed on May 10th, 2018. < <https://post.ca.gov/October-2014-Report>>

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- Gloves (\$6.00)
- A Safety Shield Face Mask (\$35.00)⁵²



Based on the LAPD numbers, the cost of initially equipping a police department with 50 units of Narcan field kits would be approximately \$6,900. Costs of supplying a unit with Narcan can be reduced to \$75 where only the atomizer unit is purchased (and carried in existing first aid bags), rather than a full field kit. Narcan atomizer units do expire and must be replaced every eighteen to twenty-four months. But the ongoing cost should not be prohibitive. Some County law enforcement agencies stated that the estimated cost of equipping officers with Narcan could be absorbed within existing department budgets.⁵³

Partnerships with public and private entities can further reduce these costs. For instance, the LAPD received a donation of 6,000 Narcan doses from Adapta Pharmaceuticals, Los Angeles Sheriff's Department received 5,000 Narcan doses from the California Department of Public Health, and San Francisco received a donation of 3,600 doses of Narcan from the Drug Overdose Prevention and Education Project.⁵⁴ The Santa Cruz Police Department financed the purchase of Narcan for their initial implementation with funds from Janus, a local nonprofit organization, through a Substance Abuse Block Grant.⁵⁵

Officer-carry naloxone programs will not expose officers to criminal or civil liability. California Civil Code Section 1714.22 protects trained first responders from professional review, liability in

⁵² Kevin Bayona, "Factsheet: NARCAN Program" *Los Angeles Police Department Evaluation and Administration Unit*, January 2017. Last modified March 1, 2017. <http://www.lapdpolicecom.lacity.org/031417/BPC_17-0077.pdf>.

⁵³ Grand Jury Interviews with law enforcement leadership.

⁵⁴ "California Comprehensive Overdose Treatment Protection Signed by Governor" *Harm Reduction Coalition* Accessed on February 26, 2018 <<http://harmreduction.org/overdose-prevention/caoverdoseprev/>>.

⁵⁵ Ryan Masters, "Santa Cruz police issue overdose antidote in nasal spray form to officers" *Santa Cruz Sentinel*, December 5, 2016. <<http://www.santacruzsentinel.com/article/NE/20161205/NEWS/161209867>>.

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a civil action, or criminal prosecution for possession or administration of an opioid antagonist.⁵⁶ However, an analysis of any possible claims that might be pursued for failure to administer naloxone is beyond the scope of this report.

Opioids in San Mateo County

In February 2017, San Mateo County Health System (CHS) issued the public health alert *Opioid Dependency and Deaths in San Mateo County*.⁵⁷ The alert reported that an estimated 7,800 County residents were dependent upon opioids, that prescription opioid use in adolescents was increasing, and that “the prevalence of synthetic fentanyl laced drugs [in the County] is likely to increase.”⁵⁸ The California Department of Public Health confirmed 19 opioid overdose fatalities in the County during 2016.⁵⁹ Fortunately, rates of opioid abuse, including prescription and street drugs, are currently lower in the County than in many other Bay Area communities.⁶⁰ The CHS updated its February 2017 alert in October 2017, to report that “...the County does not seem to be experiencing anywhere near the same level of morbidity and mortality that other jurisdictions in the United States are experiencing.”⁶¹

San Mateo County has taken steps to address opioid abuse. The CHS is monitoring opioid prescription rates and educating prescribers about best practices. The CHS is also tracking the presence of fentanyl derivatives in the County in conjunction with law enforcement, the Coroner’s Office, and other agencies.

Fentanyl derivatives are becoming more prevalent in the County. The Sheriff’s Forensic Laboratory, which conducts chemical testing on suspect substances seized in law enforcement operations, saw the number of fentanyl samples triple between 2016 and 2017.⁶² The County’s close proximity to San Francisco, a major point of entry for fentanyl derivatives imported from abroad, further exposes County law enforcement and residents to fentanyl derivatives.⁶³

At present, the only first responders in the County authorized to carry naloxone are fire department and ambulance paramedics. While the Sheriff’s Office is considering implementing a

⁵⁶ These protections were added by California Assembly Bill No. 635, October 10, 2013.

<http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_0601-0650/ab_635_bill_20130912_enrolled.htm>

⁵⁷ Scott Morrow, “Public Health Alert: Opioid Dependency and Deaths in San Mateo County” *County of San Mateo Health System* February 7, 2017: 1. <http://www.smchealth.org/sites/main/files/file-attachments/opioid_health_alert_-_020717.pdf>.

⁵⁸ Ibid.

⁵⁹ California Department of Public Health, “San Mateo Numbers at a Glance” *California Opioid Overdose Surveillance Dashboard* (2018).

⁶⁰ Detailed information comparing opioid abuse statistics for the County to other California counties is available at <https://pdop.shinyapps.io/ODdash_v1/>.

⁶¹ Scott Morrow, Greg Gilbert, “Open Letter to Sheriff Bolanos and Police Chiefs in San Mateo County” *County of San Mateo Health System* October 24, 2017.

⁶² Grand Jury Interviews with Sheriff’s Forensic laboratory leadership.

⁶³ Grand Jury Interviews with law enforcement leadership.

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naloxone carry program for the NTF, no law enforcement agencies in the County have authorized officers to carry naloxone. Employees in the Coroner's Office and Forensic Laboratory are also at heightened risk of accidental exposure, and are not equipped with naloxone.

Despite the lack of official authorization, the risk posed by accidental synthetic opioid exposure is such that some individual County employees, including one County official, have purchased intranasal naloxone using their own funds to safeguard themselves and their colleagues. Another County official advised employees to buy their own naloxone to protect themselves.⁶⁴

Arguments against equipping law enforcement with naloxone include:

- The number of "rescues" that law enforcement in the County could make is uncertain, and therefore the public health benefits of officer-carry naloxone programs are uncertain.
- Any program comes with costs, including the "cost" of not pursuing other opportunities to enhance public safety.
- Additionally, there are concerns that law enforcement officers are not medical professionals and should not be relied upon to provide medical treatment to opioid overdose victims.

However, the Grand Jury finds that the potential benefits of officer-carry naloxone programs outweigh these concerns.

- As fentanyl derivatives continue to become more prevalent and more dangerous, it is reasonable to assume--based on "rescues" reported by other agencies--that some lives in the County will be saved if officers carry naloxone.
- The costs of an officer-carry intranasal naloxone program are small; therefore the reasonably expected future benefits outweigh the costs.
- Narcan (which is administered intranasally) is not intravenous naloxone--administration does not require an IV, shot, or other medical procedure. Law enforcement agencies in California and nationwide who have already implemented an officer-carry Narcan program recognize that trained officers are fully capable of administering this safe, fast acting, and effective drug.
- By equipping officers with Narcan, San Mateo County is not pioneering a new program. Rather, the County will be following the recommendations of federal agencies and a White House commission by implementing a program that has already been put in place by over 1,200 police agencies nationwide.

Those who survive an overdose are still in considerable danger. Continuous care, readily accessible, medically assisted treatment for overdose patients, ongoing community education and

⁶⁴ Grand Jury Interviews with law enforcement leadership.

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diligent oversight is essential to protect residents and County personnel from the effects of the opioid epidemic. Equipping officers to carry naloxone is a necessary first step.

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FINDINGS

The 2017-2018 San Mateo County Civil Grand Jury finds the following to be true:

- F1. Untreated opioid overdose can cause brain damage and death.
- F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.
- F3. Narcan[®] is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.
- F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.
- F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.
- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.
- F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.
- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

RECOMMENDATIONS

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

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R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

The 2017-2018 San Mateo County Civil Grand Jury further recommends that the San Mateo County Coroner do the following by December 31, 2018:

R3. Train and equip Coroner's Office personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

The 2017-2018 San Mateo County Civil Grand Jury further recommends that the San Mateo County Sheriff do the following by December 31, 2018:

R4. Train and equip Sheriff's Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

REQUEST FOR RESPONSES

Pursuant to Penal Code Section 933.05, the Grand Jury requests the following to respond to the foregoing Findings and Recommendations referring in each instance to the number thereof:

- San Mateo County cities and the Broadmoor Police Protection District to respond no later than 90 days after the date of this Grand Jury Report.
- San Mateo County Sheriff to respond no later than 60 days after the date of this Grand Jury Report.
- The San Mateo County Board of Supervisors to respond no later than 90 days after the date of this Grand Jury Report.
- The Coroner to respond no later than 60 days after the date of this Grand Jury Report.

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda, and open meeting requirements of the Brown Act.

METHODOLOGY

The Grand Jury interviewed law enforcement officers from these organizations within the County:

- Belmont Police Department
- Daly City Police Department
- East Palo Alto Police Department

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- Menlo Park Police Department
- San Mateo County Narcotics Task Force
- Redwood City Police Department
- San Mateo County Sheriff's Office
- San Mateo Police Department
- South San Francisco Police Department

The Grand Jury interviewed individuals at the County Coroner's Office, the Sheriff's Forensic Laboratory, and the County Health System.

The Grand Jury reviewed numerous publications and materials regarding the opioids epidemic, including without limitation those listed in the bibliography.⁶⁵

⁶⁵ The Grand Jury's source for local statistical and demographic information regarding the opioid crisis comes from the California Department of Public Health's (CDPH) California Opioid Overdose Surveillance Dashboard. https://pdop.shinyapps.io/ODdash_v1/ The CDPH collected this data in conjunction with the Office of Statewide Health Planning and Development, the Department of Justice, and the California Health Care Foundation. Data sources include; Multiple Cause of Death Files, Emergency Department Visit & Inpatient Discharge Data, and Controlled Substance Utilization Review and Evaluation System (CURES) prescription drug data. The Grand Jury also utilized data from county entities. National data is from the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, the Commission on Combating Drug Addiction and the Opioid Crisis Final Report Draft, Drug Abuse, the National Institutes of Health (NIH), National Institute on Drug Abuse, NIDA, Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA), North Carolina Harm Reduction Coalition.

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GLOSSARY OF TERMS

Analog - a chemical compound with a molecular structure analogous to another compound.

Antidote - a substance taken to counteract a poison or the effects of a drug.

Derivative- a substance or compound obtained from, or regarded as derived from, another substance or compound.

Opioid - all drugs having morphine-like effects and high abuse and addiction potential, including opiates, semi-synthetic opioids derived from opiates (and synthetic opioids *Not all opioids are opiates, but all opiates are not opioids.* They are listed as Schedule II drugs., Side effects include: constipation, sweating, and increased sensitivity to pain, dependency.

Generic	Brand Name
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, Tyco, Tylenol #3
Fentanyl	Duragesic
Heroin	
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Burnavil, Butrans

Carfentanil - a synthetic opioid analgesic a derivative of fentanyl, 100 times more potent than fentanyl, and 10,000 times more potent than morphine. Two milligrams of carfentanil can be lethal. As a prescription drug, Carfentanil (trade name Wildnil) is sold as a general anesthetic for elephants and other large animals. It can cause respiratory depression in humans, leading to death. Unique derivatives of carfentanil continue to be created, as they can be manufactured at a low cost and cut into heroin.

Fentanyl - a synthetic opioid, an analogue of morphine but 50 to 100 times its strength. Fentanyl is a synthetic that is legally made as a pharmaceutical drug to treat pain, or illegally made and sold as an additive to intensify the effects of other drugs, such as heroin. As a Schedule II prescription drug, it is typically used to treat patients with severe or chronic pain or to manage post-surgical pain. Fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze® in prescription form. Street names: Fentanyl or for fentanyl-laced heroin are Apache, China girl, China white, dance fever, friend, Goodfella, jackpot, murder 8, tatch, Tango and Cash, and TNT.

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Naloxone – an opioid antagonist drug given by injection, nasal inhalation or subcutaneously to block opioid effects in case of overdose. It works within minutes to reverse the effects of opioid overdose; effects last about 30-90 minutes; it is not effective with respiratory depression caused by non-opioid drugs (such as cocaine, LSD, ecstasy (Molly), sedatives, tranquilizers or marijuana) or alcohol; antagonizes opioid effects such as respiratory depression, analgesia, and miosis. Repeat doses often needed due to naloxone’s action time being shorter than the effects of many opioids.

Intranasal Naloxone - a mucosal atomization device, drug is a fine mist sprayed into nasal cavity; works quickly and painlessly in vascular mucosa to absorb naloxone directly into the bloodstream (slightly slower than intramuscular or intra-venous injections), minimal training involved for law enforcement personnel and trained friends or relatives of overdose victims to use; may need repeated doses. Commonly known brand name for intranasal naloxone is Narcan®.

Narcan® - the commercial brand name of the intranasal prescription medicine, naloxone (HCL), used for the treatment of an opioid emergency such as a possible overdose with signs of breathing problems, severe sleepiness or nonresponsiveness. NARCAN Nasal Spray is the FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected life-threatening opioid overdose. The side-effects of Narcan are minimal, though its use may result in symptoms of acute opioid withdrawal in overdose patient.

Opioid Overdose - an opioid overdose (OD) is the body's response to being overwhelmed or poisoned by too much of a substance. Overdoses can be but are not always life-threatening or life ending. They can result in unconsciousness, respiratory depression or failure, sleepiness, contracted pupils, unresponsive, seizures, possible bluish skin color indicating lack of oxygen, cold, clammy skin, irregular or stopped, faint pulse. failed breathing, heart failure, and seizures. Many overdoses are the result of taking drugs of inconsistent or unknown strength or drugs that are mixed with other substances.

Scheduled Drugs - in 1971, under Title II of the Comprehensive Drug Abuse Prevention and Control Act, a federal drug policy was established for the United States regulating the manufacture, import, use, possession and distribution of categories of specific substances. Five Schedules (or classifications) were created, identifying drugs and other substances that met the qualifications and restrictions for each category. The Drug Enforcement Administration (DEA) classifies opioids and other drugs into three schedules (II, III, and IV), based upon their abuse potential and relative risks. For example, Schedule II includes drugs such as heroin or other substances with high potential for abuse, having no medical use, and determined medically unsafe.

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APPENDIX 1: CALIFORNIA LAW ENFORCEMENT AGENCIES WITH NASAL NALOXONE PROGRAMS BY COUNTY

COUNTY	DEPARTMENT	DATE STARTED
Alameda	Alameda Sheriff/ K-9	July 2017
Alameda	Fremont	January 2018* ⁶⁶
Alameda	Newark	January 2018*
Amador	Amador Sheriff	November 2017
Butte County	Chico Police	February 2018
Contra Costa	Brentwood Police	March, 2018
Contra Costa	Contra Costa Sheriff	November 2017
Contra Costa	Lafayette Sheriff	November 2017
Contra Costa	Orinda Police	November 2017*
Contra Costa	Pleasant Hill Police	November 2017
Contra Costa	Pinole Police	November 2017*
Contra Costa	San Pablo Police	November 2017*
Fresno	Fresno Police	Spring, 2018
Fresno	Sheriff	November, 2017
Humboldt	Arcata Police	June 2016
Kern	Kern County Sheriff	August 2016
Kings	Hanford Police	August 2017

⁶⁶ * Department has approved an officer-carry naloxone program, but deployment is pending completed training.

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COUNTY	DEPARTMENT	DATE STARTED
Kings	Kings County Sheriff	July 2017
Los Angeles	Glendora Police	2015
Los Angeles	Long Beach	Fall, 2017
Los Angeles	Los Angeles Police	Spring 2017
Los Angeles	Los Angeles Sheriff	June 2017
Marin	Central Marin Police Authority	April 2017
Marin	Fairfax Police	April 2017
Marin	Marin City Police	April 2017
Marin	San Rafael Police	April 2017
Monterey	Carmel Police	September 2017
Monterey	Pacific Grove Police	September 2017
Monterey	Seaside Police	November, 2017
Nevada	Grass Valley Police	September 2016
Orange	Orange County Sheriff	October 2015
Orange	Anaheim Police	September 2017
Placer	Roseville Police	July 2017
Sacramento County	Sacramento Police	February 2018
Sacramento County	Sacramento Sheriff	February 2018
San Diego	San Diego Sheriff	July 2014

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COUNTY	DEPARTMENT	DATE STARTED
San Francisco	San Francisco Police	March 2015
Santa Barbara	Santa Barbara Sheriff	April 2017
Santa Clara	Campbell Police	March 2017
Santa Cruz	Santa Cruz Police	December 2016
Shasta	Redding Police	December 2018
Shasta	Shasta Sheriff	August 2016
Solano	Benicia Police	January 2018
Solano	Vallejo Police	March 2018
Sonoma	Petaluma Police	April 2018
Tehama	Tehama Police	September 2017*

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APPENDIX 2: NASAL NALOXONE ADMINISTRATION INSTRUCTIONS

