



# TRAINING BULLETIN

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## PHARMACEUTICALS

### INTRODUCTION

Officers often believe that society's issues with drugs only involve those drugs that are produced illicitly, such as cocaine and heroin. However, these drug issues also include the diversion of legally manufactured drugs into the illicit market. A federal survey of the United States population estimates that the non-medical use of prescription drugs is comparable to, or greater than, the use of cocaine or heroin. Non-medical drug use means using more than prescribed, more often than prescribed, for reasons other than prescribed, or without a prescription.

### BACKGROUND

In 1973, the California Legislature adopted the Uniform Controlled Substances Act (UCSA) to replace the Narcotic Act under Division 10 of the Health and Safety Code. The UCSA places narcotics and dangerous drugs into five controlled substance schedules and closely follows the Federal Controlled Substances Act adopted in 1970.

These acts regulate the manufacturing and distribution of narcotics, depressants, stimulants, hallucinogens, and cannabis. They also establish methods for the legitimate dispensing of drugs and set penalties for illicit use and trafficking. Drugs are placed into five schedules based on the following factors:

- Medical use;
- Potential for abuse; and,
- Safety or dependence liability.

Schedule I through IV drugs have the highest potential for abuse, and Schedule V has the lowest. Those pharmaceutical drugs, which are the most commonly abused fall under the narcotic, stimulant, or depressant category of drugs and are usually found in Schedule II, III, or IV.

**Note:** Due to the risks associated with accidental or dangerous contamination and the threat of potential fentanyl exposure, officers shall not conduct field testing or screening on items suspected of being controlled substances, including cannabis as delineated in current Department policies and procedures.

## NARCOTICS

Narcotics are pharmaceutical products that include natural and semi-synthetic opiates and synthetic opioids. Physicians prescribe narcotics to reduce pain, control coughing, and stop diarrhea. Most illicit users take these drugs to experience euphoric effects, to avoid pain, and to suppress withdrawal symptoms. Some examples of pharmaceutical narcotics include the following:

- **Codeine** is extracted directly from opium or refined from morphine. Since it is not as strong as morphine, it is generally used for the relief of mild to moderate pain (often combined with aspirin or acetaminophen) or to control severe coughs. It is also one of the most widely abused prescription drugs. Codeine is sometimes abused in combination with glutethimide (Doriden), a non-barbiturate depressant. This combination, known as “loads” or “sets,” is taken orally and results in a heroin-like sensation.
- **Hydromorphone** (Dilaudid) is a short acting, semi-synthetic opioid that is refined from, and eight times more potent than, morphine. It is used medically for the treatment of moderate to severe pain. Illegally diverted Dilaudid is attractive to cocaine users (as a substitute for heroin) for the drug combination known as a “speedball.”
- **Pentazocine** (Talwin NX) is prescribed for chronic pain. It comes in tablets or as an injectable liquid. Talwin NX acts as a weak opioid antagonist (a drug that counters the effects of opioids) as well as an opioid agonist (a drug that mimics the effects of opioids). This drug was frequently combined and injected with an antihistamine drug (“T’s” and “blues”) for the heroin-like high. Reformulation of Talwin NX by its manufacturer has almost stopped this problem, although some abusers still take the combination orally or abuse Talwin NX by itself.
- **Meperidine** (Demerol) is a short-acting opioid that is one of the most widely used analgesics for moderate to severe pain. It is usually injected, though it can be taken orally. Demerol causes more sedation and euphoria than morphine but less constipation and cough suppression. It is the opioid of choice for abuse in the medical community.
- **Propoxyphene** (Darvon, Darvocet, Wygesic) is used for the relief of mild to moderate pain and is usually prescribed by dentists. It is taken orally and its effects last four to six hours.
- **Oxycodone** (OxyContin, Roxicodone, Oxecta, OxyNorm) is an analgesic opiate used to treat moderate to severe pain. It is a close relative of morphine, heroin, codeine, methadone, and fentanyl. It binds to opioid receptors in the central nervous system (CNS), causing analgesia and depressive effects, including

euphoria, anxiolysis, miosis, sedation, physical dependence, constipation, and respiratory depression, depending on dosage and variations in individual metabolism. Pills/tablets may be chewed, swallowed, inhaled as vapors by heating on foil, crushed and sniffed, or dissolved in water and injected. Street names include Oxy, Ox, OC, Roxy, Hillbilly Heroin, and Kicker. Also included are brand-name pharmaceuticals such as Percocet, Percodan, Endocet, Endondan, Roxicet, and Roxiprin, which contain Oxycodone with other substances (e.g., acetaminophen). All are highly reproduced by illicit drug traffickers and major trafficking organizations in the form of counterfeit pills made of fentanyl, which contribute significantly to national overdose deaths.

- **Hydrocodone** (Norco, Vicodin, Zohydro ER, Zydone, Anexsia, Ceta Plus, Hycet, Lorcet) is an opioid that belongs to the group of medicines called narcotic analgesics (pain medicines) that are used to treat severe pain, typically of prolonged duration. It is derived from the opium poppy after it has been converted to codeine. It works by changing the way the brain and CNS respond to pain, and often comes as an extended-release (long-acting) capsule or an extended-release (long-acting) tablet taken by mouth. It may be prepared as a combination preparation of hydrocodone with acetaminophen (or ibuprofen). Acetaminophen exerts its analgesic activity by inhibiting prostaglandin synthesis while hydrocodone exerts its analgesic activity by binding to the mu-receptors in the CNS, thereby mimicking the effects of endogenous opioids. The extended-release capsule is usually taken once every 12 hours and the extended-release tablet is usually taken once daily. Common side effects include dizziness, sleepiness, nausea, vomiting, constipation, and anxiety. Serious side effects may include low blood pressure, seizures, respiratory depression/irregular breathing, chest tightness, and death. Symptoms of hydrocodone overdose include narrowed or widened pupils; slow, shallow, or stopped breathing; slowed or stopped heartbeat; cold, clammy, or blue skin; excessive sleepiness; loss of consciousness; seizures; or death.
- **Fentanyl** (multiple illicit variants/analogs; prescription brand names: Actiq, Duragesic, Iyonsis, Matrifen, Sublimaze, Fentora, Subsys, Lazanda, Abstral) is a powerful synthetic opioid analgesic derived from the opium poppy and is similar to morphine but 50 to 100 times more potent. In its legitimate prescription form, fentanyl is a Schedule II drug typically used to treat cancer patients, patients with severe pain, or after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids but interacts with opioid receptors in the brain and CNS similar to all opioid pain relievers. It may be prescribed in the form of transdermal patches, lozenges ("lollipops"), sublingual tablets, or as a nasal spray. Fentanyl produces intense effects of relaxation, euphoria, pain relief, and sedation, with common side-effects of confusion, drowsiness, dizziness, nausea, vomiting, itching, urinary retention, pupillary constriction, muscle rigidity, and respiratory depression. Serious side

effects include reduced blood pressure, fainting, seizures, and death. Illicitly manufactured fentanyl is chiefly responsible for the current domestic crisis and is heavily trafficked by international/interstate drug trafficking organizations and local distributors. It has become one of the most heavily distributed drugs among internet/social media-based distributors as well. It is most often encountered by law enforcement in powder form, as a powder mixed with other illicit substances (e.g., cocaine, methamphetamine, etc.), liquefied for injection, or in the form of counterfeit pills made to look like legitimate prescription pills (e.g., OxyContin, Xanax, Percocet, etc.) Pills/tablets may be chewed, swallowed, inhaled as vapor by heating in foil, crushed and sniffed, or dissolved in liquid and injected. Fentanyl is increasingly found added to heroin to increase potency or to disguise as highly potent heroin and is often referred to as white heroin. Common street names include Apache, China Girl, China Town, China White, Dance Fever, Goodfellas, Great Bear, He-Man, Poison, and Tango & Cash. Many users believe that they are purchasing heroin or other drugs and may not know they are ingesting fentanyl, which often results in an overdose death. Clandestinely produced fentanyl is primarily manufactured in Mexico.

## STIMULANTS

Physicians prescribe stimulants for use in the treatment of obesity, narcolepsy, and attention deficit/hyperactivity disorders. Most prescription stimulants are either amphetamines or amphetamine congeners. Illicit users take stimulants to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, produce prolonged wakefulness, and to “get high.”

- **Amphetamines** come in several different types: amphetamine, dextroamphetamine, and methamphetamine. The effects of each type are almost indistinguishable, the major differences being the method of manufacture and the strength. Some examples are:
  - Amphetamine (Benzedrine)
  - Dextroamphetamine (Dexedrine)
  - Methamphetamine (Desoxyn)
  - Amphetamine/Dextroamphetamine (Biphetamine)
- **Amphetamine Congeners** are stimulant drugs, which produce many of the same effects as amphetamines, but are not as strong. They are also chemically related to amphetamines. Some examples are:
  - Adderall/Adderall XR/Mydayis are brand name drugs and CNS stimulants which consist of a combination of the generic drugs amphetamine and dextroamphetamine. These are stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Adderall is used to reduce hyperactivity or improve attention span, and it is often

prescribed to treat attention deficit hyperactivity disorder (ADHD) in adults and children 3 years of age and older and narcolepsy (a sleep disorder that causes excessive daytime sleepiness and sudden attacks of sleep) in adults and children 12 years of age and older. Adderall XR is used to treat ADHD in adults and children 6 years of age and older. Mydayis is used to treat ADHD in adults and children 13 years of age and older.

Adderall may cause serious side effects including: chest pain, trouble breathing, lightheadedness, hallucinations, new behavioral problems, aggression, paranoia, hostility, numbness, pain, feeling cold, unexplained wounds, finger or toe skin color changes, seizures (convulsions), muscle twitches (tics), and vision changes. Counterfeit Adderall pills made of methamphetamine and other substances are heavily distributed by international, interstate, and regional traffickers and are often encountered by law enforcement in cases ranging from street-level arrests, to large trafficking seizures and overdose death investigations.

- Methylphenidate (Ritalin) and Pemoline (Cylert) are prescribed most often to deal with attention deficit/hyperactivity disorder in both children and adults.
- Phenmetrazine (Preludin) is prescribed for obesity.

## **DEPRESSANTS**

Depressants are usually prescribed to diminish the possibility of neurotic reactions in unstable patients, to control anxiety, to induce sleep in chronic insomniacs, and to control hypertension and epilepsy. They are also used as mild tranquilizers and muscle relaxants. Illicit users take these drugs to produce a state of intoxication that is similar to alcohol intoxication. Heroin or cocaine abusers will also use depressants to augment their “high” or to alter the side effects associated with over-stimulation or narcotic withdrawal.

There are six major subcategories of depressants (other than alcohol): barbiturates, non-barbiturates, anti-anxiety tranquilizers, anti-depressants (mood elevators), anti-psychotic tranquilizers (major tranquilizers), and combinations of the other five subcategories. The most commonly abused depressants fall into the following three categories:

- **Barbiturates**
  - Secobarbital (Seconal)
  - Amobarbital (Amytal)
  - Phenobarbital (Luminal)
  - Amosecobarbital (Tuinal)
  - Pentobarbital (Nembutal)

- **Non-Barbiturates**

- Glutethimide (Doriden)
- Gamma Hydroxy Butyrate (GHB) - taken off the market in 1990
- Methaqualone (Quaalude) - taken off the market in 1984
- Chloral Hydrate (Noctec, Felsule)

- **Anti-Anxiety Drugs (Benzodiazepines)**

- Diazepam (Valium)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Alprazolam (Xanax)
- Lorazepam (Ativan)
- Temazepam (Restoril)

Benzodiazepines are a class of drugs included in Schedule IV of the Controlled Substances Act. They produce CNS depression by enhancing the effects of the major inhibitory neurotransmitter, gamma-aminobutyric acid, thereby decreasing brain activity. Most benzodiazepines are available in tablet or capsule form and several are available as injectable preparations or as syrup. They are most commonly used to treat insomnia, anxiety, panic disorders, and seizures respectively. Adverse effects include increased reaction time, motor incoordination, confusion, anterograde amnesia, slurred speech, restlessness, delirium, aggression, depression, hallucinations, paranoia, racing/suicidal thoughts, uncontrolled muscle movement (tremors), convulsion (seizures), and pounding or fluttering heartbeat.

Flumazenil can be administered by injection to reverse the adverse effects of benzodiazepines or withdrawal symptoms, which may include anxiety, insomnia, dysphoria, tremors, and seizures. Alprazolam, Lorazepam, Clonazepam, Diazepam, and Temazepam are the five most prescribed benzodiazepines, as well as the most frequently encountered on the illicit market. Benzodiazepines, particularly those having a rapid onset, are abused to produce a euphoric effect and is often associated with multiple-substance abuse. Alprazolam is one of the top three prescription drugs diverted from the licit market. Diazepam and Alprazolam are often used in combination with methadone to potentiate methadone's euphoric effect. Benzodiazepines have also been used to facilitate sexual assault. Counterfeit versions of these pills made of fentanyl are heavily distributed by international, interstate, and regional traffickers, and are often encountered by law enforcement in cases ranging from street arrests, to large trafficking seizures, and overdose death investigations.

## **MISUSE AND DIVERSION**

Prescription drugs are frequently misused and diverted to abuse from legitimate prescribing practices. One pattern of illicit use results when different physicians treat a patient for multiple medical complaints and each prescribes a different drug, which is then dispensed by different pharmacies.

Another form of diversion is smuggling drugs which are legal outside the United States. For example, Rohypnol is a legal pharmaceutical drug in Mexico, but not in the United States.

Other examples of illegal prescription drug sales include:

- A licensed pharmacy which sells prescription drugs illegally (over-the-counter without prescription).
- A non-licensed retail facility selling prescription drugs illegally (selling prescription drugs not prescribed by a California licensed doctor).
- A non-licensed retail facility or a licensed pharmacy selling misbranded prescription drugs over-the-counter (i.e., foreign-language labeled drugs).
- A non-licensed clinic/medical facility selling or dispensing prescription drugs.

## **BUSINESS AND PROFESSIONS CODE**

In addition to the Health and Safety Code sections often applied to criminal drug investigations, the Business and Professions Code (BPC) provides several useful enforcement sections.

- BPC 4051: It is unlawful for any person to manufacture, compound, furnish, sell, or dispense any dangerous drug or dangerous device, or to dispense or compound any prescription unless they are a registered pharmacist.
- BPC 4059: No person shall furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor.
- BPC 4060: No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor.

## **RESOURCES FOR IDENTIFICATION OF PILLS**

- The Physicians' Desk Reference (PDR)
- California Poison Control System - (800) 222-1222

- Drug Enforcement Administration Logo Index Guide (available from Gang and Narcotics Division)
- Drug Enforcement Administration, Diversion Control Division, Los Angeles Division Office - (888) 415-9822
- Department of Consumer Affairs, California Board of Pharmacy - [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

**Note:** Contact and case coordination is available through Gang and Narcotics Division, High Intensity Drug Trafficking Area (HIDTA) Task Force coordinators.

### **RESOURCES FOR INVESTIGATION OF ILLEGAL PHARMACIES/DRUG DIVERSION**

- California Department of Consumer Affairs - Medical Board, Dental Board, Board of Pharmacy, Veterinary Medical Board
- California Department of Public Health, Food and Drug Branch
- Drug Enforcement Administration, Diversion Control Division, Los Angeles Division Office

**Note:** Licensing issues regarding doctors/pharmacies, and contact and case coordination are available through Gang and Narcotics Division, HIDTA Task Force coordinators.

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Field Training Services Unit  
Police Training and Education

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Attachment: Suspected Fentanyl Handling Protocol



# LOS ANGELES POLICE DEPARTMENT

## Suspected Fentanyl Handling Protocol

Fentanyl and its analogues can present a significant hazard to Department personnel, particularly if inhaled. Personnel are most susceptible to inhalation when the drug particles are airborne. This is most likely to occur during the opening of containers or packages containing a fentanyl-based product, manipulating a fentanyl-based substance, or brushing/dusting fentanyl-based powders off clothing, gloves, or other surfaces. Due to this inhalation hazard, the NARK II screening tests on all suspected controlled substances has been discontinued. Officers encountering suspected fentanyl, or its analogues, shall adhere to the following guidelines:

- If the material is sealed or contained, officers shall follow existing protocols for booking evidence into Property Division without performing the preliminary NARK II testing.
  - Officers shall don the recommended personal protective equipment as follows:
    - Nitrile or latex gloves
    - Dusk mask: (N95 rated or above)
    - Eye protection
    - When possible, wear long sleeves
  - Avoid actions that may cause the material to become airborne. Officers shall not open a sealed container suspected to be fentanyl.
  - Describe the substance on the Property or Combined Evidence Report. Collect and package without agitating the substance or producing airborne particles. Write the words "Suspected Fentanyl" on the outside of the sealed plastic bag, and on the Analyzed Evidence envelope.
  - Determine the gross weight of the sample (including packaging) and include the information on the Property Report, Form 10.01.00 or Combined Evidence Report, Form 5.02.00.
  - Once the materials are collected and packaged, they should be secured in the trunk or rear cargo area of the officer's vehicle prior to transportation.
  - After the evidence has been booked, contact Forensic Sciences Division as soon as possible and request laboratory analysis.
  - Following completion of the evidence booking process, officers should wash hands with soap and copious amounts of water only. Alcohol-based wipes or hand sanitizers shall not be used.
- If any of the following occur, the involved personnel shall contact the Department Operations Center, at (213) 484-6700, and notify both the Gang and Narcotics Division Clandestine Lab Squad as well as the Hazardous Materials Unit for guidance:
  - If the material has breached its container and needs to be collected for evidence, the involved officers shall immediately exit and secure the location.

# LOS ANGELES POLICE DEPARTMENT

## Suspected Fentanyl Handling Protocol

- If the scene involves large quantities of suspected fentanyl (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill, or release) or an overdose resulting in a death.

**Note:** If a Department employee or any other person believes they have been contaminated, officers shall monitor the exposed individual(s) for signs/symptoms of opioid intoxication and request a rescue ambulance or ensure other appropriate medical treatment is immediately provided. If a Department employee is trained, equipped, and authorized to administer Naloxone or NARCAN, it can be administered (if needed).

- Contaminated employees should not enter non-contaminated vehicles.
- If a Department vehicle is believed to be contaminated with fentanyl or one of its analogues, officers shall immediately remove the vehicle from service.
- If officers encounter suspected fentanyl combined with a threat, or other terrorism nexus.

Involved officers shall immediately notify a Department supervisor of any adverse incident involving fentanyl or its analogues (spilled material, contamination, inadvertent inhalation, or other means of accidental absorption, etc.).