

# The New York State Chief's Chronicle



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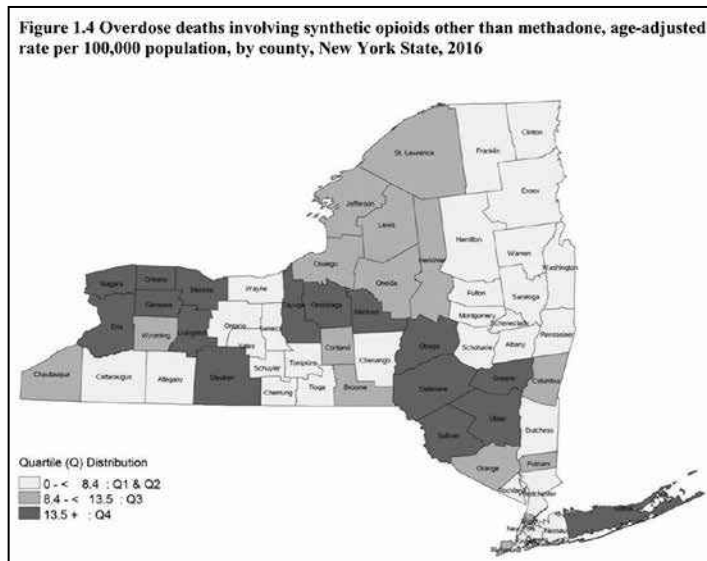
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# Fentanyl Risk: Law Enforcement Perceptions

An exclusive article prepared for the New York State Association of Chiefs of Police

BY ERIC PERSAUD AND CHARLES JENNINGS

**F**entanyl, a man-made or synthetic drug that has been chiefly responsible for the recent surge in opioid-related overdoses has become widespread as a primary or undisclosed ingredient in illicit drugs. In part, the emergence of fentanyl has propelled fatal drug overdoses to exceed even auto accidents as a cause of death. In 2017, there were over 70,327 overdose deaths in the United States (of all causes)<sup>1</sup>, and the numbers appear to be increasing.



Law enforcement is on the front lines, and unintentional exposure to fentanyl-laced opioids has been identified in the media in numerous instances where officers reported ill-effects, usually following an encounter with an overdose case or during enforcement activities. While fentanyl exposure is a serious issue, its risks should be better understood by officers on the front lines.

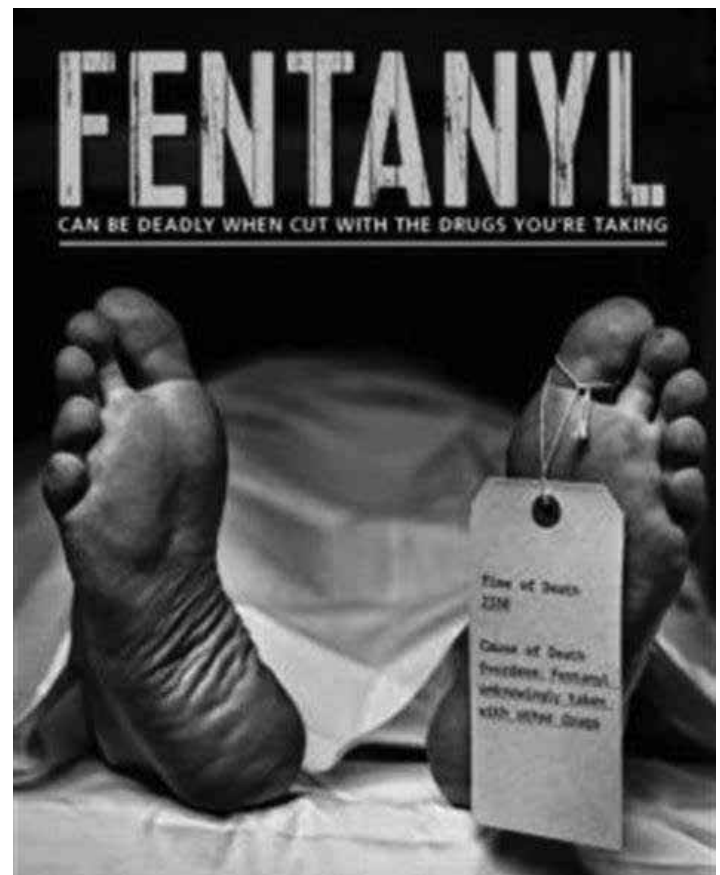
Initial uncertainty led to concerns that casual exposure to fentanyl could be deadly. While these initial warnings have been revised, press reports, often based on incomplete or unverified reports, have added uncertainty and anxiety over the hazards of fentanyl-containing substances. Unfortunately, the risk of fentanyl exposure has been miscommunicated and has allowed misinformation to spread causing confusion amongst first responders. With fentanyl being an emerging concern, lack of communication may have contributed to poor risk perceptions or how one judges their harm from occupational exposure to fentanyl.

To better understand the state of knowledge among first responders on self-protection strategies for exposure to fentanyl or suspected fentanyl-containing products, the Christian Regenhart Center for Emergency Response Studies at John Jay College of Criminal Justice (CUNY) in New York has partnered with the New York State Chiefs of Police to distribute a questionnaire addressing this public health issue. The goal was to get insight into how police view fentanyl risk so potential gaps in training may be adequately addressed. Among the responses to a national sample, 185 were from New York State with 90 being law enforcement officers.

While this number clearly cannot represent all officers, it can provide early indicators of what may need more attention as part of this pilot study. Generally within the study, New York State police perceptions and knowledge align well with expert beliefs.

The survey findings showed that police officers are mostly provided with basic safety practices, such as, protecting the eyes, face, mouth, and nose. Furthermore, officers understand fentanyl's chemical nature, for instance, being stronger than morphine and coming in many shapes and sizes, not just powder, but also as liquids, pills, sprays, gels, and adhesives. Our sample agreed that officers can recognize the signs and symptoms of a fentanyl overdose and disagreed on disturbing fentanyl without personal protective equipment, or PPE. Additionally it was agreed that gloves should be changed regularly. Officers have also stated that they understand it is not safe to eat, drink, or smoke when handling fentanyl, nor is it appropriate to touch your face when handling fentanyl. Lastly, the officers agreed that difficulty breathing could be a risk of fentanyl exposure.

The study did identify four areas for concern among those completing the survey. First, slightly over a third of responses had difficulty identifying nitrile as the recommended glove to use when handling fentanyl; instead they selected latex or stated that they were unsure of which gloves to use for handling. It can be possible





to mix up the two if there is lack of awareness of the different glove types best for different chemical exposure. For example, latex gloves can be penetrated by common substances such as vegetable oil much more easily than a nitrile glove. Selecting the right kind of PPE can make the difference between being safe or not.

Secondly, the perception of risk associated with briefly touching fentanyl has understandably been one of the more sensational topics in preparing workers, again due to informal sources spreading misinformation. The myth of briefly touching fentanyl leading to death has not been supported by scientific evidence. However, ninety-three percent of the law enforcement respondents in the survey agreed that “briefly touching fentanyl could lead to death”. Instead, it is known that briefly touching fentanyl is not harmful as long as the exposed skin surface is washed thoroughly with soap and water. Instead, the harm of touching fentanyl is more of a chronic or long term issue that is more likely to occur in people who regularly touch fentanyl or who are touching fentanyl for extended periods of time.

Third, washing the exposed skin with soap and water has been mentioned. *The use of hand sanitizer after handling of fentanyl is not safe or an appropriate alternative* to proper hand-washing. Doing so can lead to spreading the fentanyl around or getting it absorbed into the skin and exposing more of your body to something that could have been remediated with simple soap and water. The hand sanitizer may actually increase the amount of fentanyl that gets absorbed into the skin. About 1 out of every 4 responses in the survey would make this mistake based on their current perceptions.

The fourth area of concern was availability of Personal Protective Equipment (PPE) for first responders. Among NYS law enforcement officers, only about 1 out of every 4 of those responding agreed that they had access on their unit to appropriate PPE to address the hazards of fentanyl. This shows the clear need for additional education on this topic. Uncertainty about fentanyl exposure adds to anxiety and the possibility of ineffective protective actions in the field.

This early study was designed to understand law enforcement officers’ knowledge of self-protection against fentanyl, and we hope this article can help improve the readiness of first responders to encounter this chemical which is becoming all-too-common across the State. The opioid epidemic is not ending soon, and, therefore, we cannot hesitate in evaluating our training of first responders so that they are safe in the field. By eliminating confusion and instilling confidence, we can beat back this epidemic from harming those whose responsibility is to protect the public and enforce the laws of our communities, state, and nation.

The emergence of new hazards such as fentanyl abuse requires a constant reassessment of capabilities for self-protection. Our officers want to do the best they can to protect and serve as many people as they can. This can only be achieved by recognizing a need to evaluate our training and equip affected personnel with the tools they need so they can establish perceptions and knowledge to keep them safe and healthy in the field.

There are several recent sources for information on this topic. For more information:

National Institute of Occupational Safety and Health<sup>2</sup>, U.S. Centers for Disease Control – Released a video in March 2019 specifically for first responders <https://youtu.be/T2mhmLsd79E>.

US Drug Enforcement Administration – Has a flyer that details safety for first responders. The flyer can be downloaded on the link below:

<https://www.dea.gov/sites/default/files/Publications/Final%20STANDARD%20size%20of%20Fentanyl%20Safety%20Recommendations%20for%20First%20Respond...pdf>

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<sup>1</sup>Centers for Disease Control. “Drug Overdose Deaths.” <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

<sup>2</sup>NIOSH [2019]. Illicit Drugs, Including Fentanyl: Preventing Occupational Exposure to Emergency Responders. By Hornsby-Myers J, Headley T, Dowell, C. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication No. 2019-126.