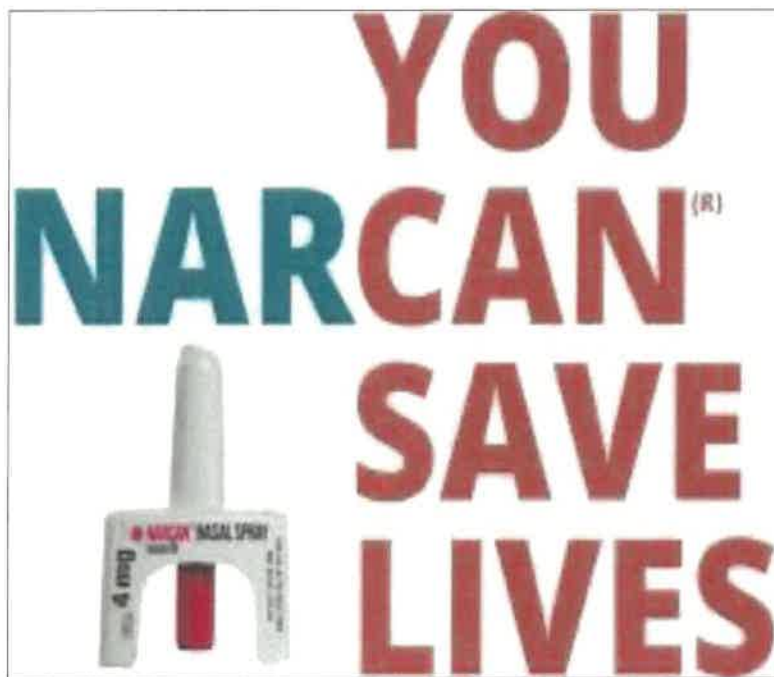


**RIVERSIDE COUNTY
CIVIL GRAND JURY
2023-2024
REPORT**



**NARCAN
SAVING LIVES IN RIVERSIDE COUNTY**

NARCAN – SAVING LIVES IN RIVERSIDE COUNTY

SUMMARY

This is an informational report on how Riverside County and first responders are fighting the opioid epidemic with the use of Narcan.

Opioid use is a huge public health issue. As a result of the increased availability of Narcan (generic version, naloxone hydrochloride), medical response personnel have been able to reduce the number of fatalities resulting from opioid overdoses.¹

California's Governor announced that first responders, universities, and other qualifying organizations will be provided Narcan at no cost through CalRx's Naloxone Access Initiative.²

Narcan is a safe, effective, and non-addictive antidote that induces a rapid onset of action to counter the effects of an opioid overdose. It can be easily administered by anyone via nasal spray or injection.³

BACKGROUND

Opioids include illegal and legal substances such as heroin, oxycodone, hydrocodone, codeine, morphine, fentanyl, and others. In Riverside County, opioid-related deaths increased 10% for the years 2011-2015. The current data in Table 1, provided by the Riverside County Emergency Medical Services (EMS), identifies the Opioid Overdose Metrics from 2020-2023, by age group, gender, and cities in Riverside County.⁴

DISCUSSION

All 50 states and the District of Columbia have enacted laws related to the use of Narcan for the treatment of opioid overdoses. Once Narcan has been administered, they are then transported to a medical facility for observation and further treatment (unless the person refuses). Opioid overdose can result in death from cessation of breathing and can be prevented through the administration of Narcan, a quick-acting opioid antagonist.⁵ According to the Federal Drug Administration, the shelf life of Narcan is 3 to 4 years.⁶

In dealing with an overdose, seconds matter. If administered in a timely manner, Narcan can reverse an overdose by blocking the effects of opioids. It can restore normal breathing in a

person whose breathing has diminished, or even stopped, and can reduce the risk of death. More than one dose of Narcan may be required when stronger opioids are involved.

The public can administer Narcan before first responders arrive on the scene and potentially save a life. Based on data received from EMS⁷, a review of cities within Riverside County, indicated that all respective police departments are diligent and proactive in administering Narcan when responding to an opioid overdose (see Table 1). These statistics show the number of positive and negative responses. The collecting and tracking of doses administered is inconsistent.

Riverside County Sheriff's Office (RSO) does not record lives saved or lost and only focuses on the doses administered per incident.⁸ RSO appears to be diligent and proactive in administering Narcan.

Some agencies had no data, while others had detailed data. The inconsistencies of how data is collected is caused by two factors: a lack of current mandates required for documentation and a lack of understanding of what information is pertinent to track. (See Table 2)

FINDINGS

F1: The statistical data provided by the EMS on Narcan usage for 2021, 2022, and 2023 indicates a declining percentage of on-scene fatalities.

F2: The availability of Narcan has assisted law enforcement and the public to assist suspected opioid overdoses and to have a better chance of survival.

F3: There is a lack of guidance regarding what data should be tracked by law enforcement and other first responders when administering Narcan.

RECOMMENDATION

R1: A comprehensive method should be created to collect pertinent Narcan data on a monthly basis from all emergency responders and/or medical providers. This data should include the number of incidents, dosages by incidents, number of lives saved, and number of fatalities.

REQUIRED RESPONSES

Riverside County Board of Supervisors

- Findings: F1, F2, F3
- Recommendation: R1

Riverside County Sheriff's Office

- Findings: F1, F2, F3
- Recommendation: R1

City of Blythe

- Findings: F1, F2, F3
- Recommendation: R1

City of Indio

- Findings: F1, F2, F3
- Recommendation: R1

City of Palm Springs

- Findings: F1, F2, F3
- Recommendation: R1

City of Banning

- Findings: F1, F2, F3
- Recommendation: R1

City of Beaumont

- Findings: F1, F2, F3
- Recommendation: R1

City of Corona

- Findings: F1, F2, F3
- Recommendation: R1

City of Murrieta

- Findings: F1, F2, F3
- Recommendation: R1

City of Hemet

- Findings: F1, F2, F3
- Recommendation: R1

City of Menifee

- Findings: F1, F2, F3
- Recommendation: R1

City of Riverside

- Findings: F1, F2, F3
- Recommendation: R1

INVITED RESPONSES

Riverside County Emergency Management Office (EMS)

- Findings: F1, F2, F3
- Recommendations: R1

SOURCES/REFERENCES

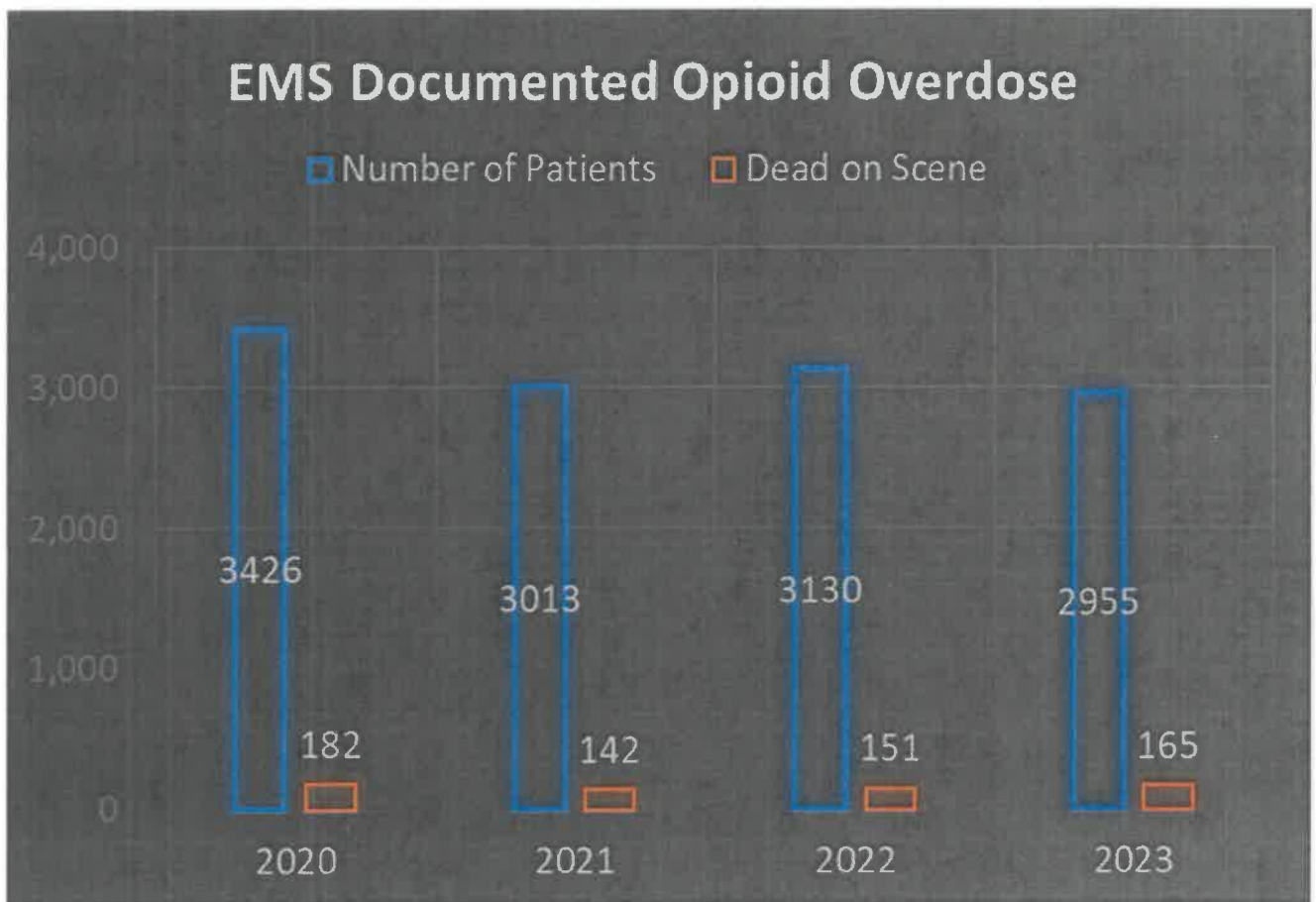
1. Life-Saving Naloxone from Pharmacies. (2019). Centers for Disease Control and Prevention. <https://www.cdc.gov/vitalsigns/naloxone/index.html>
2. LA Times Article, Monday 4-29-24 – Staff writer Summer Lin
3. FDA shelf life. www.fda.gov 01-17-24
4. Overdose and Opioid deaths in Riverside County, CA-Riverside University Health System-Public Health <http://www.ruhealth.org/sites/default/files/2020-08/opioid2018-ck.pdf>
5. Life-Saving Naloxone from Pharmacies. (2019). Centers for Disease Control and Prevention. <https://www.cdc.gov/vitalsigns/naloxone/index.html>
6. FDA shelf life. www.fda.gov 01-17-24
7. EMS <https://www.rivcoems.org>
8. Overdose and Opioid deaths in Riverside County, CA-Riverside University Health System-Public Health <http://www.ruhealth.org/sites/default/files/2020-08/opioid2018-ck.pdf>

TABLE 1 (EMS GRAPHS)

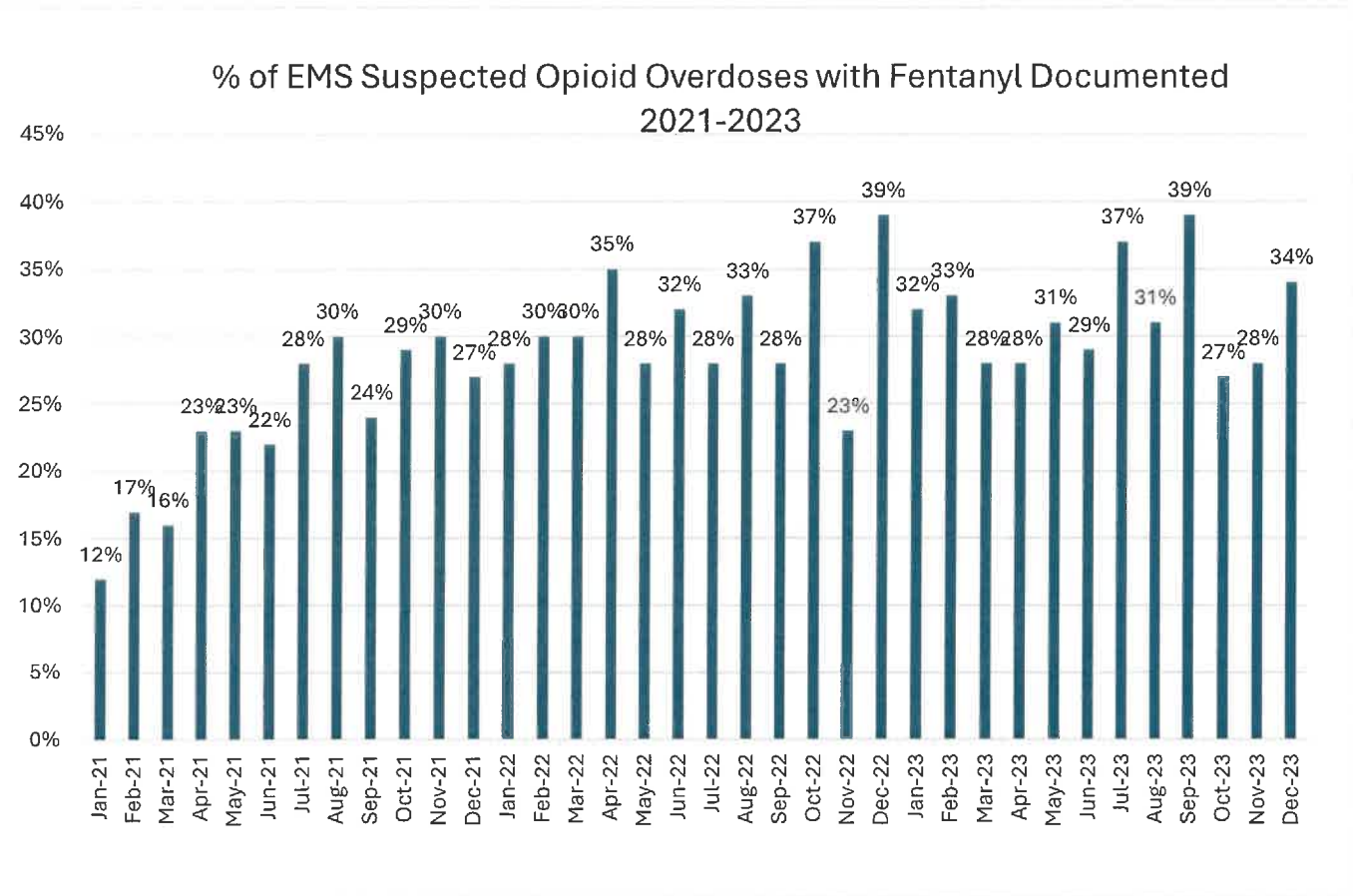
Grand Jury Request for Riverside County EMS Agency Opioid Overdose Metrics 2020-2023

NOTE: Metrics provided for the years available. Some metrics may have only been developed since 2022. Also note, data is based on documentation only. Most EMS care is thoroughly documented; however, documentation errors/omissions do occur. Therefore, some metrics may reflect documentation errors/omissions and not actual patient care. Finally, fatality and “dead on-scene” refers only to patients pronounced dead in the field by EMS personnel in accordance with Riverside County EMS Policy 4108 (REMSA Policy 4108). This does not account for patients pronounced dead at the hospital or other personnel.

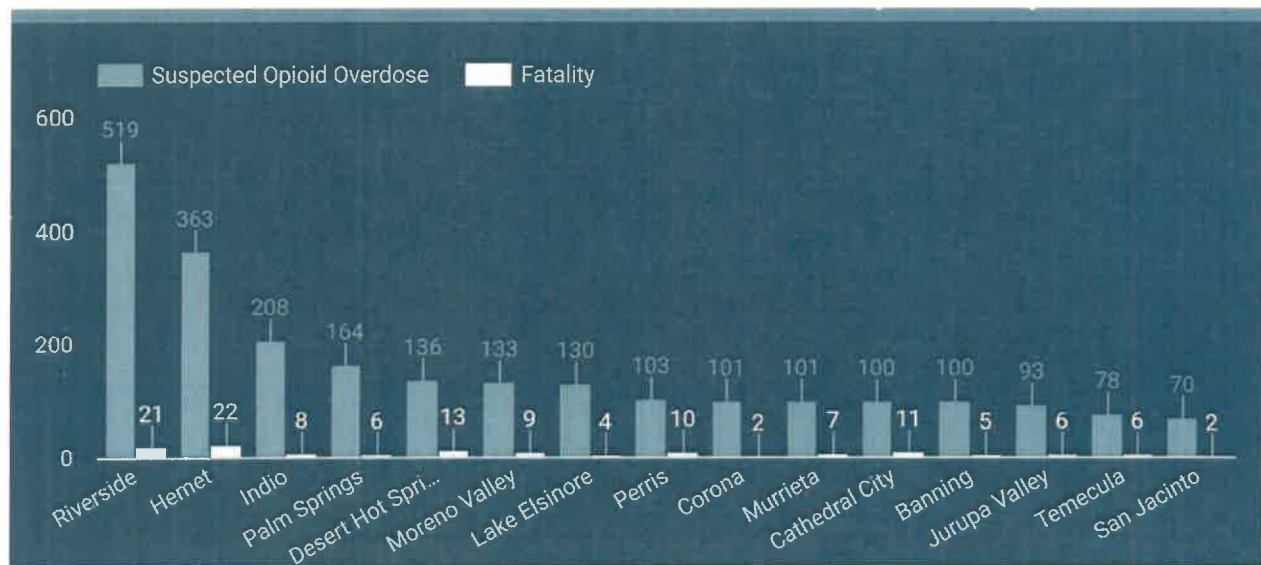
Total EMS Documented Opioid Overdoses & On-Scene Fatalities by Year



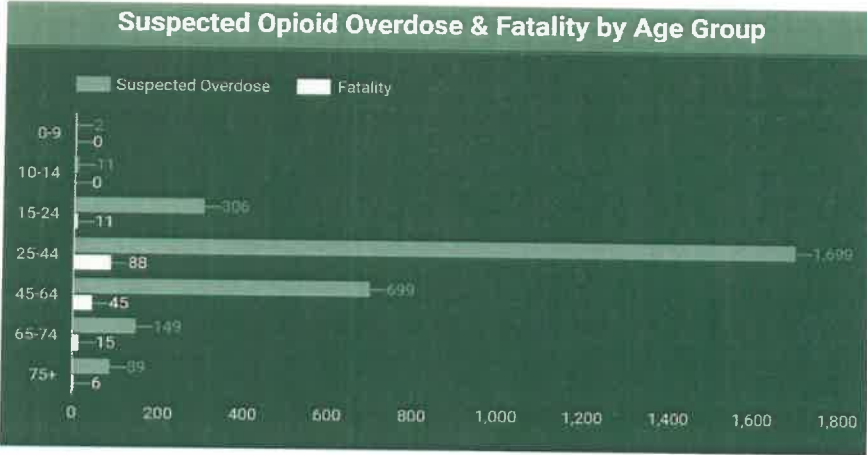
Fentanyl Use in Suspected Opioid Overdoses (2021 - 2023)



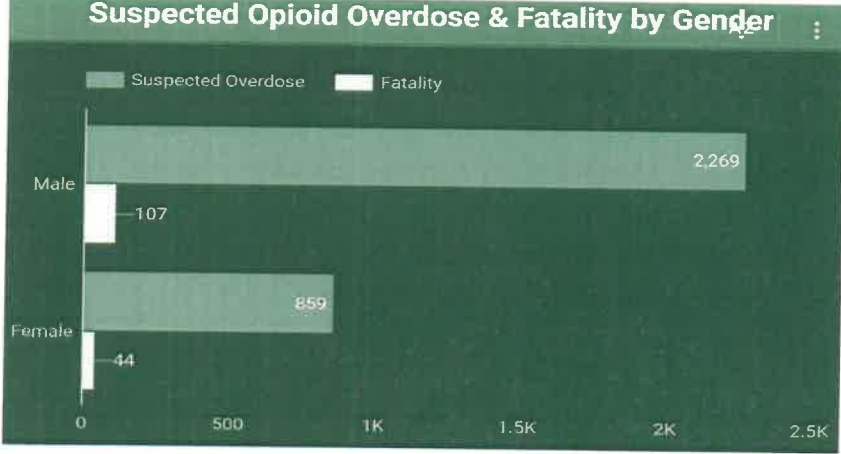
Suspected Opioid Overdose by City (2023)



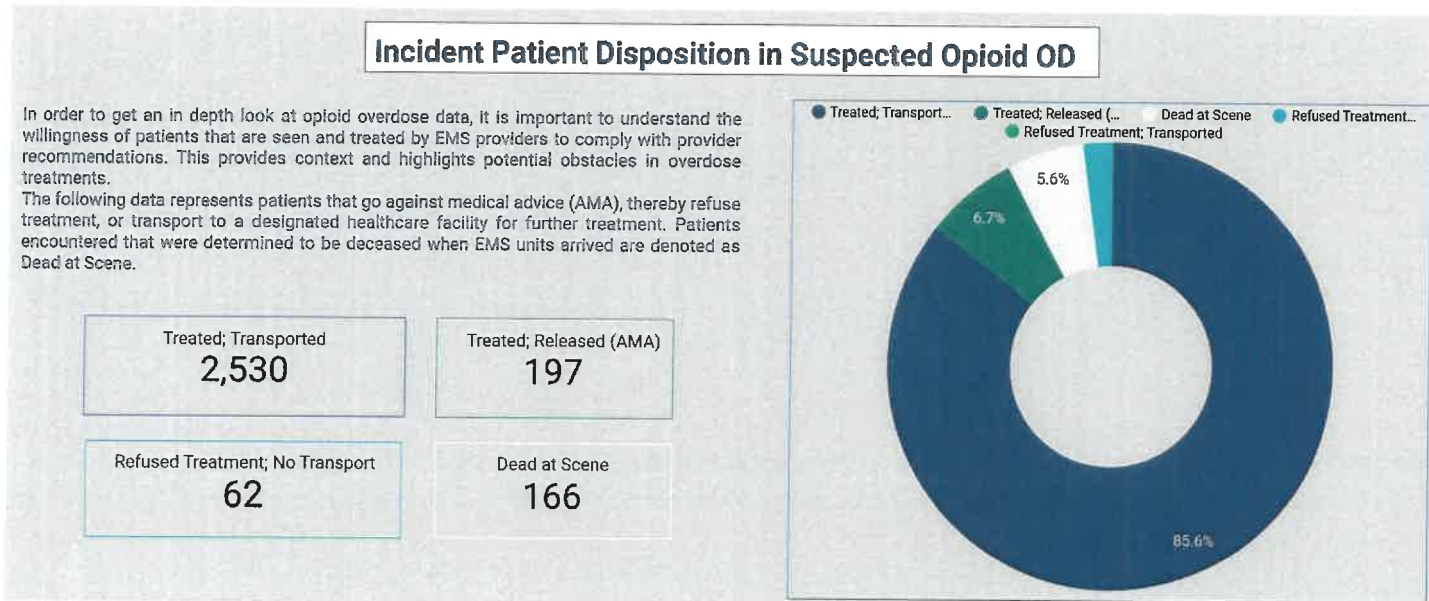
Suspected Opioid Overdose & Fatality by Age Group (2023)



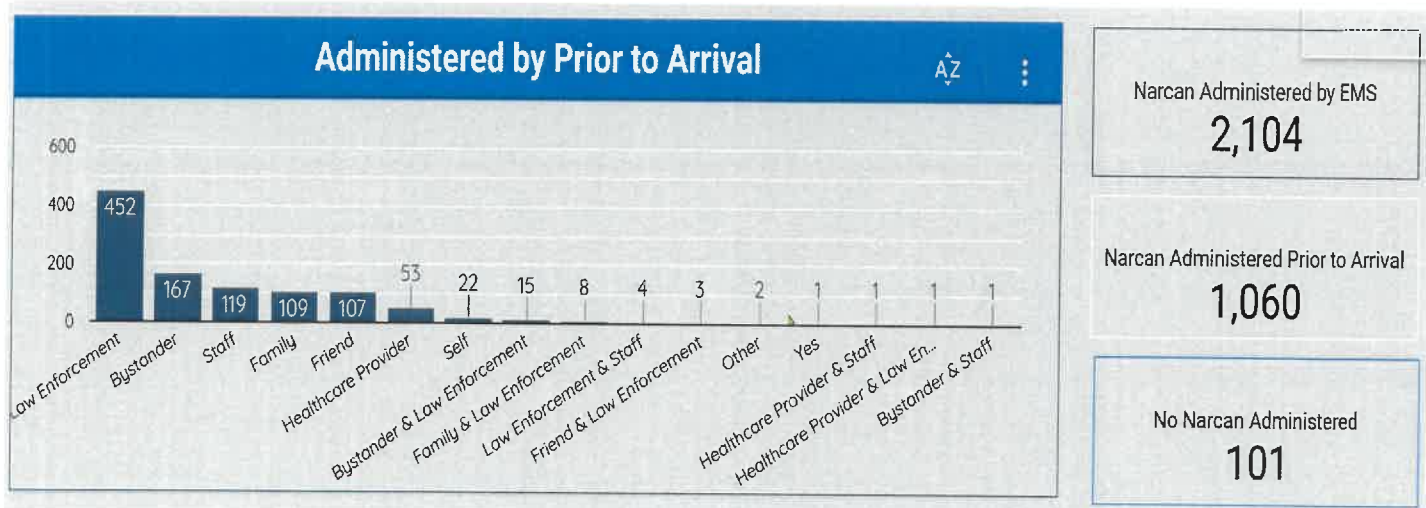
Suspected Opioid Overdose & Fatality by Gender (2023)



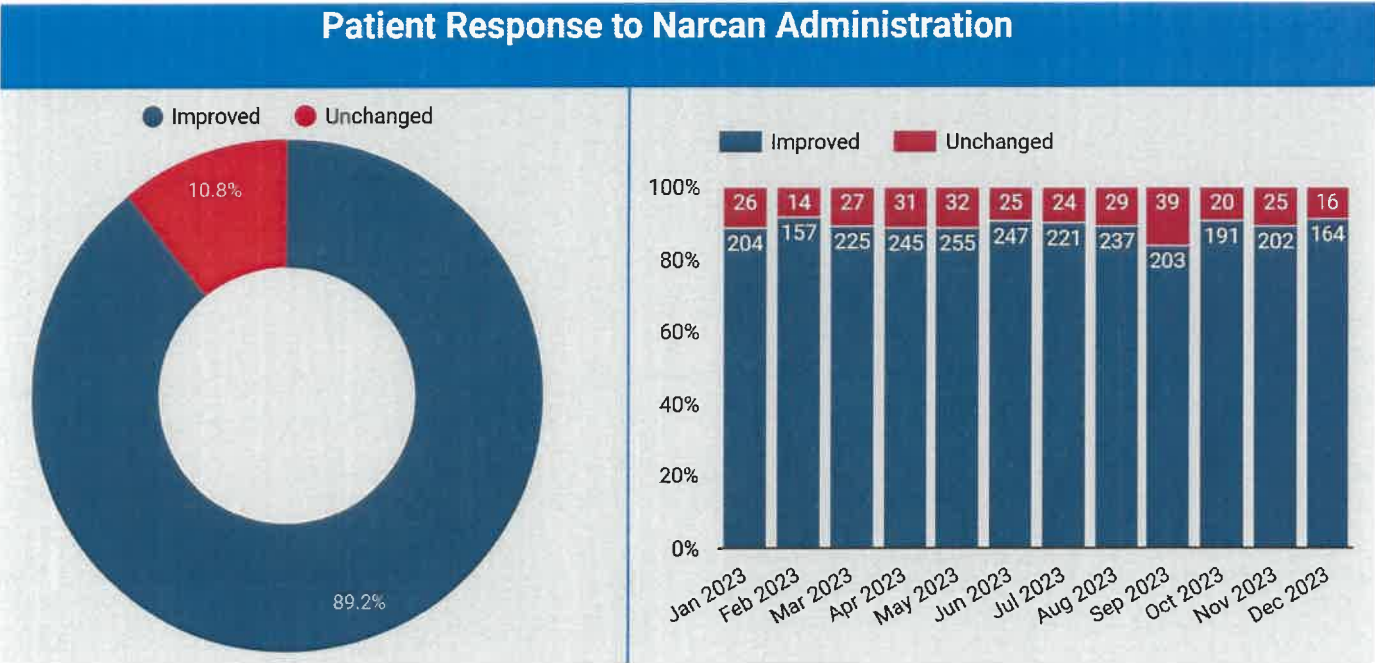
Incident Patient Disposition in Suspected Opioid OD (2023)



Naloxone/Narcan Administration & Efficacy (2023)



Patient Response to Naloxone/Narcan Administration (2023)



Leave Behind Naloxone Program (2023)

Leave Behind Naloxone Program

Several Ambulance/Fire Agencies within Riverside County provide naloxone kits to patients/family/at-risk persons

Participating Provider Agencies
 AMR
 Cathedral City Fire Department
 Corona Fire Department
 Soboba Fire Department

Total Count <h2 style="text-align: center;">326</h2>	Date Range Count <h2 style="text-align: center;">149</h2>
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REMSA Policy 3309 - Intranasal Naloxone Use by Public Safety Personnel



3309	Intranasal Naloxone Use by Public Safety Personnel
Operational Policy	



Last Reviewed: October 4, 2022	Last Revised: December 1, 2023
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PURPOSE

To establish the processes and procedures to allow for approved public safety personnel (PSP) to provide intranasal naloxone to patients with suspected acute narcotic overdose.

Training Standards

1. Agencies that employ PSPs in Riverside County seeking to utilize naloxone to manage patients with suspected narcotic overdose shall be authorized and approved by REMSA in accordance with state laws, regulations and REMSA policies. Authorized agencies shall administer naloxone in accordance with this policy.
2. PSPs must be trained to the Public Safety Personnel First Aid and CPR standard as outlined in Title 22, Division 9, Chapter 1.5, Section 100017 (found here: [https://govt.westlaw.com/calregs/Document/I64A10E20B55D11E4BD3CC9706BA5168A?viewType=FullText&originC ontent=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I64A10E20B55D11E4BD3CC9706BA5168A?viewType=FullText&originC ontent=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)) and maintain ongoing competencies and proficiencies as outlined by Section 100022 (found here: [https://govt.westlaw.com/calregs/Document/I654EB340B55D11E4BD3CC9706BA5168A?viewType=FullText&originC ontent=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I654EB340B55D11E4BD3CC9706BA5168A?viewType=FullText&originC ontent=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))).
3. Ongoing competency for the administration of intranasal naloxone must be maintained every two (2) years, training for ongoing competency must be approved by REMSA.
4. Each authorized agency that employs PSPs that is requesting authorization will submit:
 - a. A formal request for approval of intranasal naloxone use.
 - b. A designated point of contact for the program and provide contact information for the individual in the formal request letter above.

Performance Standards

PSPs working for agencies authorized to administer intranasal naloxone by REMSA may provide 4 mg intranasal naloxone following procedure outlined in this policy and in REMSA approved training.

1. Intranasal Naloxone Administration:
 - a. Identify the victim of possible narcotic overdose.
 - b. Ensure paramedic response has been requested.
 - c. Maintain standard blood and body fluid precautions and use appropriate personal protective equipment.
 - d. Check victim for responsiveness.
 - e. Ensure an open airway using Basic Life Support Techniques. Perform CPR if patient is in cardiac arrest.
 - f. As clinically indicated, provide rescue breathing using a bag-valve-mask or face shield.
 - g. Administer intranasal naloxone, using procedure from training.
 - i. Repeat dose if respiratory depression persists (breathing < 8 breaths/minute).
 - h. Continue CPR, rescue breathing, or other first aid as clinically indicated.
 - i. Prepare for possible reversal behavior or withdrawal symptoms such as agitation/aggression, combativeness, vomiting, etc.
 - j. Notify the responding agency’s paramedic of the administration of naloxone.
 - k. Replace the used naloxone device with another intranasal naloxone administration device.

2. Responding EMS providers shall document the intranasal naloxone use as “prior to arrival” and assign the administration to the administering public safety agency.
3. Participating public safety agencies will report all cases of naloxone administration to REMSA via the Naloxone use for Public Safety Personnel form, found here: <https://forms.office.com/g/CaDY22ycFA>

I. REMSA Policy 3309 Reporting Form Link

<https://forms.office.com/g/CaDY22ycFA>

II. Riverside County Sheriff’s Division (RSO) - Naloxone Administration under Policy 3309 (2022 -2023 only)

2023

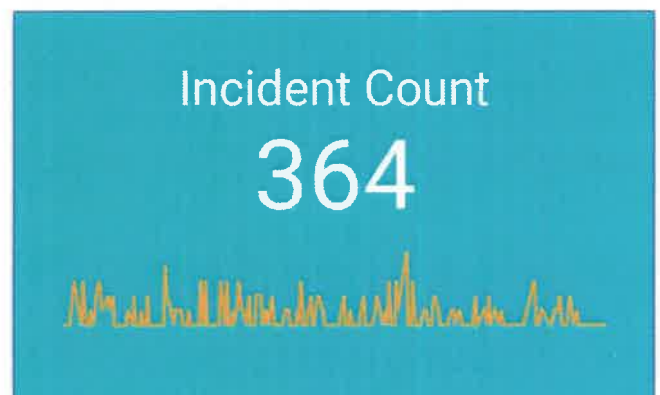


TABLE 2 (CITY POLICE DEPARTMENTS NARCAN USAGE)

January 1, 2021 thru December 31, 2023

BLYTHE)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan									
February									
March									
April									
May									
June									
July									
August									
Sept									
Oct									
Nov									
Dec									
TOTAL YEAR	0	0	0	0	0	0	0	0	0

INDIO

(Data is times Narcan was used, not how many dosages)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan						1			3
February						4			2
March									2
April						1			5
May						4			1
June									1
July						7			1
August						2			1
Sept						3			2

Oct						3			1
Nov						3			2
Dec	0	0	1	0	0	2	0	0	0
TOTAL YEAR	0	0	0	0	0	30	0	0	21

PALM SPRINGS (Data is times Narcan was used, not how many dosages)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan							1		1
February							2		2
March									
April							1		1
May									
June				1		1			
July				2		2			
August									
Sept									
Oct				1		1			
Nov				2		2			
Dec									
TOTAL YEAR				6		6	4		4

BANNING (Data is total of Narcan dosages used per month)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan									
February									1
March									
April									
May									6
June									2
July									1
August									4
Sept									2
Oct									
Nov									1

Dec									4
TOTAL YEAR	0	0	0	0	0	0	0	0	21

BEAUMONT (Data is times Narcan was used, not how many dosages)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan									
February									
March									
April									
May									
June									
July									
August									
Sept									
Oct							1	1	2
Nov								1	1
Dec									
TOTAL YEAR							1	2	3

CORONA (Data is total of Narcan dosages used per month)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan			1			13			4
February			4			15			4
March			9			8			6
April			6			9			1
May			7			5			8
June			6			10			6
July			6			8			9
August			9			5			6
Sept			8			8			6
Oct			3			11			5

Nov		6		5		9
Dec		7		4		8
TOTAL YEAR		72		101		72

MURRIETTA

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan									
February									
March									
April									
May									
June									
July									
August									
Sept									
Oct									
Nov									
Dec									
TOTAL YEAR									

HEMET (Data is total of Narcan dosages used per month)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan				5	1	6	3		4
February					2	2	1		1
March				2	2	5		1	1
April				4	1	5		2	5
May				2		2	3		7
June				2	2	7	4		4
July				2		2			
August	2	1	3	3	2	5	2		3
Sept	6		6	3		3	1	2	3
Oct	1	3	4	2	2	5			
Nov				2	1	3	1	1	2

Dec	1		1	1	1	3			1
TOTAL YEAR	10	4	14	28	14	48	15	6	31

MENIFEE

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan									
February									
March									
April									
May									
June									
July									
August									
Sept									
Oct									
Nov									
Dec									
TOTAL YEAR	0	0	0	0	0	0	0	0	0

RIVERSIDE PD (Data was not collected)

	2021		Total by Month	2022		Total by Month	2023		Total by Month
	Male	Fem		Male	Fem		Male	Fem	
Jan									
February									
March									
April									
May									
June									
July									
August									
Sept									
Oct									
Nov									

Dec

TOTAL YEAR	0	0	0	0	0	0	0	0	0
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TABLE 3 - RUHS (per patient) and Sheriff Detention Centers (per doses)

	2021		Total by	2022		Total by	2023		Total by
	Male	Fem	Month	Male	Fem	Month	Male	Fem	Month
JANUARY									
RPDC				1		1	1	1	2
CBDC				2		2	2		2
SCF				4		4	1	2	3
JBDC				1		1			
BLYTHE									
SUBTOTAL				8		8	4	3	7
FEBRUARY									
RPDC							2	1	3
CBDC				3		3	1		1
SCF							4	3	7
JBDC				1		1	3		3
BLYTHE									
SUBTOTAL				4		4	10	4	14
MARCH									
RPDC				2		2	1	2	3
CBDC				2	2	4	6		6
SCF				1		1	1	1	2
JBDC							1		1
BLYTHE									
SUBTOTAL				5	2	7	9	3	12
APRIL									
RPDC				2		2	6		6
CBDC							11		11
SCF								3	3
JBDC							1		1
BLYTHE									
SUBTOTAL				2		2	18	3	21
MAY									
RPDC				3	1	4	3		3
CBDC				3		3	1	1	2
SCF					3	3	3	2	5
JBDC				1		1	5	1	6
BLYTHE									
SUBTOTAL				7	4	11	12	4	16
JUNE									
RPDC				1		1	3	2	5
CBDC				4		4	5		5
SCF				6	3	9		3	3
JBDC								1	1

BLYTHE									
SUBTOTAL				11	3	14	8	6	14
	2021		Total by	2022		Total by	2023		Total by
	Male	Fem	Month	Male	Fem	Month	Male	Fem	Month
JULY									
RPDC							1		1
CBDC				2		2	1		1
SCF				1	10	11	2	1	3
JBDC							1		1
BLYTHE							1		1
SUBTOTAL				3	10	13	6	1	7
AUGUST									
RPDC				7	4	11	6		6
CBDC				11		11	1		1
SCF							4		4
JBDC				2		2	3		3
BLYTHE				1		1			
SUBTOTAL				21	4	25	14		14
SEPTEMBER									
RPDC					1	1	2		2
CBDC				5		5	1		1
SCF				2		2	1		1
JBDC				3		3		1	1
BLYTHE							1		1
SUBTOTAL				10	1	11	5	1	6
OCTOBER									
RPDC				4	1	5	2		2
CBDC				1		1	2		2
SCF				3	8	11	2		2
JBDC				2		2		1	1
BLYTHE				1		1			
SUBTOTAL				11	9	20	6	1	7
NOVEMBER									
RPDC				2	2	4	1		1
CBDC				7		7	1		1
SCF					2	2	4		4
JBDC							1		1
BLYTHE									
SUBTOTAL				9	4	13	7		7
DECEMBER									
RPDC				2	1	3	5	1	6
CBDC				2		2	2		2
SCF				1	3	4	8		8
JBDC				2		2			
BLYTHE					1	1			

SUBTOTAL	7	5	12	15	1	16
YEAR TOTAL	98	42	140	114	27	141

RIVCO SHERIFF DETENTION CENTERS

	<u>2021</u>		<u>2022</u>		<u>2023</u>	
	<u>Total # of Incidents</u>	<u>Total # of Doses</u>	<u>Total # of Incidents</u>	<u>Total # of Doses</u>	<u>Total # of Incidents</u>	<u>Total # of Doses</u>
RPDC	8	22	34	46	34	39
CBDC	5	12	43	61	33	44
SCF	5	18	48	53	38	54
JBDC			12	23	18	31
Blythe			3	3	2	2
TOTAL YEAR	18	52	140	186	125	170

RIVCO SHERIFF Deputy's in field

	<u>2021</u>		<u>Incidents by Month</u>		<u>Doses by Year</u>		<u>2022</u>		<u>Incidents by Month</u>		<u>Doses by Year</u>		<u>2023</u>		<u>Incidents by Month</u>		<u>Doses by Year</u>			
	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem		
Jan																			16	28
February																			17	15
March																			13	17
April																			14	26
May																			15	33
June																			13	29
July																			15	21
August							11												18	29
Sept							11												19	21
Oct							8												19	19
Nov							7												24	19
Dec							5												19	15
TOTAL YEAR	37	4	42	70	154	48	202	238	202	70	272	418								

Report Issued: 6/11/2024

Report Public: 6/14/2024

Response Due: 9/14/2024