



Peace Officers Research Association of California

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Anna K. Abram
Deputy Commissioner for Policy, Planning, Legislation, and Analysis
Office of Policy, Planning, Legislation, and Analysis,
U.S. Department of Health and Human Services
10903 New Hampshire Avenue, Room 2335
Silver Spring, MD 20993

RE: Opioid Policy Steering Committee; Request for Comments (Docket No. FDA-2017-N-5608)

Dear Deputy Commissioner Abram,

The Peace Officers Research Association of California (“PORAC”) appreciates this opportunity to provide comments to the Food and Drug Administration (“FDA”) on questions relevant to FDA’s newly established Opioid Policy Steering Committee (“OPSC”) and how FDA can or should use its authorities to address this crisis.¹

PORAC is the nation’s largest statewide association representing public safety personnel. As the organization’s president, it is my distinct privilege to represent over 70,000 members of the public safety community. Our members serve in California and include active, retired, and reserve municipal police officers and sheriff’s deputies as well as correctional and probation officers, airport police, and officers in other statewide groups. PORAC is dedicated to empowering and representing the interests of rank-and-file peace officers and to protecting the rights of the men and women who on a daily basis keep our nation’s communities safe.

Police and public safety personnel do much more than safeguard our communities from crime. As funding and programming for community health initiatives continue to decline, law enforcement has stepped up to fill the void. In many instances, local police are the first to respond to crisis calls relating to drug use, mental illness, and other health matters.²

¹ Food and Drug Administration, Notice and Request for Comment, *Opioid Policy Steering Committee; Establishment of a Public Docket; Request for Comments*, 82 Fed. Reg. 45597 (Sept. 29, 2017), available at <https://www.gpo.gov/fdsys/pkg/FR-2017-09-29/pdf/2017-20905.pdf>.

² It is not uncommon for law enforcement to be called to a scene of a drug overdose and have to administer overdose reversal drugs. See generally, Leo Beletsky, *Engaging Law Enforcement in Opioid Overdose Response*, Bureau of

Good policing, therefore, has expanded beyond securing just the physical safety and well-being of our communities. Law enforcement personnel are on the front lines combatting the opioid abuse epidemic, and it is my hope FDA takes note of this new role taken on by peace officers across the country.

PORAC is encouraged by the formation of the OPSC and urges FDA to turn its attention to creating a guidance document for law enforcement and other safety personnel that may come into contact with fentanyl and other opioid-related substances that could pose a significant risk to the health and wellbeing of the individual that comes into contact with the substance. More detailed comments can be found below.

I. The Economics and Origins of Heroin and Opioid Abuse

Heroin and opioids have historically been available to American citizens and law enforcement has consistently worked to combat the abuse and illegal trafficking of those substances. Over the past several years, opioid abuse has increased dramatically throughout the nation. According to data from the Center for Disease Control and Prevention (“CDC”), for example, drug overdose deaths in 2016 most likely exceeded 64,000, an increase of 22% percent from the previous year and the largest annual increase ever recorded.³ These figures are deeply troubling and should inspire regulators and law enforcement to reinforce their collaborative efforts.

There are multiple factors at play in this trend. Chief among them is the price competitiveness of heroin and other opioids as compared to other illegal substances, including cocaine and methamphetamines. This is unsurprising; the ebbs and flows of specific illegal drugs are often linked to cyclical patterns based on supply and price competitiveness.

Other important factors include the addictiveness of opioids and the availability of legally prescribed opioids. Individuals prescribed opioids as part of a legitimate medical treatment regime can become addicted without running afoul of the law, and legally prescribed opioid medication may be diverted to illicit use. Our local law enforcement members have noticed that pharmaceutical opioids, including drugs such as Vicodin or Percocet, are often a source of experimentation for young people. In many instances, addiction may begin with recreational use of opioids stolen from a family member’s prescription. Once hooked, however, many addicts eventually shift to cheaper tar heroin sold on the streets.

Street heroin is commonly laced with fentanyl, a highly addictive and dangerous synthetic opiate that many have attributed to the increase in overdoses and heroin deaths. Drug overdoses involving fentanyl have increased by 540% in the past three years, rising from 3,000

Justice Assistance Nat’l Training and Tech. Assistance Ctr. (2014), *available at* https://www.bjatrainng.org/sites/default/files/naloxone/Police%20OOD%20FAQ_0.pdf.

³ Josh Katz, *Fentanyl Overtakes Heroin as Leading Cause of U.S. Drug Deaths*, The New York Times, Sept. 2, 2017, www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html.

to 20,000 deaths from 2013 to 2016.⁴ The increase in incidence of fentanyl use has presented new, potentially lethal challenges for police and public safety personnel.

II. Law Enforcement Personnel Face Growing Health Risks Due to the Opioid Crisis

As noted above, law enforcement officers are encountering more and more drugs that contain fentanyl, which can be more than 50 times as potent as heroin. *Because law enforcement must respond to drug crimes and overdoses involving fentanyl with increasing regularity, it represents an unusual health hazard for police and public safety personnel.*⁵ There have been multiple recent incidents in which officers unknowingly came into contact with the drug and suffered serious adverse health reactions.

In May of 2017, for example, a police officer in Ohio wiped a trace of white powder off of his shirt after searching a car containing drugs. The white powder turned out to be fentanyl, and an hour later he lost consciousness only to be saved by four doses of naloxone.⁶ Our canine partners are also at risk of ingesting, inhaling, or absorbing the drug through their paws, and have a much lower tolerance than humans.

III. Policy Recommendations

The escalation of opioid abuse is very real and tackling the opioid epidemic will be difficult. Yet, collaboration across federal and state agencies will go a long way to addressing this national crisis.

PORAC urges FDA to use its authority to (1) further limit unnecessary access to opioids through enhanced regulation of prescribing practices and (2) disseminate detailed guidance for public safety personnel explaining the risks of exposure to fentanyl and providing best practices that law enforcement and other first responders can use to minimize those risks.

First, FDA should promulgate regulations and issue guidance to ensure opioid pharmaceuticals are prescribed in a safe manner. Every day, our rank-and-file officers are trying to work with and help people whose addictions to heroin began with access to legally prescribed opioids. Irresponsible prescribing practices have exacerbated the opioid epidemic by making access to opioids easier, and have increased the supply of unused opioids available for misuse. The FDA can help reduce addiction rates through tighter regulation of medical prescribing practices and pain clinics, and should promote systems to monitor prescription use and identify fraudulent prescriptions. A mandatory education program for health care professionals, who

⁴ *Id.*

⁵ Sarah Zhang, *Fentanyl Is So Deadly That It's Changing How First Responders Do Their Jobs*, The Atlantic (May 15, 2017), <https://www.theatlantic.com/health/archive/2017/05/fentanyl-first-responders/526389>.

⁶ Megan Cerullo, *Ohio police officer accidentally overdoses on fentanyl by brushing it off shirt after drug bust*, New York Daily News (May 16, 2017), <http://www.nydailynews.com/news/crime/ohio-police-officer-accidentally-overdoses-fentanyl-article-1.3170821>.

prescribe opioids, as described in the Opioid Policy Steering Committee Request for Comments,⁷ would be an important step in the right direction.

Second, FDA should develop and publish guidance that builds on the guidelines issued by the Drug Enforcement Agency (DEA) on June 6, 2017, which provide information on proper handling of fentanyl, aimed at law enforcement and first responders.⁸ PORAC is encouraged by the DEA's focus on educating law enforcement and the public about the lethality of fentanyl and, in turn, the dangers it poses to police and public safety personnel who come into contact with the drug while carrying out their duties. But the health risks facing first responders remain serious, and additional information on fentanyl-related dangers and safety best practices would help save lives. **As such, PORAC encourages FDA to develop and distribute similar guidance geared toward first responders and their canine partners.**

IV. Conclusion

On behalf of PORAC, I appreciate this opportunity to share our views. PORAC asks federal policymakers to learn from California and to continue to discuss the various proposals relating to the opioid abuse epidemic with law enforcement—with the women and men who keep our communities safe from crime every day and who are often front line providers of health services. We stand ready and willing to work with policymakers at FDA to ensure that federal policy relating to opioid abuse is effective.

Respectfully,



Mike Durant
President, Peace Officers Research Association of California

⁷ See Opioid Policy Steering Committee; Establishment of a Public Docket; Request for Comments, 82 Fed. Reg. at 45598–45600 (Sept. 29, 2017), available at <https://www.gpo.gov/fdsys/pkg/FR-2017-09-29/pdf/2017-20905.pdf>.

⁸ U.S. Drug Enf't Admin., *Fentanyl: A Briefing Guide for First Responders* (2017) available at https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf.