

The drug overdose crisis is a clear and present **public safety, public health, and national security threat.**

How We Got Here:

- Opioid Epidemic (Oxycontin, Hydrocodone, Etc.) created a massive consumer base of Opiate based drugs.
- As physician prescribed access to opioids decreased, heroin use rose in prominence.
- Fentanyl began as an internet ordered product from Chinese Labs.
- Mass production and pill pressing operation transferred to Mexico.
- No growing season like opium.

HEALTH

'Don't do it': Increase in overdose deaths prompts DEA warning about fake pills

North Idaho teenagers overdosing on fentanyl as counterfeit pills circulate

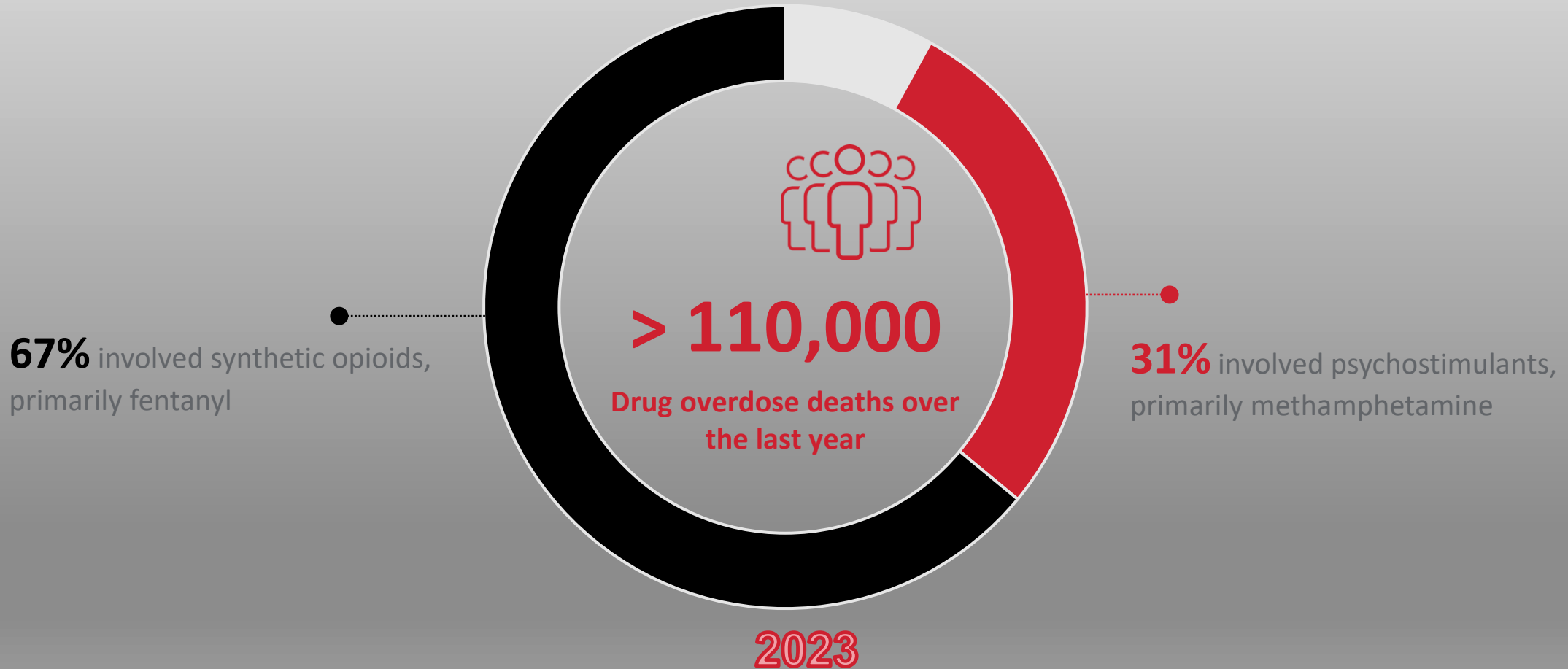
OPD releases image of dangerous counterfeit pills circulating in the metro

Counterfeit Oxycodone linked to several deaths

Counterfeit fentanyl pills spark cluster of overdoses in Georgia

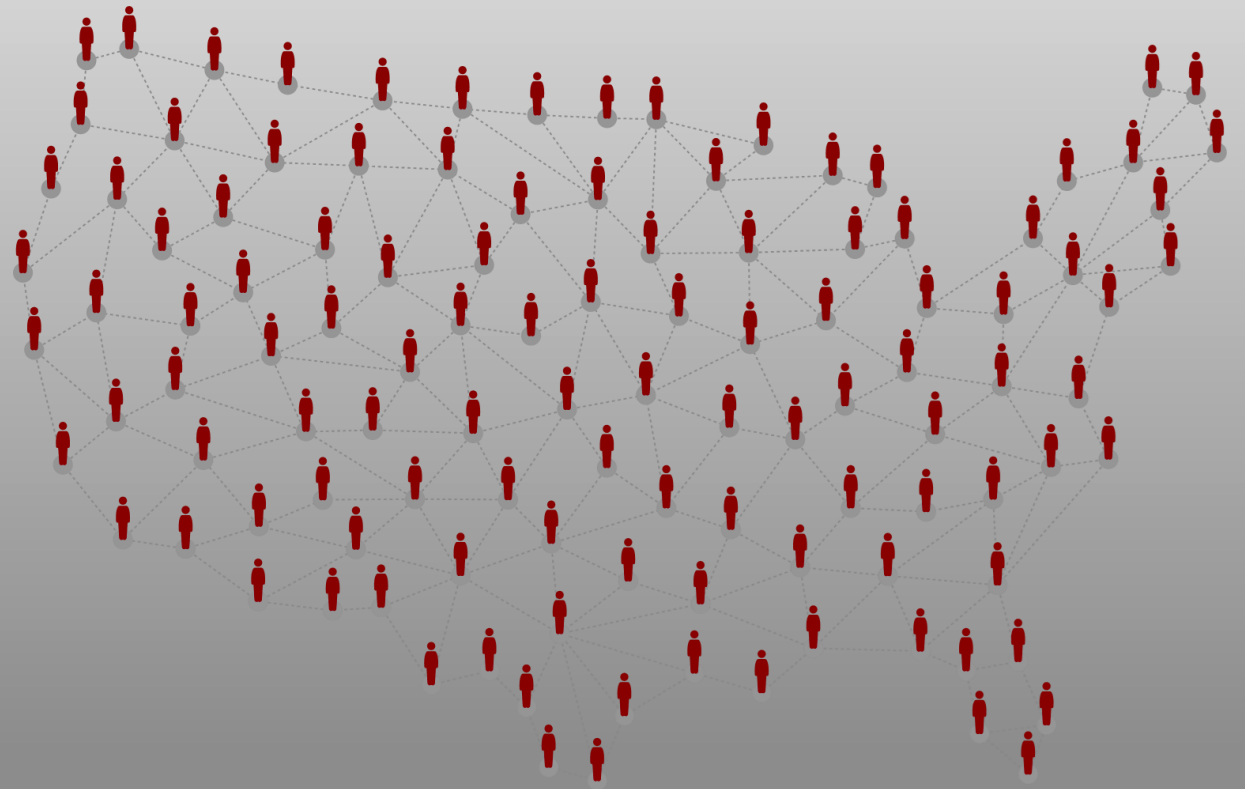
Drug overdoses skyrocket in Washington state amid COVID-19 pandemic

Overdose Deaths



Source: Centers for Disease Control and Prevention

The record quantities of fentanyl that DEA seized in 2023 are enough to **kill every American.**



Most Common Fake Pills



Oxycontin[®]



Adderall[®]



Xanax[®]

Authentic Oxycodone



Fake Oxycodone



Shelf contains
approximately
1.2 Million
Fentanyl Pills





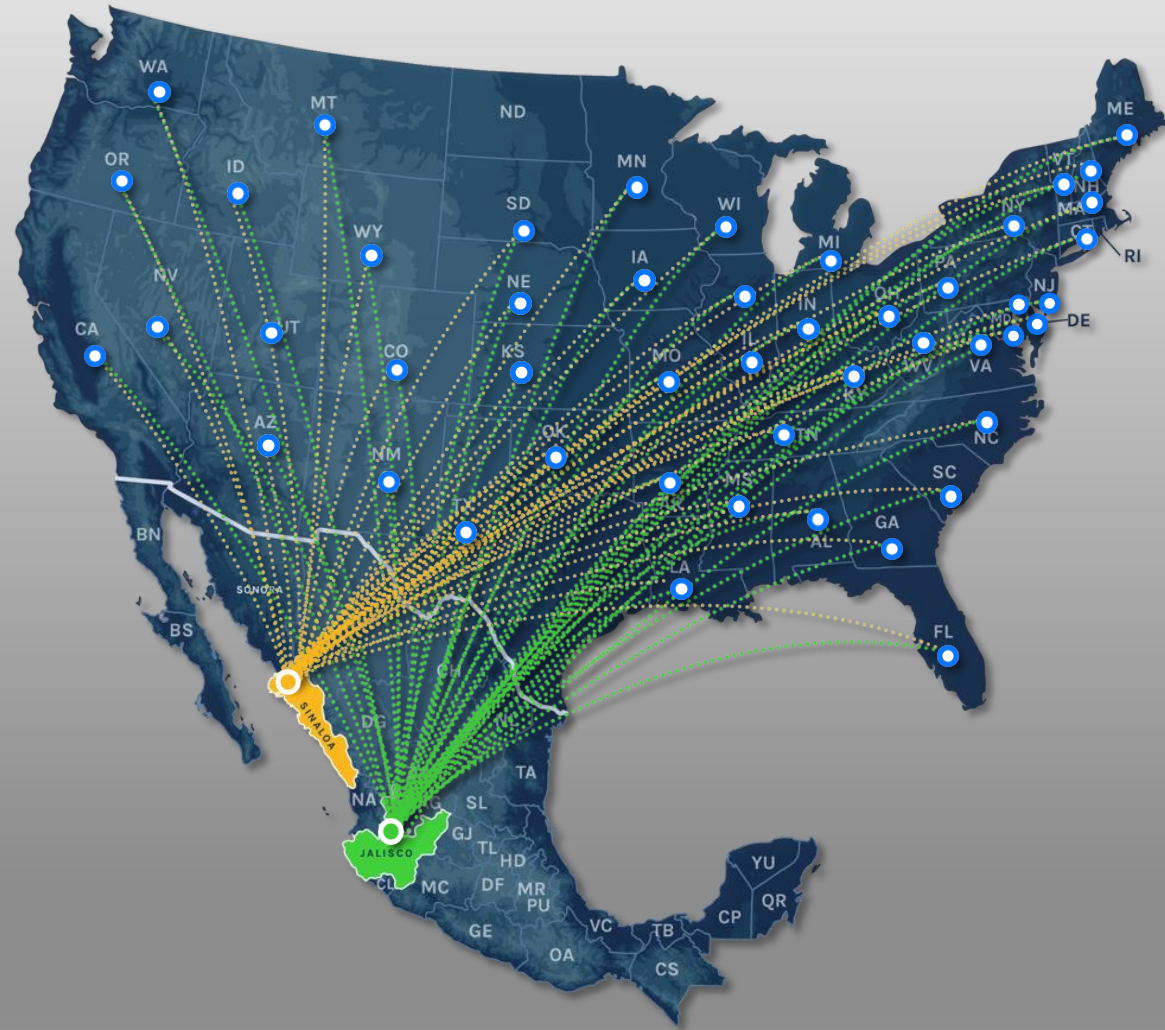
**ONE
PILL CAN
KILL**

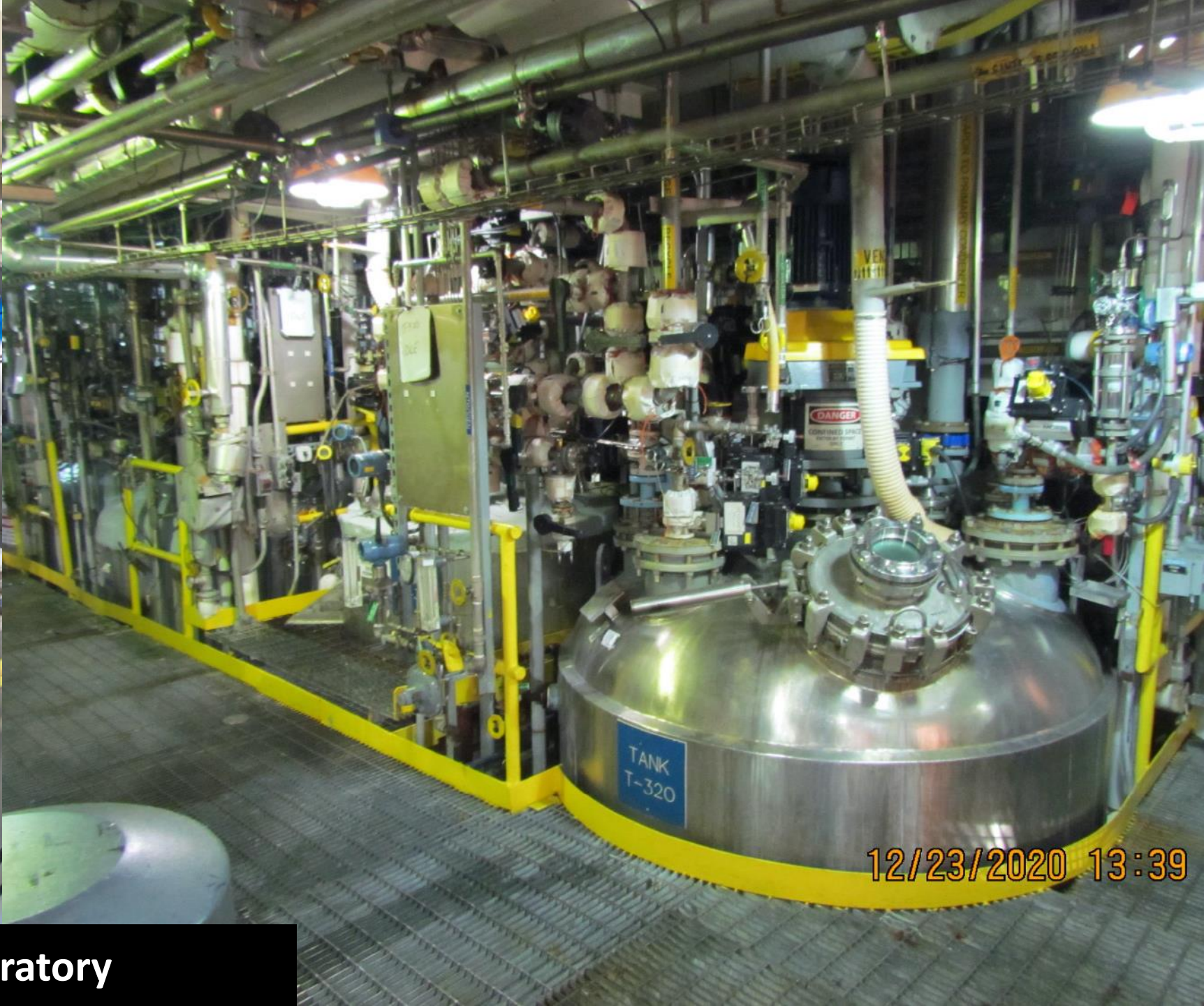
Authentic Xanax

Fake Xanax



The Sinaloa and Jalisco Cartels are the criminal organizations primarily responsible for the fentanyl killing Americans





12/23/2020 13:39

Medical grade fentanyl laboratory

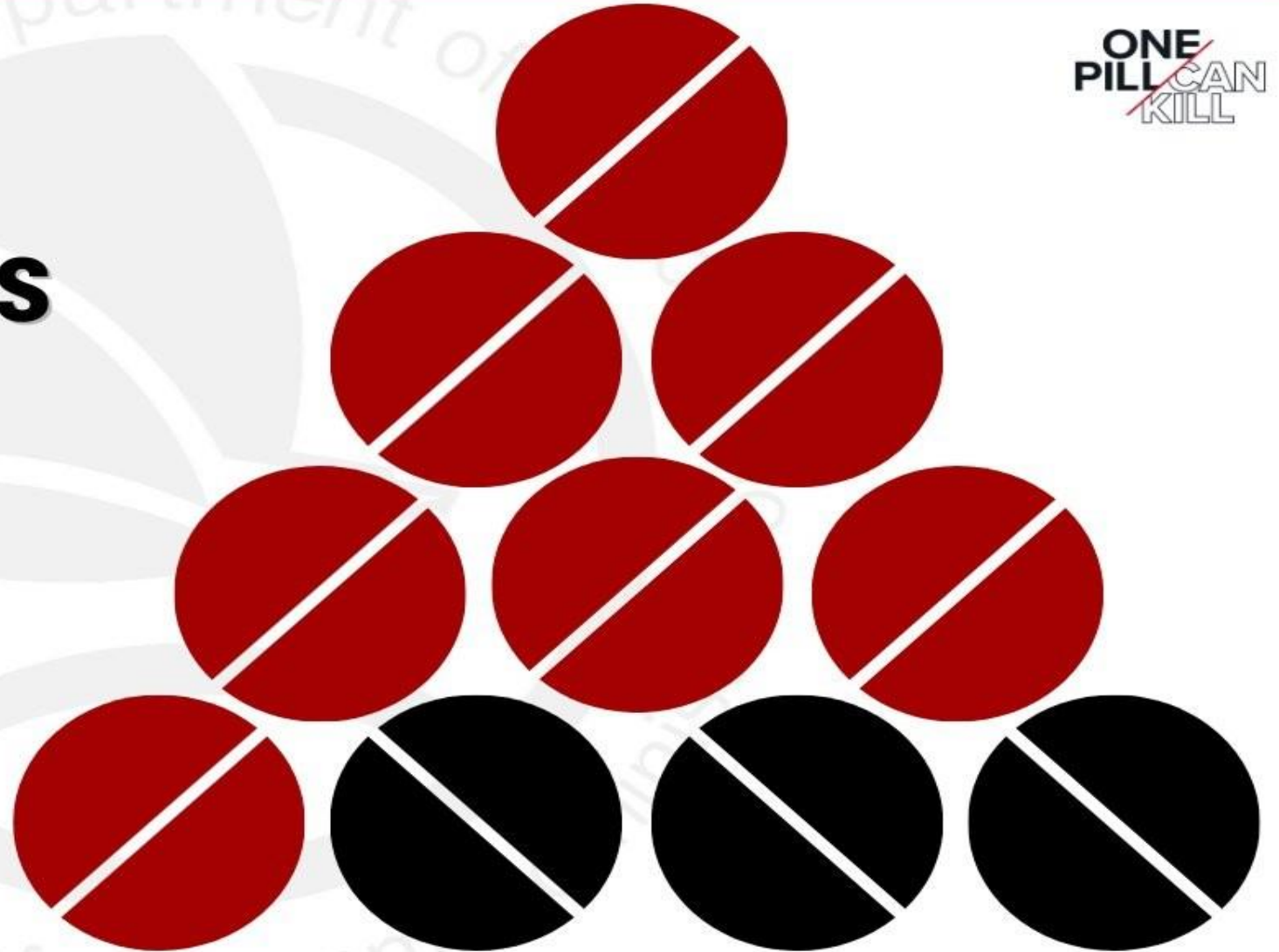


Illicit fentanyl laboratory

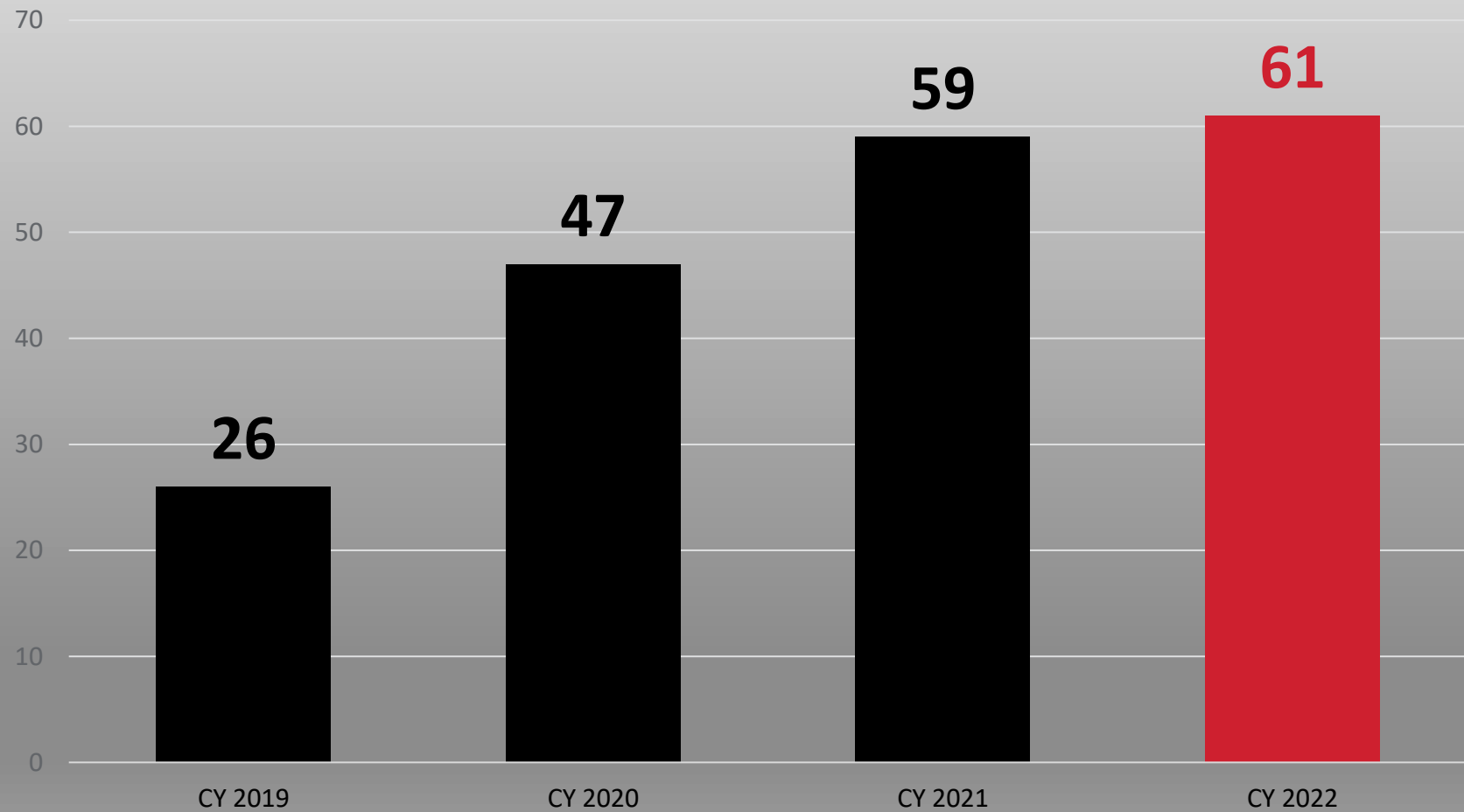
LETHAL DOSES OF FENTANYL
FOUND IN FAKE PILLS

7 out of 10
DEA tested pills
with fentanyl
are potentially
DEADLY

ONE
PILL CAN
KILL

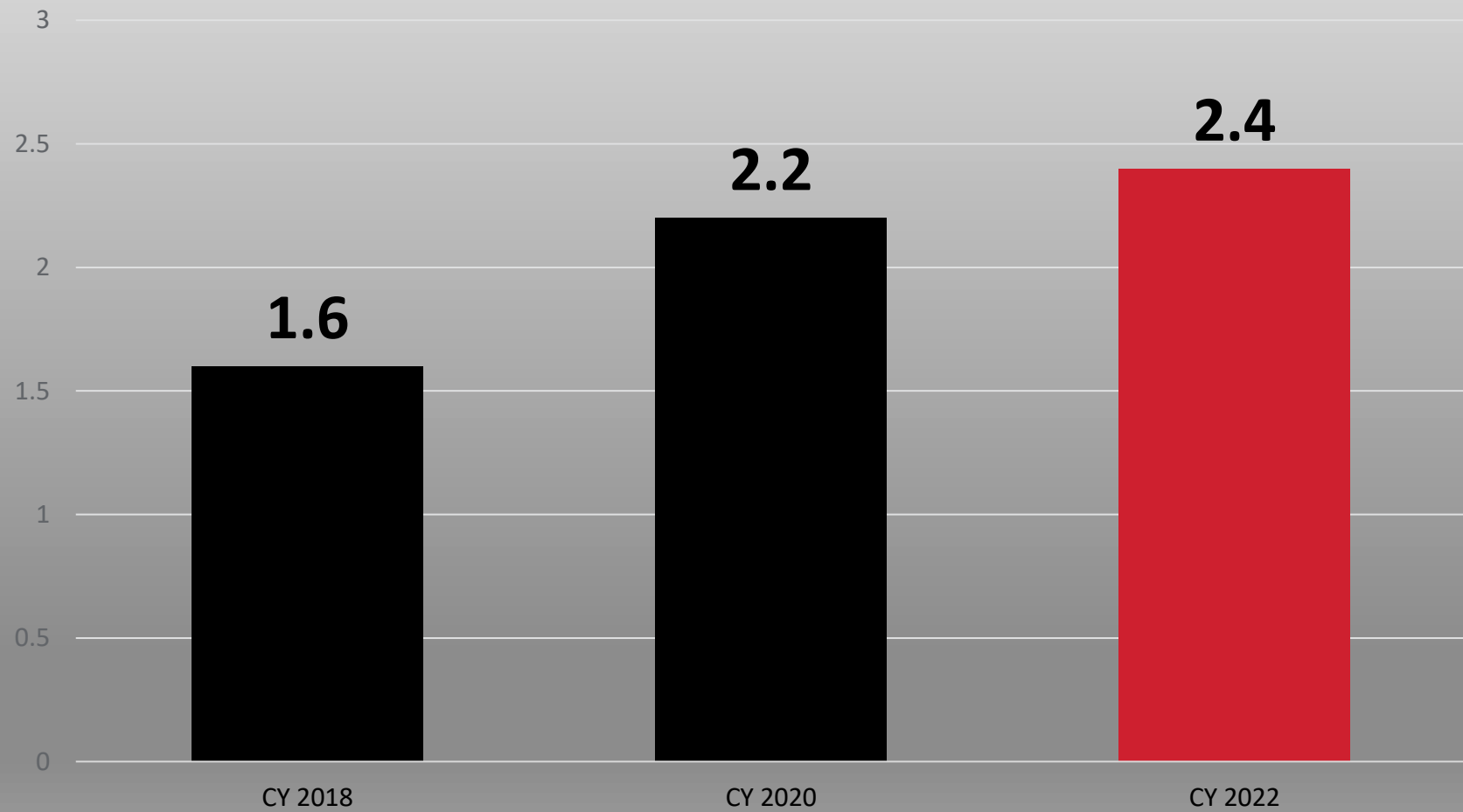


Percentage of Tablets Containing 2 mg or More of Fentanyl CY 2019–CY 2022



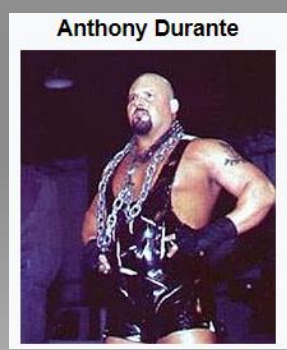
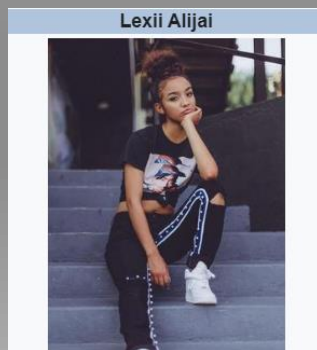
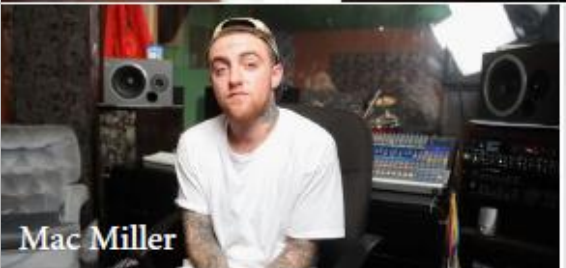
Source: DEA Advanced Information on Drugs Dashboard, November 2022

Average Fentanyl Dose in Tablets (mg/tablet) CY 2018–CY 2022



Source: DEA Advanced Information on Drugs Dashboard, November 2022

In The News



In The News



Three Kansas City Chiefs fans froze to death after ingesting fentanyl and cocaine.



Gordy Dowd 16



Michael Stabile
15



Chandler Lee Black,
20



Matthew Parker 36



Dominico Stewart
43



Rochelle Drosche
28



Zachary Taylor 26



Kenneth Wade Meckel
34



Denise Overton
52



Rachel Roller 30



Arianna Havier
19



Aiden Mullin (18)



Samantha Russell
(28)



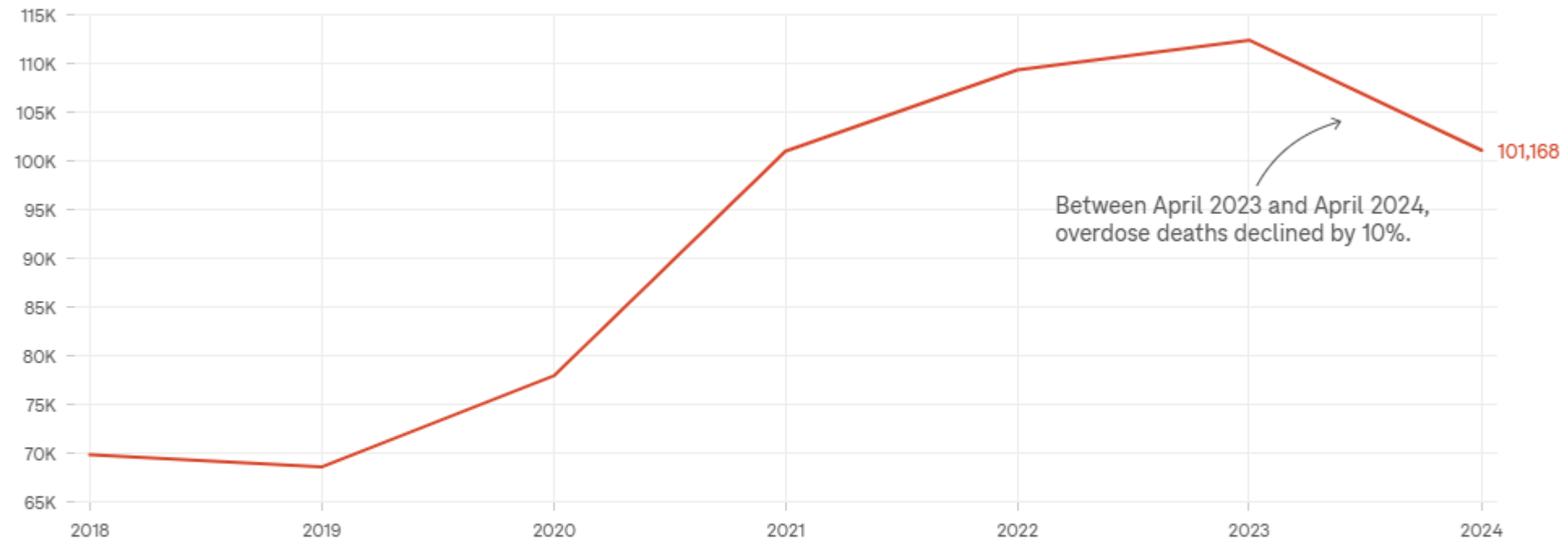
Peyton Chambers 19

- In 2023, Fentanyl Potency decreased for the first time. Down to 5 in 10 pills containing lethal doses from a high of 7 in 10 pills.
- Overdose deaths also decreased by 14% from last year meaning 14,000 more people alive.
- This is a result of numerous factors including:
 - Increased tolerance for Fentanyl
 - Increased prosecution of overdose deaths
 - Increased availability and use of Narcan

NPR Exclusive: U.S. overdose deaths plummet, saving thousands of lives

U.S. overdose deaths fell for the first time since 2020

Deaths for the 12 months ending in April of each year



Notes

Numbers are predicted provisional overdose deaths in the 12 months ending in April of the given year. Deaths are classified by the reporting jurisdiction where the death occurred.

Source: [CDC](#)

Credit: Brent Jones/NPR

Local Trends:

- Mexican Based Dispatcher with local and regional stash houses.
- Moving pills through USPS and by vehicle are the most common transportation methods.
- Money transferred to Mexico through Bulk Cash Smuggling, CashApp, and Wire Transfers.

Distribution Resulting in Death

The Anti-Drug Abuse Act of 1986 (Signed
October 27, 1986)

Len Bias News Clip

Distribution Resulting in Death

21 U.S.C. §§
841(a)(1),
846

- It shall be unlawful for any person knowingly or intentionally to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance.
- If death or serious bodily injury results from the use of such substance, such person shall be sentenced to not less than 20 years or more than life.

The 841 and Penalty Provisions

- Schedule I/II controlled substance distribution, possession with intent to distribute, conspiracy to do the same (21 U.S.C. §§ 841(a)(1) and 846)
- Penalties depend on type of drug and weight:
 - 10 to life – 1 kg of heroin; 400 grams of fentanyl; 280 grams of cocaine base; 5 kilograms cocaine hcl; 500 grams of meth (or 50 grams of pure)
 - 5 to 40 – 100 grams of heroin; 40 grams of fentanyl; 28 grams of cocaine base; 500 grams of cocaine hcl; 50 grams of meth (or 5 grams of pure)
 - Up to 20 – any amount of Schedule I/II
- If death/serious bodily injury results from use of drug, then 20 to life
- Penalties increased if prior conviction for “serious drug or violent felony”
- Schedule III controlled substance resulting in death/serious bodily injury, then up to 15 years

Elements

1. First, the defendant knowingly distributed [controlled substance]; and
2. Second, the defendant knew that it was [controlled substance] or some other prohibited drug.
3. death or serious bodily injury results from the use of such [controlled substance].

The government need not prove that the death was a foreseeable result of the distribution of the controlled substance.

United States v. Houston, 406 F.3d 1124, (9th Cir.), *cert. denied*, 546 U.S. 914 (2005).

Death or Serious Bodily Injury Results

- *Burrage v. United States*, 571 U.S. 204 (2014) defines “results from” as “but for” cause of death (not merely a contributing cause)
- No other factor alone sufficient to cause death
- “independently sufficient” used in some districts, but neither accepted or rejected by *Burrage*
- Proximate Cause/Foreseeability NOT REQUIRED
- A non-fatal overdose could be a SBI, defined as a bodily injury that involves:
 - A substantial risk of death;
 - Protracted and obvious disfigurement; OR
 - Protracted loss or impairment of the function of a bodily member, organ or mental faculty

What Drugs Caused Death/SBI?

- Multiple drugs
 - Trace each drug to its source – RX? Illicit?
 - Document condition of victim after use of each drug – interview friends, family (e.g., took rx at noon and walking around for 3 hours, took powder at 4 and immediately lost consciousness)
 - Multiple drugs in same container
- Evidence of drug use – empty baggies, powders, crushed pills, syringes
- Establish Timeline
- Toxicology Results – if decedent was admitted to hospital before death, be sure to submit admission blood sample as well as the ME's samples

Mixed Drug Overdoses

Burrage v.
U.S., 134 S.
Ct. 881,
(2014)

- In *Burrage*, the decedent had multiple drugs in his system. He had heroin that Burrage had distributed, and oxycodone that Burrage had not distributed.
- The Supreme Court held that “at least where use of the drug distributed by the defendant is not an independently sufficient cause of the victim's death or serious bodily injury, a defendant cannot be liable under the penalty enhancement provision of 21 U.S.C. § 841(b)(1)(C) unless such use is a but-for cause of the death or injury.” *Id.* at 892.
- In “mixed-drug” cases, we have to show the non-target drug(s) could not have caused the death alone and that the death would not have occurred in the absence of the target drug.
- Drug distributed need not be sole cause.
- However, drug distributed has to be more than contributing cause
- It can be the “straw that broke the camel’s back.”

Mixed Drug Overdoses

- Cause of Death: autopsy, toxicology analysis, lab reports from substances recovered at the crime scene. Rule out other possible causes of death.
- Consult with expert ME and toxicologist who did not do the autopsy.
- **We can succeed in mixed drug overdose cases**





ADA COUNTY CORONER'S OFFICE

5550 Morris Hill
Boise, Idaho 83706

AUTOPSY REPORT

Name: CHARLES CHAMBERS
Approximate Age: 19 years
Height: 70.5 inches

Case No: 161026-109
Sex: Male
Weight: 129 pounds

Autopsy Authorized By: Dotti Owens, Ada County Coroner

I hereby certify that on the 26th day of October, 2016, beginning at 1345 hours, I, Charles O. Garrison, M.D., performed an autopsy on the body of **Charles Chambers** and upon investigation of the essential facts concerning the circumstances of the death and history of the case, I am of the opinion that the findings, cause and manner of death are as follows:

FINDINGS:

- I. Acute methamphetamine toxicity, 5621 ng/mL.
- II. Needle puncture marks, left antecubital fossa.
- III. Postmortem lividity pattern consistent with postmortem moving of the body.

TOXICOLOGY:

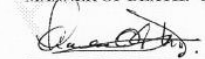
Femoral Blood	Results
Methamphetamine	Positive 5621 ng/mL
Amphetamine	Positive 1200 ng/mL
Morphine	Positive 38.3 ng/mL

Urine	Results
Amphetamine	Positive 14511 ng/mL
Methamphetamine	Positive >20000 ng/mL
Morphine	Positive 27964 ng/mL
6-Monoacetylmorphine	Positive 1455 ng/mL
Codeine	Positive 1031 ng/mL
Hydromorphone	Positive 54 ng/mL
Negative for ethanol and other tested prescription drugs.	

COMMENT: This 19-year-old male died as a result of acute methamphetamine toxicity with a level of 5621 ng/mL. He also had morphine present which was in a therapeutic level. However, morphine is present in the urine as well as 6-monoacetylmorphine, codeine and hydromorphone. This combination of morphine and 6-monoacetylmorphine is consistent with heroin. It is not possible to establish a timeline as to when the heroin was taken, but the metabolite morphine had been metabolized down to a therapeutic level. The cause of death was the methamphetamine toxicity due to its elevated presence in the systemic circulation. In consideration of the scene findings, with the body having been moved, the manner of death will, therefore, be undetermined.

CAUSE OF DEATH: ACUTE METHAMPHETAMINE TOXICITY

MANNER OF DEATH: UNDETERMINED


Charles O. Garrison, M.D.

12-14-16
Date

000256

BASCO_000258

Tommy Basco and Chamberland

Conclusion

It is my opinion, to a degree of medical certainty, that Chambers death was a result of a methamphetamine overdose. The time of administration cannot be determined with accuracy but most likely occurred several hours prior to his death based upon the presence of substantial methamphetamine and its metabolites in the blood and urine. The quantity of morphine in the blood reflects a non-toxic level, suggesting that the morphine continued to be metabolized for several hours between its administration and his death.

This opinion is based upon certain facts and information provided to me and my advanced doctoral prepared education, training and experience in the disciplines of Pharmacy, Pharmacology and Toxicology, and as a recognized medical-legal expert in the effects of drugs for more than four decades.

Serious Bodily Injury Proof

- Document the state of the victim at the time found
 - Agonal breathing? – Gasping for Air
 - Pulse Oxygen levels? – Ideal Level is 96% to 99%
 - Pinpoint pupils?
 - Diaphoresis? – Sweating
 - Cyanosis? – Bluish or Purple Skin
- Document administration of Narcan (naloxone) – how much? Effect?
- Other lifesaving measures (CPR, etc)
- Body Wire Camera
- Search Warrant for admission blood sample
- Release of Medical Records or Grand Jury Subpoena

Penalties and Plea Agreements

- Case Selection:
 - We cannot prove every death-resulting case
 - When mixed-drug, it's expensive to get expert opinion in every case
 - Not every case calls for a 20-year sentence
- Do we have other mandatory minimums for the quantity and type of drugs?
 - 40 grams or more fentanyl = 5-year man. min.
 - 400 grams or more of fentanyl = 10-year man. min.
- USSG provides for a base offense level of 38 if SBI or death resulted from the use of such substance. We can make D agree to this even if we do not charge the man. min.
- Other options:
 - upward departures USSG 5K2.1
 - Binding plea agreements or binding ranges
- Case selection: We will consider drug quantity and type, defendant's criminal history, nature and circumstance of crime, strength of the case, and other factors in determining whether to pursue the 20-year man min.

U.S. Sentencing Guidelines

- Level 43 if offense of conviction establishes death/SBI resulted from a Schedule I/II and has a prior
- Level 38 if offense of conviction establishes death/SBI resulted from a Schedule I/II
- Level 30 if offense of conviction establishes death/SBI resulted from a Schedule III and has a prior
- Level 26 if offense of conviction establishes death/SBI resulted from a Schedule III

Who is Subject to Enhanced Penalties?

- Everyone in the distribution chain
- Proof that the drug was but for cause of death was distributed at some point by that person



Investigating the Overdose Death Case

Collecting Evidence & Identifying Witnesses

The Crime Scene

- Is this a murder, a suicide or an accidental overdose?
- Preserve the crime scene as if it is a murder
- Look for evidence of motive, intent, etc.
- Record Scene:
 - Fully identify all persons present (witnesses, family, EMS, LEO, etc.)
 - Photograph/video entire scene, including decedent
 - Fingerprints/DNA
 - Log custodians of evidence and decedent's body
 - Identify ME



Goal of Investigation

Prove who
distributed the
controlled
substance

Prove what
controlled
substance killed
the decedent

Who Distributed the Drug?




- Eyewitnesses
- Phone records – decedent, witnesses, suspect
 - Calls
 - Texts
 - GPS
 - Social Media
 - Communication Apps (Facetime, TextNow, etc.)
 - Payment Apps
- Surveillance videos
- U.S. Mail

Popular Emoji Drug Codes

COMMON EMOJI CODES




FAKE PRESCRIPTION DRUGS

PERCOCET & OXYCODONE | **XANAX** | **ADDERALL**





 |  | 

OTHER DRUGS

METH | **HEROIN** | **COCAINE**


 |  | 

MDMA & MOLLIES | **MUSHROOMS** | **COUGH SYRUP** | **MARIJUANA**


 |  |  | 

DEALER SIGNALS


DEALER ADVERTISING




HIGH POTENCY



UNIVERSAL FOR DRUGS



LARGE BATCH



Disclaimer: These emojis reflect common examples found in DEA investigations. This list is not all-inclusive, and the images above are a representative sample.

Additional Threat: Access

Monitoring for suspicious text messages on social media or cash app posts could spark an important, and potentially life-saving, conversation.

SOCIAL MEDIA Drug Trafficking Threat

2. Connect

Prospective buyers contact drug traffickers on social media apps in response to their advertisements – either using direct messaging or by commenting on a post. Once contact is made, drug traffickers and potential buyers often move to an encrypted communications app like WhatsApp, Signal, and Telegram. Drug traffickers typically switch to these encrypted communications apps to arrange drug deals with prospective buyers.

3. Pay

After a deal is made, drug traffickers request payment using one-click apps like Venmo, Zelle, Cash App, and Remitly.

CONNECT



& PAY

JANUARY 2022

#ONEPILLCANKILL dea.gov/onepill

Corroborating Proof of Distributor's Identity

- Additional witnesses/customers
 - Who else is he/she texting/calling/whatsapping?
 - Who else is sending him/her money?
 - Who lives with him/her? Next door? Family?
- Controlled buy – ASAP!

Interview Checklist for Patrol/First on Scene

- Document and seize all Items in area related to use
- Drug Source's name
- How was the drug used?
- Physical description of drug source, vehicle, others with him/her
- Phone number(s), apps, etc. used to set up/pay for deal
- Secure cell phones **Deceased Victim Does Not Have a Right To Privacy**
- Identify where deal occurred
- Did victim walk/drive?
- Time of deal
- Amount purchased/amount paid
- Packaging

Interview Checklist for Patrol/First on Scene (continued)

- Secure location and collect any/all drugs and drug use evidence
- If deceased, ensure autopsy is performed
- If survived, get signed authorization for medical records
- Document the incident by obtaining a case number/IBR and contact narcotics unit
- Narcotics unit should respond
- Ask hospital to take/preserve blood at time of admission
- Obtain Search Warrants for phones, phone records, OD location, transaction location

U.S. v. Houston, 406 F.3d 1121 (9th Cir. 2005)

- Foreseeability is not a required element
 - Proximate cause is not a required element
- Cause-in-fact MUST be proven
 - Drugs delivered by suspect MUST have caused death/SBI
 - “As long as death results from the use of the described controlled substance...”

How much evidence is enough evidence?

- *Houston*, 406 F.3d 1121 (2005)
 - Decedent's mother testified that Defendant admitted to her that she sold the decedent methadone for \$2 a pill
 - Decedent's sister testified that Defendant admitted to her that she sold Decedent 40 methadone pills shortly before the death.
 - A witness testified that they saw Defendant and decedent together in the bathroom at Defendant's sister's house: Decedent had a Rx bottle pill and a large amount of money was being handed to Defendant.
 - EMT testified to finding an Rx bottle bearing Defendant's name right next to the decedent
 - ME testified that the methadone toxicity cause decedent's death

Proving the Distribution Chain

Defendant distributed *these specific drugs* to the decedent

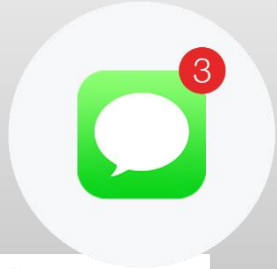
- We have to prove that it was the defendant and not some other dealer who was the source of the fatal dose of drugs.

- **Build a timeline.**
- Establish a timeline of the day of the fatal transaction.
- Establish the location of the distribution and tie the defendant and victim to the location at the relevant time.
- Prepare a list of the victim's contacts the day of the fatal dose transaction and eliminate everyone but the defendant as the source of the heroin.

Autopsy and Toxicology

- What does your Coroner currently do?
- How do you prioritize cases that get autopsies?

Warrants



2 CASE STUDIES

- Multiple Overdoses (Hailey CARD)
- Distribution Chain (Jerry Miller OD)

4 Deaths in 2 Months



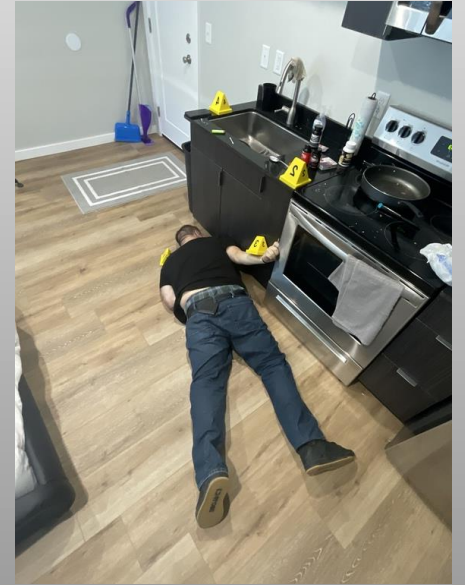
01/16/2022



01/15/2022

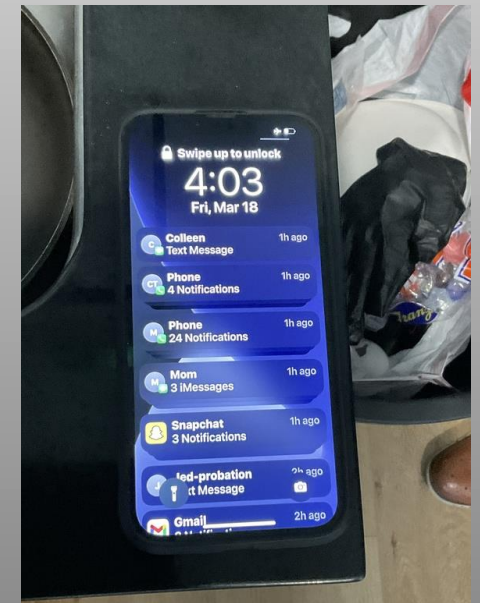
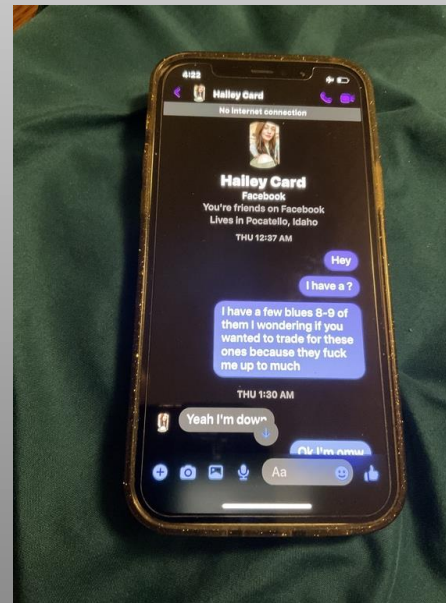
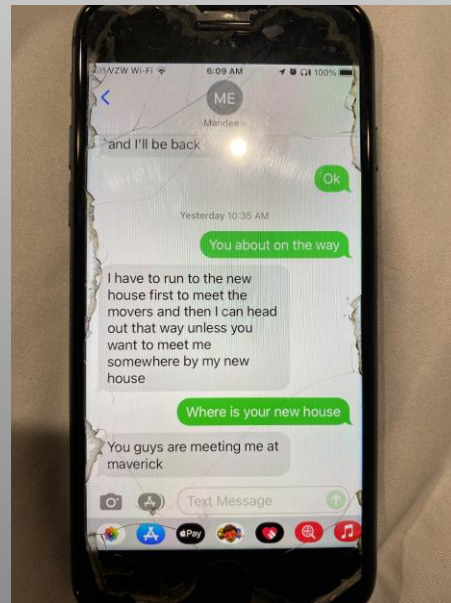
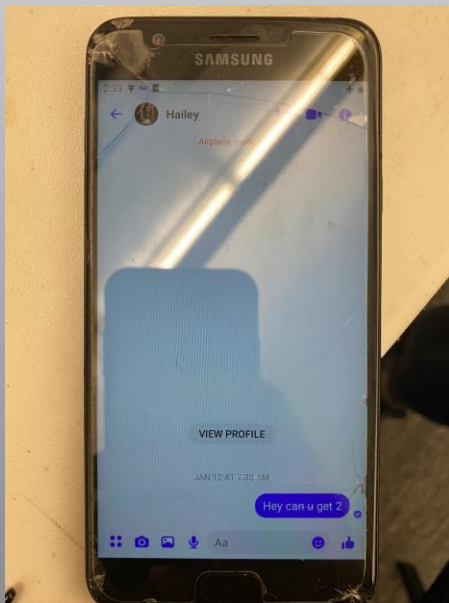


03/04/2022



03/18/2022

4 Deaths in 2 Months



4 Deaths in 2 Months



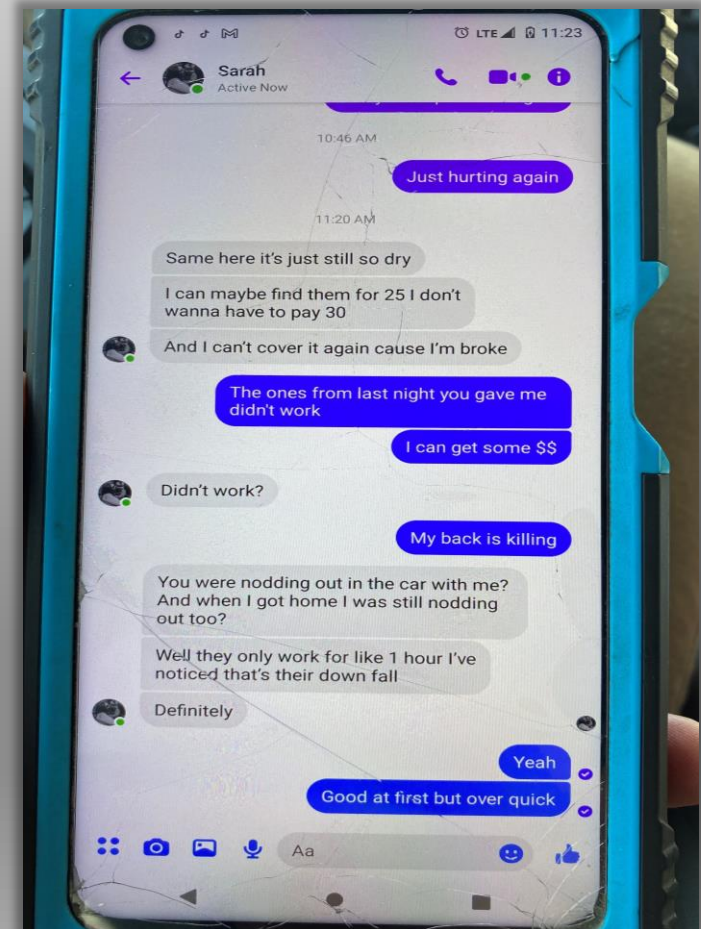
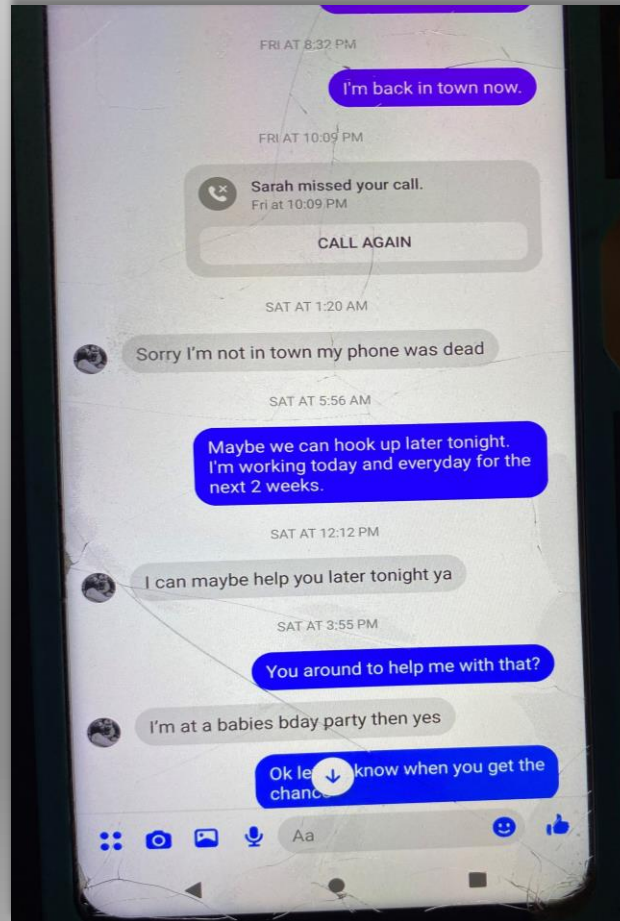
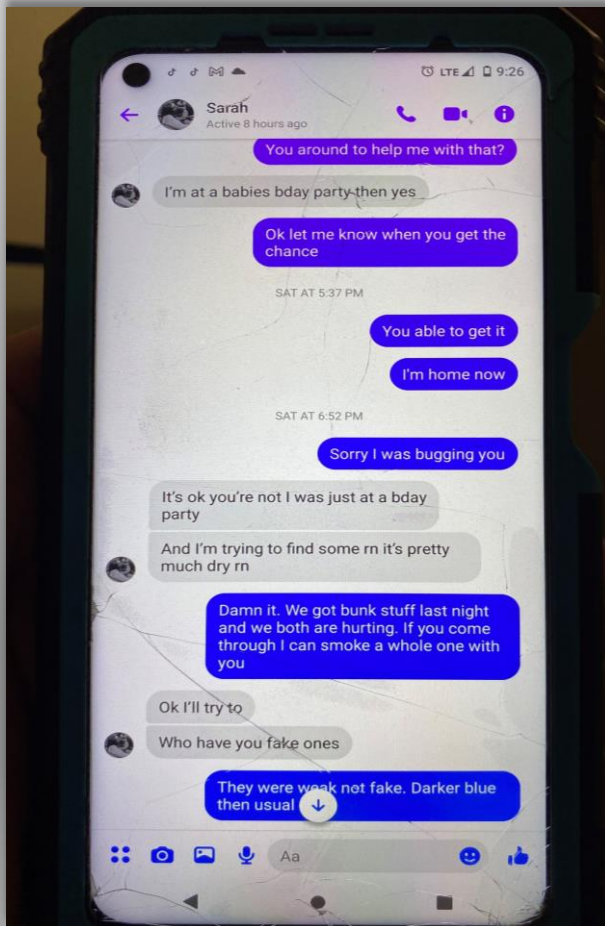
Sentenced to
188 months
imprisonment

4 Defendants for One Death



07/10/2022

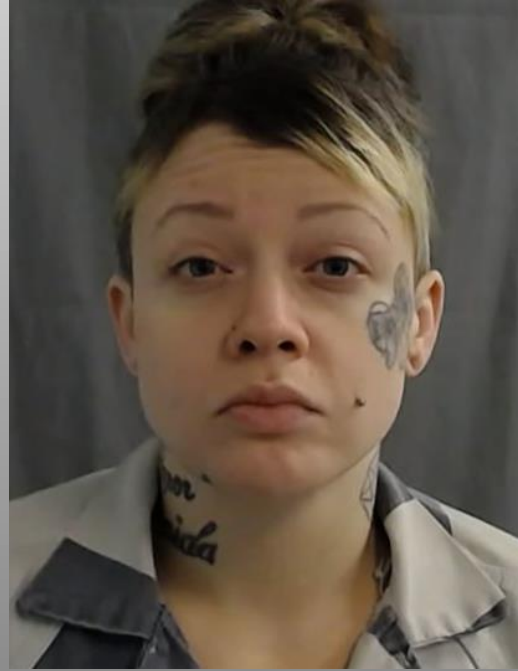
4 Defendants for One Death



4 Defendants for One Death



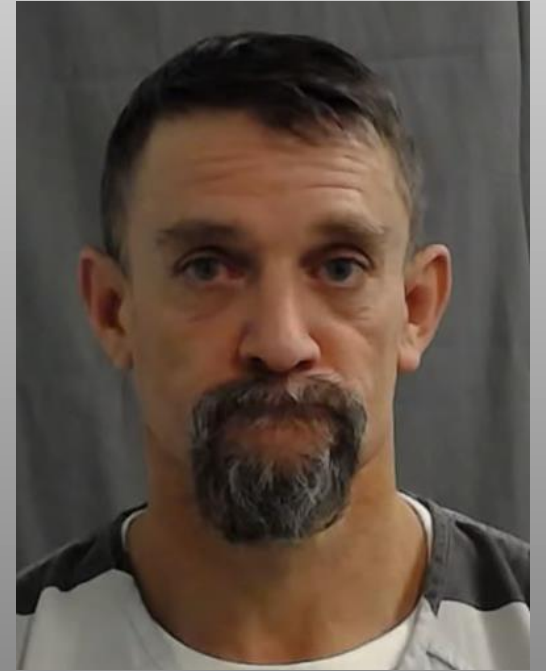
60 Months



60 Months



37 Months



92 Months