

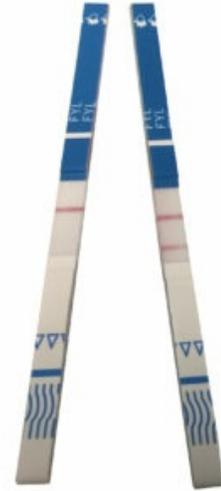
Myths and misinformation about law enforcement and fentanyl exposure:

harmreduction.org/blog/fentanyl-exposure/

PERPETUATING STIGMA, CAUSING HARM

By Savannah O'Neill and Eliza Wheeler

A recent story covered by [KTVU](#), [East Bay Times](#), and the [San Francisco Chronicle](#) details an incident where two Alameda County Sheriff's department personnel experienced the effects of "fentanyl exposure." The articles vary greatly in their accounts of what drugs were present at the scene and what symptoms the officers exhibited, but all accounts contain misinformation, inaccuracies about fentanyl and overdose, and perpetuate fear-based messaging that stigmatize people who use drugs.



The officers claim that they became sick when they entered a Hayward motel room during a drug raid where they reportedly "inhaled airborne fentanyl." This story is similar to reports from across the country detailing accounts of first responders having near death experiences when encountering fentanyl. None of these reports have been verified by toxicologists. The symptoms referenced in the stories are not consistent with the symptoms of an overdose on fentanyl.

Opioid toxicity (i.e., "overdose" or respiratory depression) from transdermal and airborne exposure to Illicitly Manufactured Fentanyl (IMF) is a near scientific impossibility. This is explained in a recent [position paper](#) by the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology.

Incidents where responders were treated for alleged "exposure" were exhibiting symptoms of what appear to be anxiety or panic: dizziness, rapid heartbeat, sweating, even fainting – *which are not symptoms of fentanyl overdose*. There are other stories where officers exhibit no symptoms and yet were "treated" as a precaution. There have been stories of officers administering it to [themselves](#), an impossible task if one is actually experiencing fentanyl-related overdose. There have been cases where naloxone was administered to first responders who were not exhibiting any signs of opioid toxicity, and when they "felt better," it was attributed to the naloxone, a misinterpretation of the event.

Common sense also invalidates the possibility of casual exposure to fentanyl resulting in overdose. People who use, sell and transport drugs often come into environmental contact with fentanyl without incident. The authors of this op-ed provide services in the Bay Area; we

interact with people at syringe exchange programs and encampments where fentanyl is present, in some cases touch samples of fentanyl the drug ourselves – all without incident.

Fentanyl has been used by the medical system for treatment of pain and anesthesia since 1968. There are some formulations of fentanyl that are specifically designed for transdermal absorption (patches), yet there is technology involved in changing the drug to be absorbed this way, and even handling transdermal patches does not cause overdose. The fentanyl in the illicit drug supply comes in powder or solid form, and *must have direct contact with mucous membranes or the bloodstream* via snorting (inhalation), smoking, or injection to take effect. Yes, *even carfentanil*. IMF is handled with bare skin throughout much of its travels to the end user, and by the end users themselves, causing no adverse reaction until the drug is ingested via the above-mentioned routes—and even then, fentanyl and fentanyl analogs are used routinely and do not always result in overdose.

More recently, there has been some media refuting the veracity of these stories, including [The Fix](#), [Slate](#), and [EMS1.com](#), a website targeting first responders who each published myth-busting pieces about casual fentanyl exposure. The [New York Times](#) published an opinion piece about fentanyl hysteria by Drs. Jeremy Samuel Faust and Edward Boyer, both instructors at Harvard Medical School and emergency physicians and medical toxicologists at Brigham and Women's Hospital in Boston. A recent [paper](#) in the Journal of Prehospital Emergency Care clarifies proper procedure for first responders who may be exposed to fentanyl and other ultra-potent opioids.

Media accounts that are not based in evidence and journalists who fail to do their due diligence to ensure accurate reporting further perpetuate this dangerous misinformation. These stories cause very real harm—they perpetuate fear and stigma against people who use drugs resulting in negligent care, isolation, and diversion of resources toward law enforcement and away from life-saving programs.

We have been here before: In the late 1980s, doctors refused to treat HIV patients out of fear of contracting the disease, even once they knew contagion via casual contact was impossible. This shameful history is now mirrored in the reports of cases where first responders are refusing to treat overdosing people before they secure hazmat suits. This is unnecessary, fear-based, and should be considered criminal neglect. Media has the responsibility to report this story accurately and ensure that we not repeat the mistakes of the past.

As two people who spend our lives focused on preventing overdose and increasing access to naloxone in our communities, we are concerned and frustrated by the perpetuating of this stigmatizing, inaccurate story. People with lived experience with drug use and allies who work in Harm Reduction, public health, and substance-use treatment programs have much work to do with limited resources. Unfortunately, an incredible amount of our time and energy is spent refuting inaccurate and fear-based messaging, taking away from the life-saving work that needs to be done.

Our programs in San Francisco and Alameda Counties have distributed naloxone to community members who have collectively reversed 1,502 overdoses just last year alone. We operate on limited budgets to ensure widespread naloxone access for people who use drugs, as well as their friends, family, and providers who serve them. It is more effective and humane to fund naloxone distribution programs, harm reduction services, and evidence-based substance-use treatment than to spend untold amounts of money training first responders to handle the “bioterrorism threat” of fentanyl and scaling up the War on Drugs. Yet, we are watching as money pours into the coffers of law enforcement to help protect themselves and increase criminalization and interdiction efforts, which have been wholly ineffective at curbing drug use or reducing related harms.

This is an incredibly important moment nationally, and locally, to ensure we invest in strategies that we know work and not allow hysteria to guide our solutions to the overdose crisis. These stories cause very real harm: they perpetuate fear and stigma against people who use drugs resulting in negligent care, isolation and diversion of resources towards law enforcement and away from life-saving programs. A culture of increased criminalization, hostility and shame—all while wearing expensive hazmats suits, will do nothing to save lives.

For accurate information on fentanyl, fentanyl testing strips, naloxone access, and overdose, please contact your local harm reduction program. We can direct you where to obtain naloxone in case you or someone you love may be using drugs and at risk for an overdose.

—

Savannah O’Neill is the Overdose Prevention Education and Naloxone Distribution (OPEND) Project Coordinator at the HIV Education Prevention Project of Alameda County located in Oakland. This project operates a County wide naloxone access, technical assistance and training program. Savannah is a Social Worker and Certified Addiction Treatment Counselor who has been providing treatment and harm reduction services for the past 12 years in the Bay Area. Contact Savannah at HEPPAC, [soneill \[a\] casasegura.org](mailto:soneill@casasegura.org)

Eliza Wheeler is the Overdose Response Strategist for the national Harm Reduction Coalition whose West Coast office is located in Downtown Oakland. In addition to providing training, technical assistance and policy work nationally, Harm Reduction Coalition operates a large naloxone distribution program in San Francisco called the Drug Overdose Prevention and Education (DOPE) Project. Eliza has been providing access to naloxone and working with people who use drugs for 17 years in Massachusetts and the Bay Area. Contact Eliza at the Harm Reduction Coalition, [wheeler \[a\] harmreduction.org](mailto:wheeler@harmreduction.org)