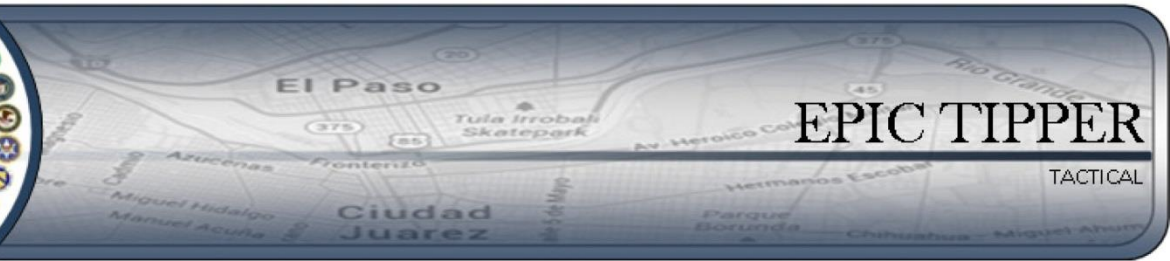




The **EPIC Tipper** shares time-sensitive information of value for investigation, interdiction, and public safety.



(U) Safety Alert: Health Risks Associated with Exposure to Clandestinely Produced Fentanyl

(U) Summary

(U) Fentanyl and fentanyl analogues, such as acetyl fentanyl, pose a significant danger to public safety as public health workers, law enforcement personnel, and the general public may unwittingly come into contact with it. Due to its rapid rate of absorption into the human body, reports indicate that as little as 250 micrograms (0.25mg) of pure fentanyl can be deadly. Visibly, that amount is about the size of a few grains of table salt. Members of the public, health workers, and public safety and law enforcement officials are advised to consider the potential exposure to fentanyl and take appropriate safety precautions.

(U) Details

(U) Since May 2013, there have been at least thirteen (13) seizures of fentanyl in the United States, which have occurred in California, Florida, and Oklahoma. The seizure amounts ranged from half of a kilogram to 12 kilograms and were concealed in vehicles or sent via mail parcel. In these seizures, the substance was not immediately recognizable as fentanyl and the field tests returned false positive results for cocaine or heroin. These false positive incidents, and the ease at which fentanyl can be misidentified, pose a potential safety hazard to the general public, law enforcement, and public health officials.

(U) Additionally, during the last 18 months, the United States has experienced a dramatic increase in seizures of fentanyl, acetyl fentanyl, and other synthetic opioids. As of February 11, 2015, there were 3,383 reports of fentanyl within the National Forensic Laboratory Information System (NFLIS) for 2014. By comparison, there were 943 fentanyl reports in NFLIS in all of 2013.

(U) Fentanyl is a potent, synthetic opioid analgesic that has been used as a pain reliever and analgesic since the 1960s and is a Schedule II substance under the Controlled Substances Act (CSA). Fentanyl is diverted via pharmacy theft, fraudulent prescriptions, illicit distribution by patients and registrants (physicians and pharmacists); and it is also manufactured clandestinely. The 2005-2007 fentanyl overdose outbreak resulted in over 1,000 deaths, the majority of which occurred in Chicago, Detroit, and Philadelphia. The fentanyl from that outbreak was traced to a single clandestine laboratory in Mexico. Following the seizure and dismantlement of the lab, the fentanyl-related deaths subsided. The current outbreak covers a wider geographic area and involves both fentanyl and fentanyl analogs, also believed to be clandestinely manufactured. The abusers who have overdosed on fentanyl represent a diverse demographic, ranging across a wide geographic area, covering a wide range of ages and races, both genders, and includes both new and experienced abusers.

(U) Fentanyl depresses the central nervous system and respiratory function and exposure to it may be fatal. However, lethal amounts vary depending on the individual's opioid tolerance and physical characteristics. As a result, it represents an unusual hazard for law enforcement and all other public safety personnel. The improper handling of fentanyl is very dangerous and can prove to be fatal. Fentanyl can be absorbed into the body via inhalation, oral exposure or ingestion, or skin contact.

(U) Fentanyl is transdermal and can enter your body if it comes in contact with skin. It can also enter the body through inadvertent touching of the mouth, nose, or other mucous membranes. The onset of adverse health effects, such as disorientation, coughing, sedation, respiratory distress or cardiac arrest, is very rapid and profound, usually occurring within minutes of exposure. If these symptoms are experienced, seek immediate medical attention.

(U) Narcan (naloxone), an opioid antagonist, is an antidote for opiate overdose and may be administered intravenously, intramuscularly, or subcutaneously. When administered quickly and effectively, naloxone may immediately restore breathing to a victim in the throes of a heroin or opioid overdose. It must be noted that a higher dose or several doses of naloxone may be necessary in cases involving a fentanyl overdose. Recently, DEA personnel have been trained with an intranasal form of naloxone. If possible, trained personnel should be present if a fentanyl seizure is anticipated.

(U) If you encounter or suspect the presence of fentanyl, contact the nearest [DEA Field Office](#); DO NOT HANDLE OR ATTEMPT TO TEST THE SUBSTANCE unless absolutely necessary. Law enforcement officials should submit the substance (exhibit) directly to the laboratory for analysis and clearly indicate that the exhibit is suspected of containing fentanyl. By alerting the laboratory of the suspected fentanyl exhibit, laboratory personnel will take necessary safety precautions during the handling, processing, analysis, and storage of the exhibit.

(U) Contact Information

(U) This report was prepared by the [El Paso Intelligence Center](#) in coordination with the DEA Operations Division and the [DEA Office of Diversion Control](#). For additional information please contact the DEA Office of Congressional and Public Affairs at (202) 307-7977. Use this link to [SUBMIT A TIP](#) or select from the [Domestic Division Offices](#) for your local Division tip line.