A recent survey of High Intensity Drug Trafficking Area (HIDTA) Domestic Highway Enforcement (DHE) participants at the national level has demonstrated a need for changes to departmental training and operational policies in regards to the safe handling and testing of illicit drugs.

Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine, but is 50 to 100 times more potent than heroin. It is a schedule II prescription drug, and is typically used to treat patients with severe pain or to manage pain after surgery. It is also used to treat patients with chronic pain who are physically tolerant to other opioids.\(^1\)

The photo to the right was produced by the New Hampshire State Police Forensic Laboratory to show the lethal dose of fentanyl as opposed to heroin. On the left is a lethal dose of heroin, equivalent to about 30 milligrams; on the right is a 3 milligram dose of fentanyl, enough to kill an average-sized adult male.

Fentanyl can be inadvertently inhaled and/or absorbed through the skin during seizures by law enforcement officers as has been the case in New Jersey and most recently, Hartford, Connecticut. In September, a flash-bang grenade tossed into a stash house kicked up powdered fentanyl and heroin that SWAT officers raiding the building breathed in. Eleven (11) officers became dizzy and nauseous and had to be treated at a local hospital.

Drug Trafficking Organizations (DTOs) are increasingly mixing heroin with fentanyl to increase the heroin’s potency and effect. Users are unaware of the heroin containing fentanyl and are overdosing, believing to be using only heroin.

Fentanyl binds the mu opioid receptor in a user’s brain more tightly than heroin which means more naloxone is required to combat a fentanyl overdose than a heroin overdose. “In a fentanyl overdose, you may not be able to totally revive the person with the Narcan dose you have,” said Scott Lukas, director of the Behavioral Psychopharmacology Research Laboratory at McLean Hospital in Belmont, Mass. “Naloxone easily knocks morphine off of the receptor, but does that less so to fentanyl.”\(^2\)

The Drug Enforcement Administration (DEA) Emerging Trends Program compiles data through a query of archived seizure and analysis information from drug evidence analyzed by the DEA’s laboratory system. The program identified fentanyl as accounting for approximately 70% of the opioid identifications made in the third quarter of 2016. DEA reports fentanyl with other active substances increased significantly over the course of the third quarter.\(^3\)

\(^1\) National Institute on Drug Abuse, [https://www.drugabuse.gov/drugs-abuse/fentanyl](https://www.drugabuse.gov/drugs-abuse/fentanyl)
\(^3\) Drug Enforcement Administration (DEA) Emerging Trends Program
Another concern is the appearance of carfentanil in the U.S. drug market. Carfentanil is used as a tranquilizing agent for elephants and other large mammals. The lethal dose range for carfentanil in humans is unknown; however, carfentanil is approximately 100 times more potent than fentanyl.²

70% of the survey respondents advised fentanyl has been seized in their areas of responsibility. However, only 40% of the respondents carry an opiate antidote (naloxone). While most agencies have policies in place for the safe handling of illicit drugs, only 60% of the respondents advised it is mandatory to wear some type of protective gear when searching for and in the seizing of illicit drugs.

In order to protect the general public and law enforcement officers, agencies are advised to devote immediate attention to their guidelines in the searching and seizing of illicit drugs. While it may not be possible for all agencies to acquire sufficient doses of opiate antidotes to equip all officers, officers that do not carry opiate antidotes should be trained in the nearest availability of such including instruction in proper administration.

Safety Considerations

If your agency does not have a policy concerning the safe handling of fentanyl and/or carfentanil, officers should consider the following:

- The field testing of exhibits suspected to be or suspected to contain fentanyl and/or carfentanil should be discontinued.
  - If field testing is performed, it should never take place in an office environment. Testing should only be conducted in a well-ventilated area.
- At a minimum, officers should wear protective gloves while in the performance of searching where illicit drugs may be encountered.
- Due to the possibility of inhalation, some type of protective covering for the nose and mouth should also be used.
- Any exhibit believed to contain any quantity of fentanyl and/or carfentanil should be double-bagged and appropriately marked to show their believed contents.
- The onset of adverse side effects including disorientation, coughing, sedation, respiratory distress or cardiac arrest, usually occur within minutes of exposure. Officers transporting exhibits believed to contain fentanyl and/or carfentanil to laboratories for analysis should use caution and not transport the exhibits in the passenger compartment of the vehicle.
- Canines should not be deployed in any situation where fentanyl and/or carfentanil is suspected and should be used cautiously in other situations involving illegal drugs. Handlers should monitor canines for a period of time after deployment to determine any unusual behavior which may indicate exposure.

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² Drug Enforcement Administration (DEA), Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis