



## Viewpoint

## Reports of accidental fentanyl overdose among police in the field: Toward correcting a harmful culture-bound syndrome

Brandon del Pozo<sup>a,\*</sup>, Josiah D. Rich<sup>a</sup>, Jennifer J. Carroll<sup>b</sup>

<sup>a</sup> The Miriam Hospital/Warren Alpert Medical School of Brown University, United States

<sup>b</sup> North Carolina State University/Warren Alpert Medical School of Brown University, United States

In August 2021, San Diego County Sheriff Bill Gore released a dramatic video allegedly depicting a deputy overdosing on fentanyl following incidental exposure during an investigation in the field. The film asserts the deputy only survived thanks to the swift action of his colleagues, who administered four doses of intranasal naloxone, the first two within seconds of his collapse, then two others minutes later. Blowback from experts came swiftly: toxicologists have concluded it is impossible to inhale or transdermally absorb enough fentanyl to quickly overdose (Moss et al., 2018). The deputy's symptoms were inconsistent with an opioid overdose, and the video's narration contained serious inaccuracies about overdose identification and response. Such misinformation about the risks of incidental exposure to fentanyl has proven to be persistent among U.S. law enforcement (Attaway, Smiley-McDonald, Davidson, & Kral, 2021; Beletsky et al., 2020). It is critical to correct these misconceptions to ensure an appropriate police response to contact with fentanyl, and to reduce the harms that false beliefs can yield.

In 2016, the U.S. Drug Enforcement Administration (DEA) released an advisory and training video that warned:

[J]ust touching fentanyl or accidentally inhaling the substance... can result in absorption through the skin and that is one of the biggest dangers with fentanyl. 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 (DEA, 2016).

This statement, along with photos of tiny, allegedly lethal doses of the drug, set against a penny for scale, conveyed the idea that minor, incidental exposure could quickly turn fatal. At the time, illicitly-manufactured fentanyl had begun to dominate the illicit opioid market, and first responders were ill-informed about its properties. The narrative seemed plausible (Persaud & Jennings, 2020). This false message was echoed nearly verbatim by many other authorities that officers consider credible, including the Department of Justice, and the National Police Foundation (NPF, 2016; USDOJ, 2017). In response, the American College of Medical Toxicology and the American Academy of Clinical Toxicology released a joint statement clarifying that fentanyl toxicity from incidental exposure was so unlikely as to be nearly impossible

(Moss et al., 2018). Such evidence from expert bodies led law enforcement agencies in Canada and the United Kingdom to temper their own warnings about the risks of exposure in the field (Tunney, 2019). In contrast, many American law enforcement professionals clung to this narrative of extreme risk—with Sheriff Gore's recent video but one example of their years long, enduring belief in it.

This misinformation presents serious obstacles to addressing the overdose crisis. It falsely transforms overdose emergencies, which require rapid response to prevent death, into perceived life-and-death situations for first responders as well. It perpetuates the stigma that people who use illicit opioids are inherently dangerous to encounter, that their bodies and belongings are poisonous. No less important, perpetuating the falsehood that officers could die from contact with a substance they routinely encounter in the field is profoundly stressful to officers. Alleged “overdoses” have been cited as examples of the “nocebo effect,” where inaccurate beliefs about a drug generate negative somatic effects upon exposure. Yet these false “overdoses” are more complex. Fentanyl has well-known sedative effects. Law enforcement officers are generally aware of them. Yet the false belief that one has received a substantial dose, can produce very real, distressing symptoms—panic, hyperventilation, vertigo, a racing heart—that are misrecognized as evidence of fentanyl's known effects (Persaud & Jennings, 2020). Misrecognized symptoms appear to confirm misinformation, and no one's wellbeing is served.

These incidents should be taken seriously as distressing and underexplained medical events. Vasovagal syncope, or panic attacks induced by context-driven anxiety, are highly plausible explanations (Herman et al., 2020). Yet, the sequelae of many other biomedical conditions (ranging from dehydration to ischemic strokes) may be indistinguishable from a panic attack to the untrained observer—especially if that observer is already primed by misinformation to perceive an overdose, and is part of an occupational culture that characterizes fear and panic as unacceptable weaknesses. In the case of genuine health emergencies, these events could turn harmful or fatal from misdiagnoses and inappropriate treatment. We hear reports of first responders hesitant to deliver naloxone during genuine overdose emergencies due to fear of fentanyl. The myth, itself, could be deadly.

\* Corresponding author.

E-mail address: [bdelpozo@lifespan.org](mailto:bdelpozo@lifespan.org) (B. del Pozo).

Simply asserting the incidents have been misdiagnosed does not allow us to constructively ascertain what actually happened. A named condition with a basis in evidence would benefit both the patient and the public, correcting misinformation while taking the patient's bodily experience seriously. It may be helpful to recognize false officer "overdose" as a culture-bound syndrome (a well-established diagnostic concept that conforms to ICD-10 classifications) originating from incidental encounters with fentanyl in the context of pervasive misinformation about the risks it poses. Creating such a classification would enable a standardized approach to assessing personal, physiological, and environmental factors associated with these events and allow a more accurate estimation of prevalence. It would require being mindful of the potentially stigmatizing effects of diagnostic labels, but doing so would empower medical and law enforcement professionals to properly situate and respond to these events when they occur, and more importantly to prevent them by training officers about their origin and their basis in misinformation. It would provide patients influenced by pervasive stigma against psychological distress in public safety professions the means to reject a panic attack diagnosis with a valid and meaningful framework for articulating their experiences. Treatment could shift from reversing the effects of fentanyl to the mental health and wellness issues that underlie an officer's perceived overdose.

First responders who experience these false overdose events may also benefit from a standard of care for these incidents. That approach should presume fentanyl overdose to be highly unlikely though the distressing somatic event is real—and potentially indicative of another underlying concern. Such an approach would promote more cautious and accurate diagnoses. In the context of careful diagnosis, toxicology screens may offer much needed clarity while allowing clinicians to take the patient's report seriously.

Stigma against people who use drugs commonly manifests as disbelief about the statements they make, often resulting in life-saving care delayed or denied. In this case, law enforcement officers experience the opposite prejudice: their demonstrably false claims are accepted as truth by media and professional peers without question, even though they are well-contradicted in scientific literature and, ironically, by the extensive experience of people who package, distribute and use illicitly-manufactured fentanyl. In follow up reporting, Sheriff Gore conceded that he produced his video based on his own diagnosis, without consulting with physicians or other experts. Gore subsequently removed the video from his department's social media accounts. Within weeks, the DEA finally and belatedly removed its 2016 press release and video from its own archives. This content nevertheless remains widely available online, reproduced by numerous accounts across several platforms, easily discoverable by those seeking reliable information about fentanyl from ostensibly authoritative sources. The effort to remove this content should be suitably comprehensive.

First responders work in the midst of an epidemic that claimed over 94,000 lives last year. So long as law enforcement remain first responders to overdose across the United States and otherwise engage with people who use drugs, they will continue to encounter fentanyl. Evi-

dence suggests training may help correct critical misconceptions about its dangers (Winograd et al., 2020). Mitigating the psychological harms that false beliefs about fentanyl exposure bring to first responders requires a deliberate approach—and clearer answers to the unresolved questions at the heart of these events. Doing so will better protect officers' mental health and reduce the potentially deadly risks this misinformation poses to overdose victims in need of effective emergency response.

## Funding

Dr. del Pozo is supported by the [National Institute on Drug Abuse](#) (grant T32DA013911) and by the National Institute of General Medical Science (grant P20GM125507). The institutes had no role in the preparation of this article, and the opinions expressed are the authors' alone. The authors have no conflicts to disclose.

## Declarations of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## References

- Attaway, P. R., Smiley-McDonald, H. M., Davidson, P. J., & Kral, A. H. (2021). Perceived occupational risk of fentanyl exposure among law enforcement. *International Journal of Drug Policy*, 95, Article 103303. [10.1016/j.drugpo.2021.103303](https://doi.org/10.1016/j.drugpo.2021.103303).
- Beletsky, L., Seymour, S., Kang, S., Siegel, Z., Sinha, M. S., Marino, R., et al. (2020). Fentanyl panic goes viral: The spread of misinformation about overdose risk from casual contact with fentanyl in mainstream and social media. *International Journal of Drug Policy*, 86, Article 102951. [10.1016/j.drugpo.2020.102951](https://doi.org/10.1016/j.drugpo.2020.102951).
- DEA. (2016, June 10). *DEA warning to police and public: Fentanyl exposure kills* <https://www.dea.gov/press-releases/2016/06/10/dea-warning-police-and-public-fentanyl-exposure-kills>
- Herman, P. A., Brenner, D. S., Dandorf, S., Kemp, S., Kroll, B., Trebach, J., et al. (2020). Media reports of unintentional opioid exposure of public safety first responders in North America. *Journal of Medical Toxicology*, 16(2), 112–115. [10.1007/s13181-020-00762-y](https://doi.org/10.1007/s13181-020-00762-y).
- Moss, M. J., Warrick, B. J., Nelson, L. S., McKay, C. A., Dubé, P.-A., Gosselin, S., et al. (2018). ACMT and AACT position statement: Preventing occupational fentanyl and fentanyl analog exposure to emergency responders. *Clinical Toxicology*, 56(4), 297–300. [10.1080/15563650.2017.1373782](https://doi.org/10.1080/15563650.2017.1373782).
- NPF. (2016). *DEA officer safety alert: Fentanyl can kill you*. National Police Foundation Retrieved September 10 from <https://www.policefoundation.org/dea-officer-safety-alert-fentanyl-can-kill-you/>.
- Persaud, E., & Jennings, C. R. (2020). Pilot study on risk perceptions and knowledge of fentanyl exposure among New York state first responders. *Disaster Medicine and Public Health Preparedness*, 14(4), 437–441. [10.1017/dmp.2019.95](https://doi.org/10.1017/dmp.2019.95).
- Tunney, C. (2019). *Mounties dial back warnings about dangers of fentanyl exposure for police*. CBC News <https://www.cbc.ca/news/politics/rcmp-fentanyl-handling-1.5014241>.
- USDOJ. (2017). *Roll call video warns about dangers of fentanyl exposure* June 6, 2017. United States Department of Justice Retrieved September 10 from <https://www.justice.gov/opa/video/roll-call-video-warns-about-dangers-fentanyl-exposure>.
- Winograd, R. P., Phillips, S., Wood, C. A., Green, L., Costerison, B., Goulka, J., et al. (2020). Training to reduce emergency responders' perceived overdose risk from contact with fentanyl: Early evidence of success. *Harm Reduction Journal*, 17(1), 58. [10.1186/s12954-020-00402-2](https://doi.org/10.1186/s12954-020-00402-2).