



TRAINING BULLETIN

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NARCOTIC ANALGESICS

Opiates (natural alkaloids of opium and opium derivatives) and synthetic opiates (opioids) make up the category of drugs called narcotic analgesics. They relieve pain, induce euphoria, alter mood, and produce sedation. Heroin gets the most publicity, but other opiates/opioids, such as codeine, meperidine (Demerol), and fentanyl, also create problems and can be used compulsively.

BACKGROUND

Opium comes from the poppy plant *Papaver somniferum* which was grown in the Mediterranean region as early as 5000 B.C. and has since been cultivated in a number of countries throughout the world. The milky fluid that seeps from incisions in the unripe seed pod of this poppy has, since ancient times, been scraped by hand and air dried to produce opium.

There are over 25 alkaloids in opium. The three most prevalent (called opiates) are morphine, codeine, and thebaine. Although a small amount of opium is used to make antidiarrheal preparations, such as tincture of opium and paregoric, virtually all the opium coming into this country is first refined into its alkaloid constituents. Opium extracts can be slightly modified to form other active derivatives, such as heroin, Percodan, or Dilaudid.

There are also fully synthetic opiate-like drugs called opioids, such as Demerol, methadone, and Darvon. Synthetic opioid antagonists, which block the effects of opiates and opioids, include Narcan (naloxone) and naltrexone. These are used to treat overdose and reverse the effects of opiates/opioids.

OPIATES (Natural Alkaloids - Opium Poppy Extracts)

Drug Name	Trade Names	Street Names
Opium	Pantopon, Paregoric, Laudanum	"O", Poppy
Codeine (usually with aspirin or Tylenol)	Empirin with codeine Tylenol with codeine Doriden with codeine	Number 4s Number 3s Loads, sets, 4s & doors
Morphine	Various	Murphy, Morph, "M"

OPIUM DERIVATIVES

Drug Name	Trade Names	Street Names
Hydrocodone	Hycodan, Vicodin	Vics
Hydromorphone	Dilaudid	Dillies, drugstore heroin
Oxycodone	Percodan, Tylox	Percs

SYNTHETIC OPIATES (Opioids)

Drug Name	Trade Names	Street Names
Propoxyphene	Darvon, Wygesic	Pink ladies, pumpkin seeds
Meperidine	Demerol	Street derivatives of meperidine and fentanyl are misrepresented as China White
Fentanyl	Sublimaze	Street derivatives are misrepresented as China White
Pentazocine	Taiwin NX	Part of T's and blues
41-Oacetyl alpha methadol	LAAM	Lam
Buprenorphine	Buprenex	
Alpha or 3 methyl fentanyl	Analogues of Sublimaze	Designer heroin or China White
MPPP, etc.	Analogues of Demerol	

EFFECTS

Physicians prescribe narcotic analgesics to deaden pain, control coughing, and stop diarrhea. Most illicit users take these drugs to experience euphoric effects, or to try to feel normal by preventing withdrawal symptoms.

The effects of the various narcotic analgesics are similar to each other. The differences are in how long the drug lasts, how strong it is per gram, and how toxic it is to the body. For example, codeine and Darvon will affect the user from three to four hours, heroin four to six hours. As with nearly all drugs of abuse, the effects produced by narcotic analgesics depend on the tolerance that the user has developed for the drug.

Tolerance means that the same dose of the drug will produce diminishing effects, or conversely that a steadily larger dose is needed to produce the same effects.

Possible effects of opiates/opioids include the following:

- Constricted pupils (below 3.0 mm)
- Little or no visible reaction to light
- Slowed reflexes
- Slow and deliberate movements
- Slow, low, raspy voice
- Cool skin
- Vital signs (blood pressure, pulse, and temperature) will be down
- Sedation (on the nod)
- Dry mouth
- Droopy eyelids (ptosis)

METHODS OF ADMINISTRATION

Narcotic analgesics are ingested in a variety of ways depending on the drug. Common methods of ingestion include:

- Oral
- Suppositories
- Smoked
- Snorted
- Injection

METHODS OF PACKAGING

Most narcotic analgesics, other than heroin and opium, are pharmaceuticals diverted for illicit use. Packaging varies from loose pills in a pocket, baggie, or tin foil, to prescription bottles.

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.

CONCLUSION

Narcotic analgesics are drugs used mainly to relieve pain. They are so powerful and highly addictive that all are illegal without a prescription, and some are not prescribed at all. The widespread legal use of these drugs makes it more difficult for patrol officers to investigate narcotic abuse and possession. Through effective interview skills and an understanding of the signs and symptoms of opiates/opioids, officers should be able to make the distinction between legal and illegal use.

This Bulletin cancels and supersedes Volume XXXI, Issue 11, Narcotic Analgesics, September 1999

Field Training Services Unit
Police Training and Education

DISTRIBUTION "A"

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.).