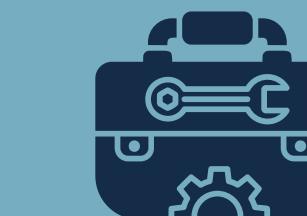


**NY ORS Team: Developing
a Framework to Support
Public Safety Leave Behind
Naloxone Programs**

THE FRAMEWORK OF SUPPORT



STEP BY
STEP
GUIDANCE



TOOLS AND
RESOURCES



EDUCATION
AND TRAINING



1:1 TECHNICAL
SUPPORT

NY ORS LBN TOOLKIT AND TECHNICAL ASSISTANCE



- Step by step *"How to Guide"* with options for free local naloxone sources and resource information
- Eight Best Practices for Quality Public Safety LBN Programs

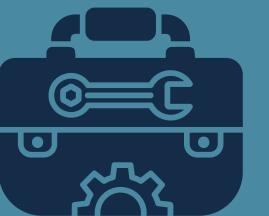
Leave-Behind Naloxone: A How-To Guide for NYS Law Enforcement Agencies

Eight Best Practices for Quality Public Safety Leave-Behind Naloxone Programs

Leave-Behind Naloxone STANDARD OPERATING PROCEDURE

WHAT IS THE LEAVE-BEHIND NALOXONE PROGRAM?

This resource was developed by the New York State (NYS) ORS Team and is included in its NY ORS Team Leave-Behind Naloxone Toolkit for Public Safety Agencies, which features step-by-step LBN planning, a virtual informational session, procedures and an officer LBN roll-call training that also integrates the eight key best practices.



- LBN Standard Operating Procedure
- LBN Personnel "Roll Call" Training

Leave Behind Naloxone STANDARD OPERATING PROCEDURE

Developed by the NY ORS Team

AGENCY NAME

This sample policy is provided for illustrative purposes only and should be customized to fit the needs of your agency. It is not intended to be a comprehensive policy and should be reviewed, modified, and approved in accordance with agency policies to ensure compliance with applicable laws and regulations.

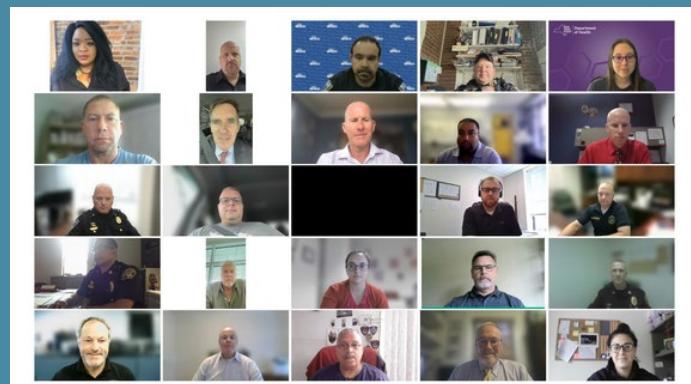
WHAT IS THE LEAVE-BEHIND NALOXONE PROGRAM?

First responders assisting in an opioid-related overdose or encountering someone "at-risk" for overdose, leave behind an overdose prevention rescue kit with the individual or someone close to them.

Each kit contains two doses of nasal naloxone, instructions and local harm reduction, treatment and recovery information.



- Leave Behind Naloxone (LBN) Virtual Informational Session
- ORS Collaborative National Brainstorming Session on best practices Part I and II
- Building a community of practice



- NY ORS Team 1:1 LBN Technical Assistance Request (~30 LBN planning and one-on-one TA Calls with ~20 agencies since September 2024)
- Linkage to national, state and/or local partner resources and expertise

Scan Here to Request LBN Technical Support from NY ORS:



AN OVERVIEW OF THE “EIGHT BEST PRACTICES”

“The key is to think of this as “Naloxone plus (+)”—where the primary goal is to get naloxone into the hands of those who can save a life. But the “+” represents something deeper - showing human compassion and empathy. When a police officer offers a person naloxone, it can become more than just a transaction; it’s a unique opportunity to build trust, empathy and hope and open pathways to support.”

- Chauncey Parker, Director, NY/NJ HIDTA

Key Notes

- This guide highlights key elements based on a comprehensive exploration but does not cover all evidence-based practices for LBN programs. Practices most applicable to public safety contexts were given primary consideration
- Draws from best practices from numerous states.
- The principles apply to a range of public safety agencies including law enforcement, EMS/fire, security, probation, corrections, specialty police and military organizations involved in community-based naloxone distribution efforts.
- Designed to help enhance existing and create quality public safety LBN programs.



EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

5

- Two 4 mg intranasal naloxone doses and the simple instructions for use in a small pouch. Multiple kits may be provided based on need.
- In consult with public health partners, consider appropriateness of fentanyl/xylazine test strips (with instructions for use) and rescue breathing face shields.
- A clear, easy-to-read resource card listing local services.
- Information on the Good Samaritan Law.
- Optional: Depending on the distribution setting, packets with basic care items.

#1 Standardized Kits with Community- Specific Customization



EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

- Emphasize inclusive definitions of “at-risk” to support broad distribution. This includes both individuals encountered at an overdose scene or **in any other setting or interaction**. For example:
 - Individuals encountered at scene of suspected overdose.
 - Family, close contacts and bystanders of overdose survivors and people who use drugs.
 - Individuals with a history of overdose or substance use.
 - Groups at heightened risk (e.g., select geographic areas, recently released from incarceration, on probation, unhoused and/or people with mental health disorders).
 - Individuals in deflection or diversion programs.
 - Mass gathering events.

A University of Vermont study on the state’s EMS LBN program found that patients were significantly more likely to connect with a peer support specialist if a naloxone kit or support information was given to a family member (5x), friend (3.7x) or directly to the patient (2.6x) compared to those who received nothing, underscoring the importance of seizing every opportunity to create meaningful connections.



#3 Simple and Anonymous Data Collection

EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

- Prioritize low barrier implementation, compassionate engagement and access to life-saving naloxone over strict and comprehensive data collection.
- Tracking minimal, aggregate counts of kits distributed with no identifiable information. Consider general geographic distribution counts (e.g., by zip code) for sharing with partners and evaluating program outcomes.
- Clear policies supporting LBN as a life-saving initiative and not a part of any enforcement or investigative actions.



EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

#4 Naloxone Plus Framework and Compassionate Interactions

- Recognize that there may be fear and mistrust of public safety. Ensure recipients understand accepting a LBN kit is voluntary with no punitive consequences.
- Words, tone and body language that are nonjudgmental and convey empathy and sincerity. Simple, supportive statements and actions that demonstrate respect and dignity can have a profound impact (See Appendix A).
- LBN can serve as the foundation for a post-overdose outreach initiative, enabling rapid identification and referral of overdose survivors to peer professionals.

A 2017 Harm Reduction Coalition focus group in NYS found that individuals who experienced naloxone reversals felt most comfortable discussing their overdose with peers, trusted staff at syringe service programs and others who had also survived an overdose.



#5 Multi -Agency Coordination and Lived/Living Experience Integration

EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

- A collaborative, multidisciplinary approach that integrates public health, public safety, harm reduction, individuals with lived/living experience, behavioral health and other social support services can enhance engagement with people with complex needs.
- Partner coordination is essential for resource and expertise sharing, including materials and supplies (e.g., naloxone kits, resource cards), joint personnel training (e.g., roll call training) and tracking distributions and program evaluation activities.
- Ensure that people with lived/living experience (PWLE) have a real voice in planning and implementation and leverage their expertise in cultural competence and building trust (See Appendix B for insights from people PWLE).



EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

- Focus on harm reduction and naloxone distribution, addressing basic and immediate needs with optional person-centered linkages to care.
- Providing education on overdose prevention, including the use of naloxone and recognition of overdose signs.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live.
- Creating non-punitive environments where individuals feel safe to access resources without fear of stigma or judgment.



EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

- Provide LBN orientation and training for personnel participating in LBN activities prior to deployment that addresses, at a minimum, the following elements:
 - **Introduction to LBN and Leadership Support:** LBN overview, its benefits, agency policy and leadership backing.
 - **Dispel Harm Reduction Myths:** Address misperceptions about harm reduction and naloxone use (e.g., does not encourage drug use).
 - **Compassion Fatigue:** Reduce feelings of futility by addressing challenges and frustrations tied to repeated revivals and limited services; manage expectations with facts on the chronic nature and physiology and psychology of SUD.
 - **Post-Reversal Experiences:** Symptoms experienced after an overdose reversal (e.g., confusion, fear, illness, embarrassment, denial, cravings and/or agitation).
 - **Reducing Stigma Through Empathy:** The impact on people with SUD and how personal bias or judgement can be counterproductive. Exposure to personal stories may help build empathy and understanding and reduce stigma.
 - **Engagement Barriers:** Perceptions about enforcement agencies and/or past negative experiences with service providers (i.e., may refuse transport due to fear of withdrawal symptoms, stigma or punishment).
 - **Compassionate Communication Tips:** Easy-to-use and practical language and approaches for engagement. Further information and consultation with people from the target demographic should be incorporated as applicable.
 - LBN personnel is trained in overdose recognition and naloxone administration.



EIGHT BEST PRACTICES FOR QUALITY PUBLIC SAFETY LBN PROGRAMS

- Established clear agency LBN policies (i.e., SOP) that address naloxone kit storage, management and distribution, data collection and reporting and training requirements.
- Collaborate with public health partners to monitor outcomes and evaluate performance. Evaluation activities can include tracking kit distributions (e.g., aggregate counts by zip code), personnel trained, training sessions conducted, and gathering qualitative feedback or anecdotal insights from recipients and personnel (e.g., success stories, challenges) and making enhancements as needed. Share outcomes with public health and safety partnerships.



Attachment A: Empathy-Driven Engagement - Tips for Public Safety LBN Programs

USE language that is empathetic, non-coercive and respectful. For example:

- "Have you ever heard of naloxone?"
- "Do you have a few minutes for me to show you how to use it just in case you ever need it?"
- "Would you be open to hearing about naloxone and how to use it?"
- "May I show you/leave you one of these kits?"
- "This is for you if you'd like it; it's completely voluntary."
- "How are you feeling? or "Are you OK (if recently overdosed)
- "Everything will be OK. You are safe."
- "Things can be tough, and sometimes we all need a little help."
- "Your life matters, and we want to make sure you have what you need to stay safe."
- "This can help keep you safe. Everyone deserves support when they need it."
- "You're not alone in this—there are people who care about you and want to help."
- "We're here to offer a resource if you want it; no judgment, just care and support."
- "Having this kit on hand could make all the difference. Your safety is the priority."
- "Naloxone is a lifesaver, like having a fire extinguisher. Hopefully, you won't need it, but it's important to have it ready just in case you need it."

AVOID language that is directive, parental, shaming or demeaning, such as:

- "You should..." "You need to..."
- "If you don't listen..."
- "The problem with addicts is ..."
- "I really need you to listen..."



Attachment B: Themes from Focus Group of People Who Experienced an Overdose Reversal with Naloxone

Source: Harm Reduction Support Following an Opioid-Overdose Reversal Trainers Manual, 2018, Harm Reduction Coalition in support with the New York State Department of Health AIDS Institute

- **Physical and Emotional Symptoms After Overdose Reversal**
 - Those who overdose may feel physically ill, embarrassed, shame and/or guilt, which can affect their response in the moment.
- **Openness to Accepting a Naloxone Kit**
 - Offering another naloxone kit after an overdose is welcome.
 - *Some participants were not offered another naloxone kit after overdose. They would have wanted another kit. It is not bad to offer.*
- **Flexible Service Options (for linkages to care, if applicable)**
 - *Present services as a menu of options; allow person to choose what works for them.*
 - *[They] will need space for a bit because it's overwhelming after an overdose.*
 - "Sometimes this will happen after the first overdose, [or] it's several overdoses later."
- **Previous History of Stigma from Professionals**
- **Systemic Barriers and Improvements**
 - Many face delays in treatment or care due to long wait lists or insurance issues.
 - *Two participants said their overdose moved them to the top of the list for programs and that was helpful. One person said people are overdosing while on wait lists for treatment.*
- **Gratitude for Dedicated Responders**
 - Participants acknowledged the dedication of responders and workers despite systemic challenges, expressing appreciation for their efforts.
 - *Sometimes the person who overdosed doesn't say 'thank you' to the responder. They might not say 'thank you' because they are embarrassed and ashamed. There's guilt and they don't want to acknowledge that they overdosed...*
 - *"God bless workers who are working with their hands tied."*

MORE RESOURCES IN DEVELOPMENT...



Considering LBN?
Tell us what would be
helpful!

What are your
barriers and needs?

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Scan Here to Request LBN Technical Support
AND/OR to Register your LBN Program with NY ORS:

