

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT



Kelly A. Martinez
Sheriff

Captain Pat Shannon
Major Crimes Division

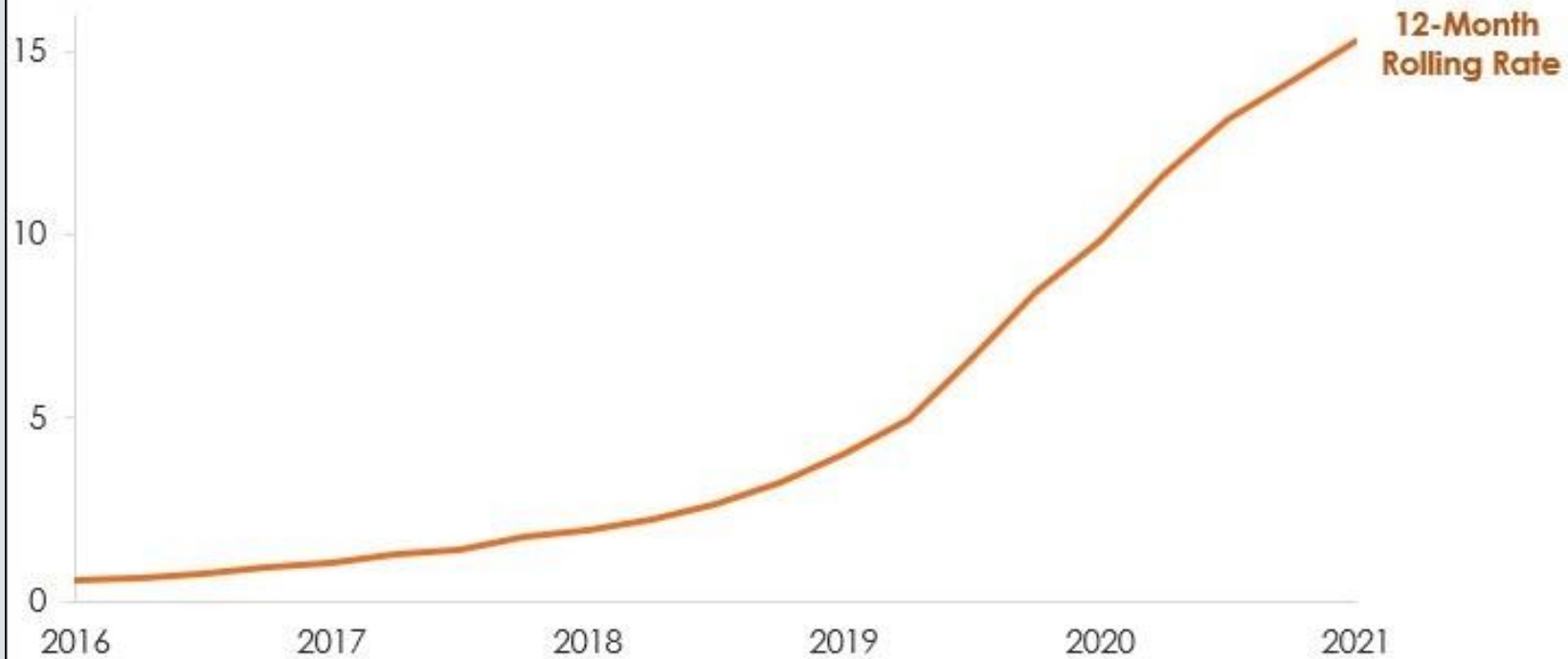


FENTANYL



LETHAL DOSE?

Fentanyl-Related Overdose Deaths - Total Population
Age-Adjusted Rate per 100,000 Residents



*California Department of Public Health

2018	92
2019	152
2020	458
2021	825
2022	786*

*San Diego County Medical Examiner's Office

COUNTY-WIDE FATAL FENTANYL OVERDOSES



COUNTERFEIT PILLS



PHARMACEUTICAL VS ILLICIT



*Homeland Security Investigation

SHERIFF'S DEPARTMENT

BORDER CRIME SUPPRESSION TEAM

2023 STATISTICS JAN – MAY 2023

Amount	Item
475.36	Cocaine Seized (pounds)
40	Heroin (pounds)
1281.95	Methamphetamine (pounds)
2,646,900 (triple previous record)	Fentanyl Pills (doses)
161.5	Fentanyl Powder (pounds)
\$719,094	U.S. Currency
17	Firearms
73	Arrests
34	Recovered Stolen Vehicles



OVERDOSE CASES



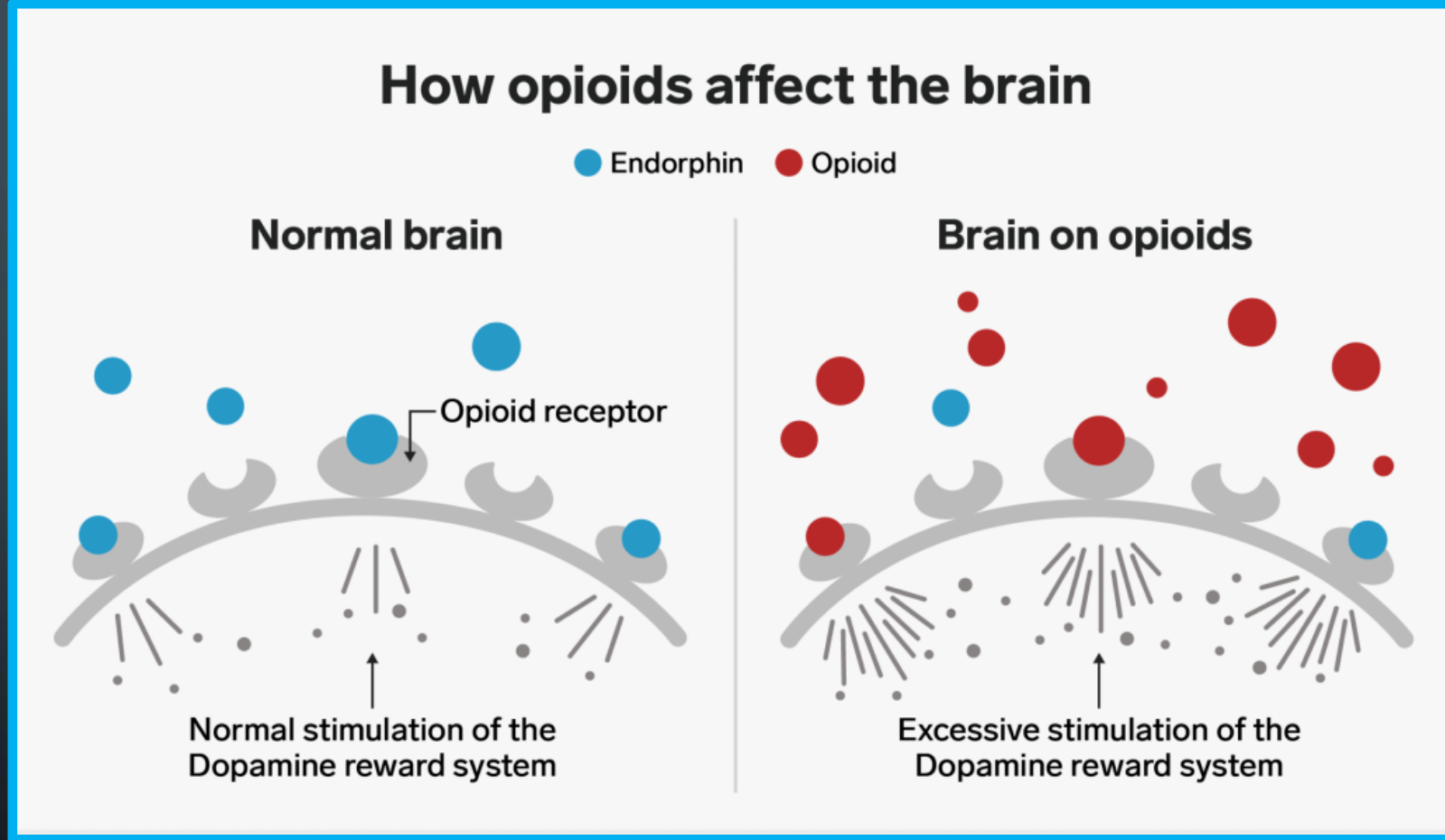


FENTANYL AND OPIOIDS

JULIE WOOCHUK, BA, CADC-II, ICADC/KWC PROGRAM MANAGER/CHEMICAL
DEPENDENCY COUNSELOR

KASSANDRA MASON, LMFT / BEHAVIORAL HEALTH DIRECTOR / PSYCHOTHERAPIST

HOW DO OPIOIDS WORK?



Potential for Dependence



People may misuse and subsequently become dependent upon opioids because they are in pain (physical and/or emotional) as opioids produce a relaxed feeling, decrease pain and cause euphoria.

Carfentanil is 100 times stronger than Fentanyl which is 100 times stronger than morphine, and up to 50 times stronger than heroin. Oxycodone is much weaker – morphine is 1.5 times stronger than oxycodone.

SIGNS OF FENTANYL AND OTHER OPIOID USE, INTOXICATION AND/OR DEPENDENCE:

- Frequently appearing sedated, drowsy, or sleepy.
- Changes in sleep habits.
- Weight loss or appetite changes.
- Changes in personal hygiene or grooming patterns.
- Low or no libido.
- Seeming to have frequent colds or flu-like symptoms (i.e., intermittent withdrawal symptoms).
- Diminished coordination.
- Decreased heart and breathing rates
- Over-sedation or sleepiness.
- Feeling confused or disoriented.
- Nausea and vomiting.
- Cramping, constipation or diarrhea.
- Slowed breathing.
- Itchy skin.
- Joint and muscle pain.
- Changes in mood and/or behaviors.
- Slow or slurred speech.
- Stealing/"doctor shopping"/other illicit activities.



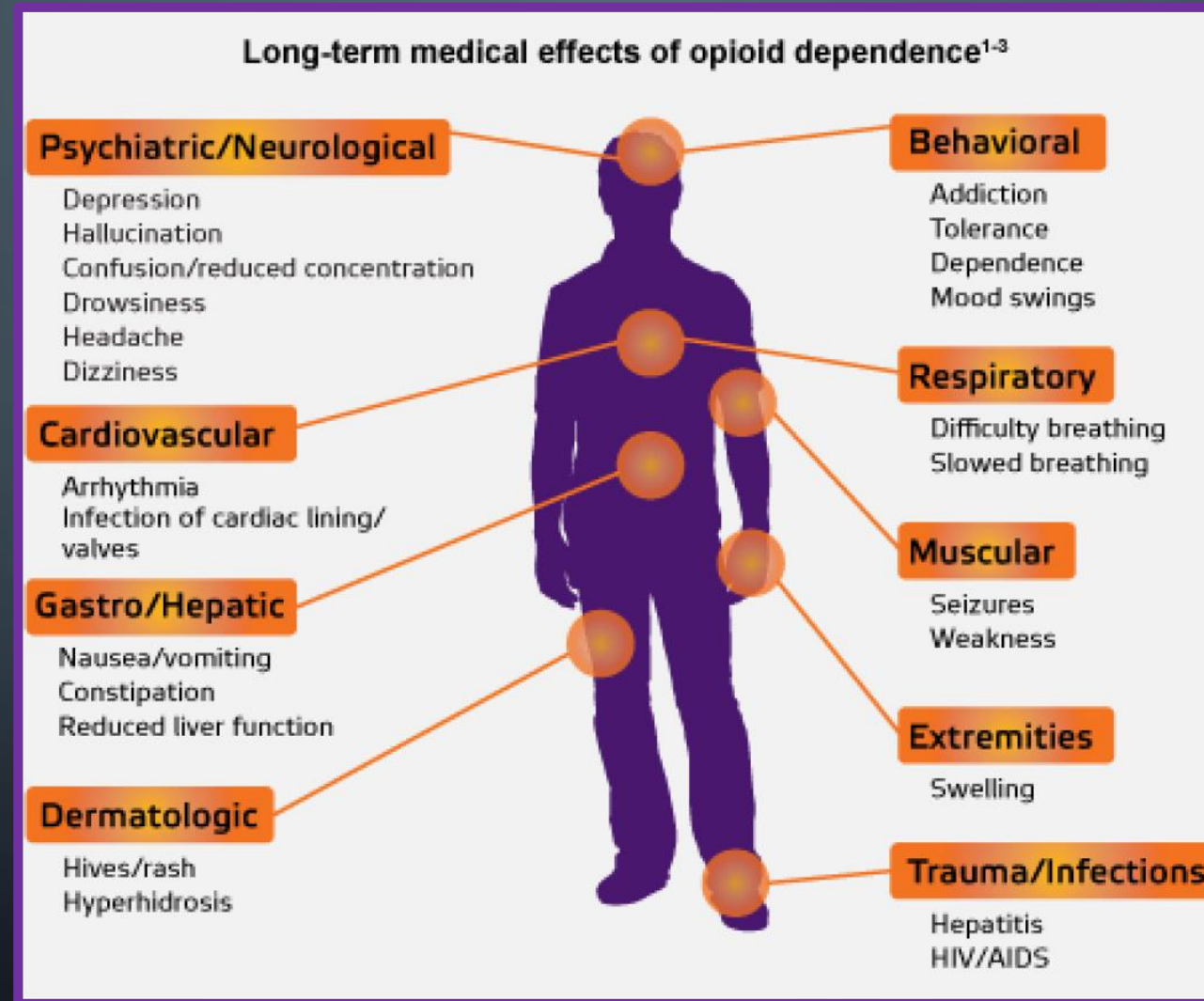
In overdose/poisoning situations, respiratory arrest may occur. This can result in hypoxia, a dangerous condition that can cause brain damage, coma, or death due to a lack of oxygen.

BEHAVIORAL & PSYCHOLOGICAL EFFECTS OF FENTANYL AND OTHER OPIOIDS:

- Seeking prescriptions or visiting multiple doctors.
- Reporting lost or stolen medication.
- Making frequent mistakes at work or school.
- Wanting to cut down or stop opioid use but being unable to do so.
- An increase in reported pain levels although the person's condition doesn't seem to be worse than before.
- A lack of interest in relationships or activities.
- Isolation from family or friends.
- Change in exercise habits.
- Stealing from family, friends, or businesses.
- New financial or legal difficulties.



LONG-TERM MEDICAL EFFECTS OF OPIOID DEPENDENCE



ACUTE WITHDRAWAL SYMPTOMS FROM OPIOIDS:

- Restlessness,
- Dysregulation of body temperature,
- Uncontrollable diarrhea and/or vomiting green bile ,
- Intense cramps
- Loss of appetite
- Depression and anxiety
- Agitation
- Unbearable insomnia for days
- Feels like you are dying
- Thoughts of suicide out of desperation to stop feeling symptoms
- Fluctuations in mood.
- Body aches and pains.
- Sleep difficulties.
- Cold flashes and goosebumps.
- Fever, sweating, and watery eyes.
- Sudden, uncontrollable leg movements.
- Strong and intense cravings to use opioids.

CO-OCCURRING DISORDERS

No specific combinations of mental and substance use disorders are defined uniquely as co-occurring disorders. Some of the most common mental disorders seen in SUD treatment include:

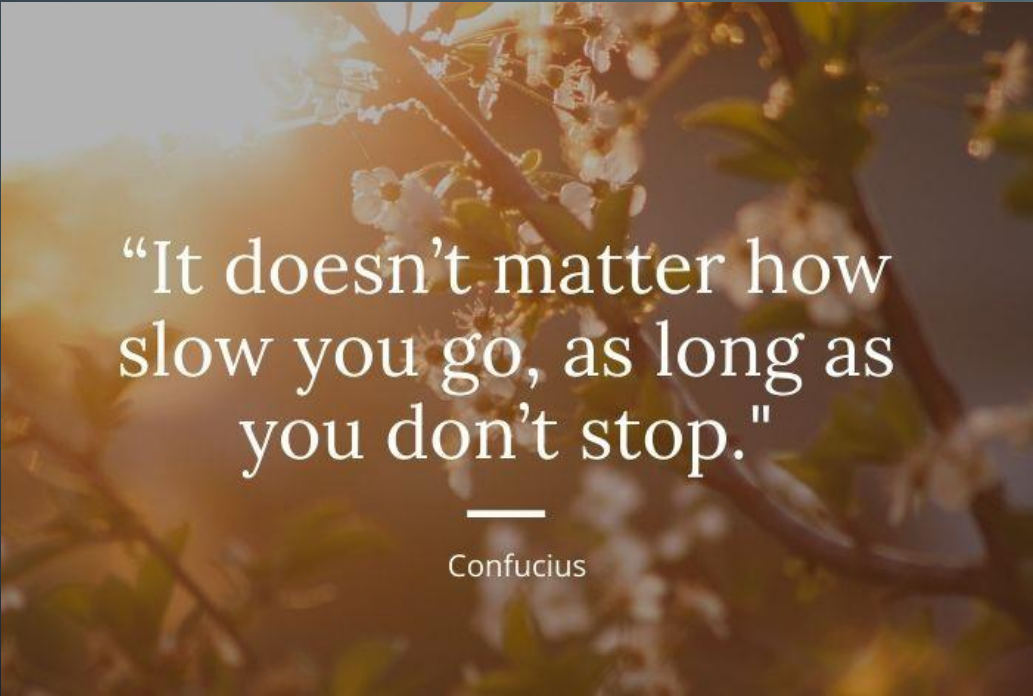
- Anxiety and mood disorders
- Schizophrenia
- Bipolar disorder
- Major depressive disorder
- Conduct disorders
- Post-traumatic stress disorder
- Attention deficit hyperactivity disorder



Patients being treated for mental disorders also often misuse the following types of substances:

- Alcohol
- Tobacco
- Opioids
- Stimulants
- Marijuana
- Hallucinogens
- Prescription drugs

TREATMENT MODALITIES



“It doesn’t matter how
slow you go, as long as
you don’t stop.”

—
Confucius

- Detox
- Residential/Inpatient
- Outpatient Individual
- Intensive Outpatient
- Family Counseling
- Group (coed or non-coed)
- Sober Living
- Abstinence Based
- Harm Reduction (MAT, Needle Exchanges, testing supplies, Narcan Distribution, etc)
- Community Support groups (SMART, AA, NA, etc.)
- Culture based, MI, CBT, DBT, SBIRT, REBT, talk therapy, Art/music therapy, Meditation, Yoga, Reiki, etc.

HARM REDUCTION



- Harm reduction is part of a comprehensive prevention strategy and the continuum of care. Harm reduction approaches have proven to prevent death, injury, disease, overdose, and substance misuse. Harm reduction is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use.
- As an approach, harm reduction emphasizes kindness and autonomy in the engagement of people who use drugs. It also increases the number of touchpoints (and opportunities) that peers and/or service providers have with people who use drugs. Specifically, harm reduction services can:

HARM REDUCTION CONT'D

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who are likely to respond to an overdose.
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections.
- Reduce infectious disease transmission among people who use drugs (including those who inject drugs) by equipping them with sterile supplies, accurate information and facilitating referrals to resources.



- Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
- Reduce stigma associated with substance use and co-occurring disorders.
- Promote a philosophy of hope and healing — by employing people with living and lived experience in leadership and in the planning, implementation, and evaluation of services. People with lived experience can also model for their peers what meaningful change can look like in their lives.
- Build community and increase protective factors — for people who use drugs and their families.

DESTIGMATIZING ADDICTION THROUGH LANGUAGE

Instead of...	Use...	Because...
Addict/User/Substance or drug abuser	• Person with SUD • Person with addiction • Patient or client	• Person-first language • Shows the person “has” a problem rather than “is” the problem
Junkie	• Person in active use: use person’s name, then say “is in active use”	
Former Addict	• Person in Recovery/long-term recovery	
Reformed Addict	• Person who previously used drugs	
Habit	• Substance Use Disorder • Drug Addiction	• Habit undermines the seriousness of the disease • Implies the person is choosing to use or can choose to stop

DESTIGMATIZING ADDICTION THROUGH LANGUAGE, CONT'D

Instead of...	Say...	Because...
Abuse	For illicit drugs: "Use" For Rx: Misuse, using other than rx'd	"Abuse" has high association with negative judgements and punishment Consumption of rx outside of parameters of indication is misuse
•Clean	•For toxicology screen results: Testing negative •For non-toxicology purposes: Being in remission or recovery •Abstinent from drugs •Not drinking or taking drugs •Not currently or actively using drugs	•Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. •Set an example with your own language when treating patients who might use stigmatizing slang. •Use of such terms may evoke negative and punitive implicit cognitions.
•Dirty	•For toxicology screen results: Testing positive •For non-toxicology purposes: Person who uses drugs	•Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. •May decrease patients' sense of hope and self-efficacy for change.



Alpine pharmacy: 619-445-1188 Ext 430
Campo pharmacy: 619-445-1188 Ext. 730

Resources/info/Naloxone locations:

https://www.sandiegocounty.gov/hhsa/programs/bhs/BHS_Harm_Reduction/About_Naloxone.html



www.samhsa.gov

- San Diego Access and Crisis Line (24 hours): 888-724-7240
- 2-1-1 San Diego
- Behavioral Health Services (BHS) M-F, 8a-5p: 619-563-2700
- Narcotics Anonymous: 619-584-1007
- Alcoholics Anonymous: 619-265-8762
- <https://www.cdc.gov/drugoverdose/resources/graphics.html>
- Never Use Alone 1-800-484-3731
- Harm Reduction Coalition of San Diego On Point: hrcsd.org

For drug prevention information, visit DEA's websites:

GetSmartAboutDrugs.com

For Parents, Caregivers, and Educators

JustThinkTwice.com

For Teens

CampusDrugPrevention.gov

For Colleges and Universities

dea.gov

REFERENCES

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937046>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406>
3. <https://www.tandfonline.com/doi/abs/10.1080/10826084.2019.1581221?journalCode=isum20>
4. <https://www.ncbi.nlm.nih.gov/pubmed/31140667>
5. <https://apastyle.apa.org/6th-edition-resources/nonhandicapping-language>
6. <https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>
7. www.thenationalcouncil.org/wp-content/uploads/2016/10/Substance-Use-Terminology.pdf
8. <https://psycnet.apa.org/record/2018-44736-001>
9. <https://www.sciencedirect.com/science/article/abs/pii/S0955395909001546?via=ihub>
10. <https://jamanetwork.com/journals/jama/article-abstract/1838170>
11. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
12. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders>
13. <https://nida.nih.gov/publications/drugfacts/fentanyl>
14. <https://www.samhsa.gov/find-help/harm-reduction>
15. <https://www.samhsa.gov/find-help/disorders>

HARM REDUCTION KITS



Where to get
Naloxone





ADDICTION/HEALTH RESOURCES

SAN DIEGO ACCESS AND CRISIS LINE
(888) 724-7240 (TTY: 711)

TO GET NALOXONE
2-1-1
211SANDIEGO.ORG

ITS UP TO US
UP2SD.ORG

SAN DIEGO COUNTY
BEHAVIORAL HEALTH SERVICES
SANDIEGOCOUNTY.GOV/HHSA/PROGRAMS/BHS/

OUT OF COUNTY RESOURCES

(800) 879-2772 STATEWIDE
(916) 327-3728 OUTSIDE CALIFORNIA



CONTACT US



NON-EMERGENCY
(858) 565-5200

EMERGENCY
9-1-1

WWW.SDSHERIFF.GOV

California law provides certain legal protections to a person experiencing a drug-related overdose and the person providing aid.

FOLLOW US
@SDSHERIFF



SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT



OPIOID OVERDOSE PREVENTION

WHAT ARE OPIOIDS?

Opioids are a class of drugs that interact with opioid receptors on nerve cells in the body and brain. They reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids (such as fentanyl, which is often made illegally) and pain medications available legally by prescription (such as oxycodone, hydrocodone, codeine and morphine).



OXYCODONE HYDROCODONE HEROIN FENTANYL

WHAT ARE THE WITHDRAWAL EFFECTS?

Early symptoms typically begin in the first 24 hours after you stop using the drug. Symptoms include muscle aches, restlessness, anxiety, eyes tearing up, runny nose, excessive sweating and inability to sleep.

Later symptoms of opioid withdrawal, which can be more intense, begin after the first day or so. They include diarrhea, abdominal cramping, goosebumps on the skin, nausea/vomiting, dilated pupils, blurry vision, rapid heart rate and high blood pressure.



Anxiety Vomiting Diarrhea Goosebumps



Dilated pupils Runny nose Rapid heart rate Abdominal cramping

ROUTES OF ADMINISTRATION

Many opioids are taken in pill form, but they can also be taken as lozenges or lollipops. Some are administered through a vein, by injection or through an IV. Others can be delivered through a patch placed on the skin or with a suppository.



INJECTED SNORTED/
SNIFFED PATCH
ORALLY
BY PILL
OR TABLET

WHAT ARE THE OVERDOSE EFFECTS?

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils and respiratory depression are strongly suggestive of opioid poisoning. **If you believe someone is suffering from an overdose, immediately call 9-1-1.**



Blue lips or
nails Dizziness and
confusion Can't be
woken up
Choking or
snoring sounds Slow or no
breathing Difficulty
staying awake

CHILDREN AND NALOXONE

If a child may have been exposed or possibly overdosed on opioids, it is okay to give them Naloxone. It is not going to hurt them. Naloxone is FDA-approved to reverse opioid overdose in children including newborns, infants and toddlers.



HOW TO ADMINISTER NALOXONE

1. Remove Naloxone from box
2. Hold the nasal spray with your thumb on the bottom of the plunger
3. Insert tip into either nostril
4. Press the plunger firmly
5. Perform CPR/rescue breathing if necessary.
6. Roll the person on their side to prevent choking



SCAN QR CODE TO WATCH VIDEO





Any
Questions



Thank you!

JULIE WOOCHUK, BA, CADC-II, ICADC

619-445-1188 EXT. 217/619-536-2625

JWOCHUK@SIHC.ORG

KASSANDRA MASON, LMFT

619-445-1188 EXT. 201/619-509-0871

KMASON@SIHC.ORG



THANK YOU!



www.SDSheriff.gov