Handling Drug Overdoses

DEA Intelligence Report

- Pennsylvania Ranks 8th in the USA for overdose deaths.
- More than 55% of the overdose deaths resulted from Heroin
- More than 60% of the overdose deaths involved an Opioid
- 42% of overdose deaths involved some type of Illicit Drugs (“Illicit” was categorized by the report and is in the preceding information)
Drug Schedules and Opioids

I  II  III  IV  V

• Controlled substances and drugs are placed into one of five schedules based on:
  – Current accepted medical use in USA
  – Their relative abuse potential
  – The likelihood of causing dependence when abused
• Legal Opioids are used to relieve severe pain.

Illegal Opioids

• Opium
• Heroin
Heroin

- Schedule 1 Drug
- No accepted medical use
- High potential for abuse
- Can lead to severe physical and psychological dependence

- In 2014, 36 PA counties reported 1,514 heroin deaths.

The Current Opioid Epidemic

- Pain medication use can lead to addiction
- Drug seeking behavior can become obsessive
- Legal drugs are diverted to illegal use
- People addicted to pain medication sometimes turn to Heroin because it is less expensive
- Addiction affects one in four Pennsylvania families

Expensive prescription pain medication

Less expensive heroin
Types of Individuals Who Overdose

- Those taking prescription pain medications
- Senior citizens
- Individuals who accidentally ingest a substance
- Individuals experimenting with drugs
- Individuals addicted to drugs

Risk Factors for Overdose

- Other substances are being added
- Variation in cutting agents used
- Changes in tolerance levels
- Mixing drugs i.e. Fentanyl
Risk Factors for Overdose (Fentanyl)

- Fentanyl is about 80 times more potent than morphine and about 50 times more potent than heroin.
- Sold in various forms.
- Mixing alcohol or other drugs with heroin can increase the likelihood of an overdose.

Fentanyl: A Real Threat to Law Enforcement

- Fentanyl Roll Call Video.mp4
Risk Factors for Overdose

- Release from addiction treatment
- Release from prison
- Individuals who have never taken opioids
- Individuals prescribed opioids for other conditions

Pennsylvania’s Response

- Expand evidence-based prevention /education programs
- Prescribe guidelines for physicians emergency departments and dentists
- Support substance use disorder education requirements for medical students
- Increase access to appropriate levels of care for residents at all stages of substance use disorders
- Implement Pennsylvania Act 139.
Pennsylvania Act 139

- Allows police and firefighters to obtain, carry, and administer Naloxone;
- Requires a written agreement with a department’s EMS agency;
- Requires a prescription or standing order through a physician; and
- Requires individuals to complete approved training.

Grants immunity from criminal prosecution, civil liability and professional review to persons, law enforcement agencies, fire departments, or fire companies who:
- Act in good faith and with reasonable care
- Administers naloxone to a person who they believe is suffering an opioid-related overdose
- Received training and instructional material in accordance with the act and promptly seeks additional medical assistance.
Pennsylvania Act 139 Saves Lives

- Family members and others can obtain and administer naloxone with a prescription.
- Individuals with a prescription should summon 911 to the scene of an overdose and remain with the individual until help arrives.

Initial Response To Overdoses

Ensure scene safety

- Maintain a mindset that the call may be something other than what was initially reported.
- Be aware of the potential for ambush.
Initial Response To Overdoses

Ensure scene safety

Observe and note physical evidence

Query bystanders, reporting person, others
Initial Response To Overdoses

Ensure scene safety

Observe and note physical evidence

Query bystanders, reporting person, others

Perform initial medical assessment and intervention

Signs of an Opioid Overdose

• Slow, irregular or absence of breathing
• Bluish tinge to the skin, limp body, pale face
• Clammy skin
• Pinpoint pupils
• Slow pulse
• Unresponsiveness
• Choking, gurgling or snoring noises

The signs of an overdose can appear up to three hours after the drug was first used.
Render First Aid

Check consciousness

Check breathing status

If subject is not breathing, perform rescue breathing with a barrier

Administer Naloxone when equipped, authorized, and indicated

Naloxone Hydrochloride

Has only one function

Naloxone will not cause harm

Naloxone displaces the opioid molecules

Reverses the effects of opioids
Intranasal Administration

- Common method of administration
- Negates the risk of needle sticks
- Increases delivery time of drug

Administering Naloxone Step 1

- Once an opioid overdose is suspected, immediately verify with 911 that Emergency Medical Service is enroute to the location.
  - Ensure follow-up medical treatment is provided to prevent a relapse once the effects of Naloxone cease.
Administering Naloxone Step 2

- Assemble the Naloxone intranasal delivery system

- Administration_Naloxone_set up.mp4

Administering Naloxone Step 3

- If Naloxone has not taken effect within approximately two minutes, a second dose should be administered.

- Individuals who have satisfactorily responded to Naloxone administration may require additional doses before arrival to a medical facility.

- The effect of an opioid may last longer than the counter effect of Naloxone.
Administering Naloxone Step 4

Place the individual into the recovery.

When Naloxone takes effect, the individual will probably take a deep breath as they return to consciousness.

Keep the individual calm until EMS arrives.
Naloxone Administration Full Video

- ..\PaVTN Naloxone Training\Administration_Naloxone.mp4

Concerns During Administration

- Upon recovery the individual may experience withdrawal symptoms.
- They may also display agitation and confusion. In rare instances a subject may become combative.
- With the intranasal application, it is more likely that the subject will become confused rather than combative upon a return to consciousness.
- Officers must always be prepared to handle any of these conditions.
Considerations

• If no reaction is noted within the first two minutes, a second dose might be required.
• Additional doses will not hurt the person.
• It is important to stay with the individual and watch their condition until emergency medical services arrive.

Naloxone Storage

• Store naloxone away from light
• Dispose a Naloxone dose if it is beyond the expiration date or if there are signs of discoloration or particles in the solution
Evizo Video

•  ..\PaVTN Naloxone Training\Evzio_edited.mp4

Naloxone Reporting Form

- Complete and submit complete report within 48 hours of a law enforcement administration of Naloxone.
- Use the notes/comments field to document information.
- Send a copy of the agency incident report with the Naloxone Usage Reporting Form to the Philadelphia/Camden High Intensity Drug Trafficking Areas (HIDTA) office.
Crime Scene Considerations

• Identify possible evidence, avoid touching, walking upon, moving objects or contaminating the scene.

• After the scene is rendered safe determine its boundaries.

• Restrict access to the scene. Limit access to crime scene investigator, Coroner or Deputy Coroner.

• Use Crime Scene Logs to document the scene, evidence, individuals at the scene, and actions taken.

Fentanyl

• A synthetic opiate painkiller

• Up to 50 times more potent than heroin

• Being mixed with heroin to increase its potency

• Risks to Law Enforcement
  – First responders could unknowingly come into contact with it in its different forms.
  – Fentanyl can be absorbed through the skin or via accidental inhalation of airborne powder.

Source: DEA Warning to Police and Public: Fentanyl Exposure Kills* June 2016
Physical Evidence

• Items at the scene

• Condition of the scene
Physical Evidence

- Items at the scene
- Condition of the scene
- Trace evidence

- Electronic evidence
  - Text messages terms
    - Suboxone- Subs
    - Percocet- Percs
    - Vicodin- Vikes

- Social Media
Suboxone

• Suboxone is a prescription medicine indicated for the treatment of opioid dependence.
• Suboxone can be abused in a manner similar to other legal or illegal opioids.
• Suboxone can result in overdose and death due to respiratory problems particularly when taken intravenously in combination with other substances.

http://www.suboxone.com/

Immunity Act Provisions

• 13(a)(5) Labeling and Misbranding
• 13(a)(16) Possession of Controlled Substance
• 13(a)(19) Receiving a Controlled Substance from Unauthorized Person
• 13(a)(31) Small Amount of Marijuana
• 13(a)(32) Possession of Paraphernalia
• 13(a)(33) Delivery of Drug Paraphernalia
• 13(a)(37) Related to Prescription Drugs and Steroids

Note: 13(a)(30) with respect to intent to deliver/ deliver does not fall within the parameters of Act 139.
Terminology

- One bag of heroin – bag, ticket, tic
- Ten Bags of heroin – bundle, stack
- Fifty Bags of heroin – brick
- Double seal bag – Philly bag

Field Test Kits

- ODV NarcoPouch
- NIK
Pill ID App

1. Search by Imprint, Shape or Color
   - Note: All fields are optional. Use the pill finder to identify medications by visual appearance or name. All Rx and OTC drugs in the US are required by the FDA to have an imprint. If your pill has no imprint it could be a vitamin, diet/herbal/energy pill, illicit or foreign drug.
   - More about imprint codes...

   - Imprint
   - Select Color
   - Select Shape

2. Search by Imprint, Shape or Color
   - Note: All fields are optional. Use the pill finder to identify medications by visual appearance or name. All Rx and OTC drugs in the US are required by the FDA to have an imprint. If your pill has no imprint it could be a vitamin, diet/herbal/energy pill, illicit or foreign drug.
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Special Considerations

- Recreation
- Addiction
- Suicide Attempt
- Drug Administration without subject’s knowledge or consent.
Investigative Resources

- DEA Trojan Horse Initiative
- RISS Centers
- State Fusion Centers