NEW YORK STATE | Office for People With Developmental Disabilities

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INFORMATIONAL LETTER

Transmittal:	25-INF-01
To:	Executive Directors of Voluntary Provider Agencies, Executive Directors of Care Coordination Organization/Health Homes, Developmental Disabilities State Operations Offices (DDSOO), Directors Developmental Disabilities Regional Offices (DDRO) Directors
Issuing OPWDD Office:	Division of Statewide Services
Date:	May 22, 2025
Subject:	Opioid Overdose: Risk Identification, Prevention, and Response
Suggested Distribution:	Agency Administrators and Management Staff Clinical Staff and Clinical Staff Supervisors Care Coordination Organization/Health Home Care Management Supervisors Care Coordination Organization/Health Home Care Managers
Contact:	OPWDD Director of Nursing and Health Services nursingandhealthservices@opwdd.ny.gov
Attachments:	

Related ADMs/INFs	Releases Cancelled	Regulatory Authority	MHL & Other Statutory Authority	Records Retention
ADM 2003-01 Registered Nursing Supervision of Unlicensed Direct Care Staff in Residential Facilities Certified by the Office of Mental Retardation and Developmental Disabilities ADM 2015-03 Registered Professional Nurse Supervision of Unlicensed Direct Support Professionals in Programs Approved by the Office for People With Developmental Disabilities		14 NYCRR 633.17	Education Law § 6908(1)(a)(iv) and § 6908(1)(b) Public Health Law § 3000-a Penal Law §§ 220.21 & 220.78	

Purpose:

This informational letter is to raise awareness of the risk of opioid overdoses to people receiving services and staff working in OPWDD certified and/or approved settings and to provide information on:

- Signs of opioid use
- Opioid overdose prevention planning for people at risk
- Use of naloxone (also known as Narcan)

New Yorkers struggling with an addiction, or whose loved ones are struggling, can find help and hope by calling the state's toll-free, 24-hour, 7-day-a-week HOPEline at 1-877-8-HOPENY (1-877-846-7369) or by texting HOPENY (Short Code 467369).

1. **Background:**

Over the past two decades, the United States has experienced a growing crisis of substance abuse and addiction, which has caused a rise in deaths from drug overdoses[1] , including death from an opioid overdose. Opioids are a class of drugs that include synthetic drugs (e.g., fentanyl), pain relievers (e.g., oxycodone), and illegal drugs (e.g., heroin).[2] According to the Centers for Disease Control and Prevention, more than 220 people in the U.S. die every day of an opioid overdose, most involving dangerous versions of fentanyl.[3]

Like many other states, New York is experiencing the consequences of the opioid epidemic, including a significant increase in opioid overdose deaths.[4] For the 12-month period from May 2023 to May 2024, more than 5,500[5] New Yorkers died from an opioid overdose[5], and people receiving services from OPWDD are among those lost.

Increased ability to recognize signs of opioid use and supporting people at risk of an opioid overdose are essential steps to helping to combat the rising number of deaths, including people with intellectual and developmental disabilities (I/DD). An important measure that can also be utilized is the use of a medication that is readily available to counteract an opioid overdose and potentially save a person from death. This medication is naloxone, also known as Narcan, which is used intranasally. Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications when given in time.[6]

2. Key Legal Protections

New York State laws protect people who seek emergency medical care and administer naloxone during an overdose:

- **Seeking Emergency Medical Care:** New York State's 911 Good Samaritan Law (Penal Law § 220.78) allows people to seek healthcare for an overdose without fear of criminal charges. It says that a person seeking healthcare in good faith for themselves or another because of a drug overdose cannot be charged or prosecuted for possessing controlled substances or paraphernalia. The protections do not extend to A1 felony possession of a controlled substance* or sale or intent to sell controlled substances. For more information on the 911 Good Samaritan Law, visit the Department of Health's website.[7]

- **Administering Naloxone:** Another New York State Good Samaritan Law (Public Health Law § 3000-a) can protect people from civil liability for treating an overdose. Section 3000-a essentially says that a person who provides first aid or emergency medical treatment outside of a hospital to

* A person is guilty of A1 felony possession of a controlled substance in the first degree when he or she knowingly and unlawfully possesses: 1. one or more preparations, compounds, mixtures or substances containing a narcotic drug and said preparations, compounds, mixtures or substances are of an aggregate weight of eight ounces or more; or 2. methadone and said methadone weighs five thousand seven hundred sixty milligrams or more (Penal Law § 220.21).

someone who is injured, ill, or unconscious cannot be liable for any resulting injuries or death unless they are grossly negligent. The purpose of this law is to encourage people to act without hesitation in emergency situations.[**]

Please note that descriptions of laws in this document are only summaries and should not be construed as legal advice. Consult an attorney for more complete information on applicable legal protections.

3. Signs of Opioid Use:

While many people legitimately use physician-ordered opioids, opioid abuse can happen to anyone. Anyone can use drugs, anyone can become addicted, and anyone can overdose[8]. Because the signs of opioid use may be present with other conditions or illnesses, it is important to pay attention to significant changes in the person's physical appearance, attitude and/or behavior. When these signs, or combinations of these signs are present, consider that there is the possibility that the person could be using or abusing opioids.

- Physical Signs:
  - Loss of appetite or weight loss
  - Intense flu-like symptoms (e.g., nausea, vomiting, sweating, shaky hands, enlarged pupils)
  - Always wearing long-sleeves or other clothing that covers the arms may indicate injection drug use
  - Pinpoint pupils, often associated with opioid use or opioid intoxication
  - Decreased respiratory rate
  - Drowsiness or non-responsiveness
- Behavioral Signs:
  - Attitude changes
  - Avoiding contact with family and/or friends
  - Change in friends, interests, and/or activities
  - Drop in performance at work
  - Isolation and behavior changes
  - Moodiness, irritability, nervousness/anxiety, giddiness
  - Illicit behaviors
- Environmental Warning Signs:
  - Missing medications
  - Burnt or missing spoons and/or bottle caps
  - Syringes
  - Small bags with powder residue
  - Missing shoelaces and/or belts

4. Opioid Overdose Prevention Planning for People at Risk:

Recognizing signs of opioid use is an important step toward overdose prevention. However, safety measures and preventive interventions may also be needed. Person-centered, individualized prevention planning begins with conversations with the person and information reflected in the Life Plan.

- **Discussion of signs and symptoms:** Conversations with a person about signs that may indicate opioid use, and/or discussions about a person's known opioid use, can be uncomfortable, however they are essential and potentially lifesaving. There are ways to be sensitive to the situation and create a constructive atmosphere for these types of conversations including, but not limited to:
  - Choosing a private time and place for the conversation.
  - Showing concern and being compassionate to the person.

[**] This protection does not apply to licensed members of the following professions, for whom the Education Law provides separate liability protections: dentists (protected by § 6611[6]), physicians (§ 6527[2]), nurses (§ 6909[1]), special assistants (*see* § 6547), and physical therapists (§ 6737).

- Listening to what the person is sharing and being patient - the goal is to have a two-way conversation.
- Words matter - being aware of language used in the conversation that may appear judgmental.
- Not engaging in a conversation about opioid use while the person is under the influence or appears to be under the influence.

- **Inclusion in the Life Plan:** When developing and reviewing a person's Life Plan, explore the person's experience with opioid use or use of other drugs, and potential risk for fentanyl exposure. Discuss current or needed supports, safeguards, and strategies to be included in the Life Plan.
  - **Levels of Supervision:** While it is possible for anyone to inappropriately use an opioid at any time, people with identified risk of inappropriate opioid use, or known inappropriate opioid use, are to have an adequate level of supervision[9] identified in the Life Plan to address these risks.
  - **Development of a Plan of Nursing Services (PONS):** If a person has a known risk for opioid overdose or a related history of drug use that places them at risk for exposure to fentanyl, there must be a PONS in place to address that known risk for opioid overdose, and the possible use of naloxone on an emergency basis. Based on the information gathered through the Life Plan, and other information sources, the PONS is to include information about:
    - The person's known opioid use (prescribed and/ or recreational)
    - The person's specific behaviors, times, or circumstances around opioid use
    - Recognizing an opioid overdose
    - Responding to an opioid overdose
    - Calling 911 immediately if opioid use is suspected.
    - Use of CPR if the person has stopped breathing, or if breathing is very weak.
    - Availability and location of naloxone to reverse an opioid overdose

5. Recognizing an Opioid Overdose

Someone who is overdosing may stop breathing or their breathing may be slow and labored. Act fast! An overdose is life threatening. A person suffering an opioid overdose may present with some or all of the following symptoms:

- Unusual sleepiness and you are not able to awaken the person with a loud voice or by rubbing firmly on the middle of their chest (sternum)
- Breathing problems including slow or shallow breathing
- The black circle in the center of the colored part of the eye (pupil) is very small, sometimes called "pinpoint pupils"
- Gurgling or choking noises
- Body is limp
- Heart rate slows or stops
- Blue lips and/or nails

6. Use of Naloxone:

Administering naloxone to a person experiencing an opioid overdose can save their life. Except for the potential for rare mild side effects, there are no negative health outcomes to receiving/providing naloxone, even if person is not experiencing an opioid overdose[5]. While OPWDD does not require providers to have naloxone on their premises for emergency use, through this informational letter, agencies are encouraged to consider developing policies and procedures for obtaining, administering, and storing naloxone.

- **Staff Training on Naloxone Administration:**
  If an agency chooses to obtain naloxone for emergency use, Staff must be trained on how to administer the medication prior to any administration of naloxone. An RN does not need to

provide the staff training. Staff must be retrained annually or more frequently as needed, and all training must be documented.

Any training for the administration of naloxone may be used. Examples may include:

- New York State Department of Health (NYSDOH) training on naloxone administration:
  - NYSDOH Child Version on Vimeo [10]
  - OCFS/ODOH Spanish on Vimeo [11]
  - Naloxone Training Video Adult Version [12]

- New York State Office of Addiction Services (OASAS) training.

  - OASAS naloxone rescue offers training sessions via Webex at no cost to the staff. Staff may individually register for OASAS naloxone training online at their webpage: https://oasas.ny.gov/upcoming-naloxone-trainings.
  - Additionally, OASAS may be able to schedule private training for groups or organizations of 20 or more by contacting Mandee Nann via email at: Mandee.Nann@oasas.ny.gov for more information.

In addition to naloxone administration training, staff training should also include, but is not limited to:

- Agency policy and procedure related to emergency medication administration;
- Who must be notified when naloxone is used and how they are to be notified (e.g., immediately calling 911, RN notification);
- Follow-up care;
- Documentation of administration of naloxone;
- Completion of relevant incident reporting requirements;
- Disposal of used naloxone device;
- Identification of naloxone expiration dates;
- Replacement of naloxone; and
- Other relevant training information.

- **Storing Naloxone:**

If an agency chooses to obtain and store naloxone, it must be stored in compliance with 14 NYCRR 633.17.

Because **any staff may be trained to respond to an opioid overdose with naloxone**, naloxone does not need to be stored with other medications as only Approved Medication Administration Personnel (AMAP) certified staff will have access to other medications.

Additional Resources

- CDC, Understanding the Opioid Overdose Epidemic: Overdose Prevention[13]
- CDC, Provisional Drug Overdose Death Counts[14]
- NSC Injury Facts, Drug Overdoses[15]
- CDC, Lifesaving Naloxone - Stop Overdose[16]
- National Institute on Drug Abuse, Drug Facts[17]
- NYSDOH, Non-Patient Specific Prescription for Naloxone with Pharmacy Dispensing Protocol[18]

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