

July 17, 2014

An Advisory to New York State’s Opioid Overdose Prevention Community

On June 23, Governor Cuomo signed Chapter 34 of the Laws of 2014, and on June 24, Chapter 42, amending New York State’s opioid overdose prevention program law, Public Health Section 3309. Regulations which address opioid overdose prevention programs are in 10 NYCRR § 80.138; however, there are some aspects of Chapters 34 and 42 which effect the prescription and dispensing of opioid antagonists in New York immediately.

Shared Access to Naloxone

Implicit in the revised statute is the legality of opioid antagonist recipients having communal or shared access to, and use of, naloxone. This application of the law is beneficial to public safety and firefighting personnel, as well as staff in agencies serving individuals at risk for overdose. These responders no longer need to have unique, personal overdose kits dispensed to them under a patient-specific prescription. They can instead share the naloxone dispensed to the organization for which they work under a non-patient-specific prescription. The advisability of shared versus individual overdose kits is determined by the prescription of the practitioner who authorized the drug to be dispensed.

Non-Patient Specific Prescriptions for Naloxone

Health care professionals—who are defined in Public Health Law § 3309 as persons “licensed, registered or authorized pursuant to title eight of the education law to prescribe prescription drugs,” may prescribe naloxone to an “opioid antagonist recipient” by either a patient-specific prescription or a non-patient-specific prescription. “Opioid antagonist recipient” is defined broadly in the statute to mean “a person at risk of experiencing an opioid-related overdose, or a family member, friend or other person in a position to assist a person experiencing or at risk of experiencing an opioid-related overdose, or an organization registered as an opioid overdose prevention program.”

Non-patient specific prescriptions—either directly or by reference—should designate those individuals who are to do the furnishing or dispensing. No dispensing should take place absent the recipient having had a training which includes how to recognize an overdose and how to respond to it appropriately. Those appropriate responses should always include summoning EMS (calling 911), if it has not already taken place, and administering naloxone. Patient-specific prescriptions may continue to be issued.

Pharmacists are able to dispense naloxone pursuant to patient-specific and non-patient specific prescriptions.

Informational Sheets

Under Chapter 34, any distribution of opioid antagonists through opioid overdose prevention programs shall include an informational card or sheet with information on: how to recognize symptoms of an opioid overdose; steps to take prior to and after an opioid antagonist is administered, including calling first responders; the number for the toll free Office of Alcoholism and Substance Abuse Services (OASAS) HOPE line; and how to access the OASAS website.

When new regulations or more specific guidance is developed, you will find them posted on-line at <http://health.ny.gov/overdose>.

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