

THE STORY OF FENTANYL

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According to Wane15.com, Nate Moellering, of Fort Wayne Indiana, like many others, never looked like someone who was a drug addict, but he dealt with the same struggles many others have faced. He was introduced to prescription opioids in high school when he had three separate shoulder surgeries from playing football. He quickly learned the pills didn't impact his physical pain, but helped his mental and emotional pain a great deal. He began to experiment. It started with marijuana and other pills and quickly snowballed. Everything helped his inner demons that worried about what other people thought of him, and what he didn't like about himself. He said, "I remember in the same year, I went from a scholarship college athlete to living in a homeless shelter in Indianapolis and doing heroin on the train tracks with someone right above tent city." He overdosed several times and his final two overdoses occurred in the same 24 hour period. Both times, first responders had to burst down doors just to get to him. Nate got so low that he had lost the will to live. "I felt so bad about myself and I felt so hopeless that it was worth risking death in order to just not feel pain anymore," Moellering said.(15)

THE STORY OF FENTANYL

Ben Westhoff reports in his book, *Fentanyl, Inc.*, published in 2019, that fentanyl overdose deaths are for the first time killing more Americans under 55 than anything else—more than gun homicides and more than even AIDS during the peak years of the crisis. As of 2017, Americans were statistically more likely to die from an opioid overdose than a car accident. More than 100,000 Americans died from drug overdoses in 2023, (about 70% from fentanyl and its analogues).

The *New York Times* reported, “When an addict hears that someone O.D.’d, the first question they ask is: ‘Where’d they get it? ‘ because they want to find some of it for themselves.” (4). In the 1990s the *Baltimore Sun* reported that some of the Philadelphia junkies using a new fentanyl product called China White died so swiftly that the syringes were still embedded in their arms.

Why is fentanyl driving overdose deaths? Fentanyl is America’s #1 Health Problem. The *New England Journal of Medicine* in an issue in 1980 believes the opioid crisis began with overprescription of opioid painkillers. (4) “OxyContin (oxycodone) contributed to a modern opioid epidemic with lasting repercussions, and now fentanyl has brought the overdose crisis to a new level.” (1). OxyContin, a slow release twice a day pill, was marketed in 1996 with the statement that addiction was extremely rare. Oxy was originally marketed for cancer patients but the pharmaceutical company felt that market was too small so it marketed it for a host of chronic conditions. Thus it became the most prescribed drug in the U.S. (4). Many patients found that Oxy was not lasting a half day and started taking more. They began experiencing withdrawal symptoms when the pills wore off despite what the pharmaceutical company, Purdue Pharma, stated. Some people who were taking OxyContin post surgery discovered they were addicted when the prescription ran out. Sadly misuse became rampant, people were becoming addicted and they turned to heroin. The pharmaceutical company misinformed people of the risks of OxyContin and ended up paying \$600 million in fines in 2007. (4) To date 24 states have sued Purdue Pharma according to CBS news.

In 1959 Paul Janssen (a Belgian chemist) came up with a new synthetic chemical called fentanyl when he was trying to discover an alternative to morphine. Doctors found that fentanyl was superior to morphine because it was more powerful, acted faster, and was not likely to cause nausea. Fentanyl became the world's most widely used anesthetic. Since fentanyl could rapidly lead to dependency a new drug, droperidol, (a sedative) was manufactured to be mixed with fentanyl to help mitigate the detrimental effects. Paul Janssen sold his company to Johnson & Johnson in 1961 and he continued working for the company making analogues of fentanyl. In 1971 the U.S. scheduled fentanyl which was designed to ban its recreational use. Other analogues of fentanyl were produced, such as sufentanil (used in long-lasting surgeries) and carfentanyl which is a veterinary medicine and is the strongest fentanyl analogue ever made commercially. (4) Drug dealers mix fentanyl into other drugs such as heroin, cocaine, methamphetamines, Adderal, Oxycontin, Percocet, Vicodin, and benzodiazepines (sedatives for anxiety) and now marijuana. No one knows how much fentanyl is in the mix even the drug dealers which can easily cause an overdose and lead to dependence on fentanyl. The user has to keep using heroin or fentanyl over and over again to keep the "high". Fentanyl is appealing to drug dealers because it is cheaper and more discreet since it comes in small packages. Many buyers are high school or college kids and many have no idea how potent and dangerous these drugs are—especially the new synthetic drugs. (4)

Honduran drug dealers have made a business hub out of San Francisco due to the progressive city's accommodating sanctuary laws for illegal immigration, making it

appealing to sell there, fueling the nation's fentanyl epidemic and the visible decline of a major American city. (3). They know San Francisco is a hot spot for drug work because the illegal immigrants who are caught are less likely to be deported. A dealer commented that in San Francisco, it's like you're in Honduras," you go to jail and you come out." (3) Some of the dealers have become very wealthy making up to \$350,000.00 a year. "With just 2 mg of fentanyl estimated to be a lethal dose for most people, San Francisco Police Department's drug seizure haul from drug dealers in 2022 represents enough fentanyl to kill every adult in California. (3)

Fentanyl and heroin are both derivatives of morphine, but fentanyl can be 50-100 times stronger. A small amount can cause cessation of breathing. With longtime heroin use there is no feeling of euphoria—it just simply eases withdrawal symptoms. Many are drawn to fentanyl because it brings back the euphoria. (4) "Because of fentanyl's potency it takes a small amount to create the effect of analgesia or euphoria, and also presents a high risk for overdose." (1)

The CDC states that fentanyl is the deadliest drug in America. "Fentanyl has become more destructive than any drug crisis in American history: worse than crack in the 1980's, worse than meth in the early 2000's, worse than heroin and prescription pills in the 2010's." (4) According to Fort Wayne Narcotics officer, Sgt. Mark Gerardot, the increase in overdoses is primarily due to the flooding of fentanyl into Indiana. "It's highly addictive and has created the worst drug problem I've seen in my 18 years as a cop. (11) In an interview with Sgt. Gerardot on September 26, 2024, Mark said there is no specific area in Fort Wayne where drugs are more prevalent. It used to be the

southeast but now it is everywhere. He said that recently new drugs, synthetic opioids called nitazenes have come to Fort Wayne and are 10-100x more potent than fentanyl. (18). *21 Alive* on March 21, 2024, states the drug xylazine is becoming so common in Indiana that Governor Holcomb has signed a tougher bill aimed at keeping it off the streets. Dr. Thomas Gutwein, Allen County Health Commissioner, said, "We're seeing xylazine mixed with fentanyl on the street." The Department of Justice says in the Midwest from 2020-2021 there has been a 516% increase in xylazine-positive overdose deaths. Xylazine - known on the street as Tranq- is used in veterinary medicine to sedate large animals. Xylazine is 1,000 x more potent than fentanyl and causes open sores on the body which can become infected, necrotic rotting skin, and even require amputation. In Indiana alone, there have been 322 people die with the drug in their system. Dr. Gutwein says, "when you mix xylazine with heroin and fentanyl it prolongs the effects of those drugs and Narcan doesn't work if there is xylazine in your system. He said that at least 30% of the opioid deaths are related to xylazine." (10) In 2021 Allen County had 1200 overdoses resulting in 138 deaths, more than 400 hospitalizations for drug overdoses and nearly 2/3 of people who visited an ER in Indiana after overdosing died from another overdose within a year.

"In addition to fentanyl a whole new generation of chemicals is radically

changing the recreational drug landscape. These are known as **novel psychoactive substances (NPS)**, and they include replacements for known drugs like ecstasy, LSD, cocaine, and marijuana, as well as heroin. NPS are hard to detect as they can appear as powders, crystals, pills, liquids, sprayed onto dried sage and smoked like marijuana. By the time police get wise to the new illicit synthetic drugs, manufacturers are moving on to new creations. The number of creations is endless as the chemist only needs to replace one molecule on the chemical chain to make a new drug. Criminals are always one step ahead of law enforcement. (4) “These new drugs represent the harshest drug challenge in our history. Ironically most of them were created in labs by medical scientists designed to benefit society.” Many of them were made to help discover how the brain works. (4) Drug traffickers hijacked them to make deadly chemicals . A concern with these NPS is that almost nobody, including first responders, police, and legislators is properly educated on the subject and don't know how these drugs will affect the user.

“Americans have used and abused opiates for as long as America has existed. The problem grew particularly acute after the Civil War, during which morphine was used to soothe the injured. The term *soldier's disease* was coined to describe opiate addiction. (4) “Humanity ingested these psychoactive chemicals directly from living things, eating mushrooms, cactus buttons, and morning glory seeds; chewing coca and khat leaves; inhaling tree snuff; smoking cannabis, opium or even the venom of toads.” (4). Historically there were only a few available compounds to get people “high.” Fentanyl has been used in US since 1960 as an intravenous anesthetic and is

still used for pain control in cancer patients in the form of lozenges and patches. 2005-2007 was the first wave of fentanyl deaths in the US. The US does not import fentanyl because we have plenty of companies that provide it. So, anything coming from China would be illegally imported. (4) Ben Westhoff, author of *Fentanyl, Inc.* reports that the Chinese government offers subsidies and tax rebates to chemical companies that are making these drugs. (4)

SO WHERE ARE THESE ILLICIT DRUGS COMING FROM?

According to Chuck Schumer China produces over 90% of the world's illicit fentanyl. (4) The House Select Committee on the CCP unveiled a report finding that the Chinese government directly subsidized fentanyl-precursor companies, and stonewalled U.S. officials who were trying to get Beijing to crack down. The report said that the Chinese government has declined to stop the trafficking of fentanyl precursors and thus is fueling the crisis.” (2) Fentanyl is permitted for medical use, however, China banned all fentanyl analogues in 2019, so they are being sent to the U.S. through the border from Mexico to be sold by cartels and dealers. Smuggling 1 kg of fentanyl into the US is essentially the same as smuggling in 50 kg of heroin. (4) In 2016 the Ensuring Patient Access and Effective Drug Enforcement Act, signed by President Obama, made it harder for the DEA (Drug Enforcement Administration) to freeze suspicious opioid shipments by drug distributors. According to a 2019 *Washington Post* analysis, the Obama administration did not take sufficient measures to stem the fentanyl crisis as it developed. (4)

Fentanyl analogues have displaced heroin as the number one killer drug in the

country and can be ordered over the internet from China. (4). In the past people had to purchase illicit drugs from dealers. Now the drugs are available for purchase on the **Dark Web** using a browser called **Tor** (which disguises one's identity and location), the purchase is paid by bitcoin and the package is delivered in the mail.

The US Justice Department has designated the Mexican cartels Jalisco Nueva Generation and Sinaloa among the world's top five transnational organized crime threats and Sinaloa is considered to be the most powerful cartel.

So, how can we treat fentanyl addiction? Unfortunately only about 15-20% of drug addicts seek treatment due to denial, the dopamine effects, and the desire to continue using drugs keeps them using increased doses. Opioid use disorder is defined as the chronic use of opioids that causes clinically significant distress or impairment and about 60% of homeless people have a substance use disorder. Symptoms include an overpowering desire to use opioids, increased opioid tolerance, and withdrawal syndrome when opioids are discontinued. (8). When a person who uses drugs starts opioid substitution therapy and it works, their life is radically changed. "Drugs and alcohol are symptoms of the disorder, they're not the cause of the addiction. If the people don't receive treatment for the underlying mental health issues that are causing them to use illegal drugs, it will be almost impossible for them to achieve long-term sobriety. (11)

According to Dr. Brodie Ramon, (an addiction physician) who wrote the book, *The Age of Fentanyl—Ending the Opioid Epidemic*, early addiction treatment clinics in the early 20th century, legally provided heroin or morphine to patients. New York City's

Bellevue Hospital admitted the first case of heroin dependence in 1910. In the late 1930s scientists at Bayer in Germany developed methadone which was used as a painkiller during WWII. (6) Dole and Nyswander (physicians) defined success in terms of overall function: with methadone and a comprehensive rehabilitation program, patients have shown marked improvement and have returned to school, jobs, and have reconciled with their families which is huge! (6). Methadone is a powerful medicine that fills a person's opioid receptors so that their urge to use other opioids is sated. (4). The goal of methadone is to give the patient the best quality of life possible. For methadone and its cousin, buprenorphine, daily doses are the norm. (6) Health and Human Services has realized that treatment is preferable and has sought to provide greater access to medications like buprenorphine to treat opioid dependency. (4). In a study in Philadelphia it was discovered that those on methadone were less likely to overdose, to inject, to share needles, and to contract HIV and hepatitis C. They also were less likely to be hospitalized, and also committed fewer crimes. All this then indicated that the healthcare costs were far less when treating addicts with methadone. Receiving methadone treatments is much less trouble than feeding an opioid addiction — —and because it works! (6). Patients need to stay in these programs to help prevent the chance of relapse if they come off methadone too quickly or too soon, which could be fatal. Abstinence does not work because it is too easy to relapse.

Opioid withdrawal is very difficult but Suboxone (a combination of buprenorphine & naloxone) can help overcome these addictions and is relatively cheap. (4). Buprenorphine is safer, less sedating and possibly just as effective as methadone

at reducing risky behaviors, HIV transmission, crime, and overdoses. Treatment guidelines eventually recommended buprenorphine as the preferred medication for opioid use disorder because the overdose risk is about 6 times less with it than with methadone and it requires fewer pharmacy visits. (6). Dr. Ramon also states that the overdose crisis is an epidemic of poor access to care and almost four out of five Americans with opioid use disorder don't get these treatments. And even when they do get care it is often fragmented and difficult to navigate. Long wait lists are the norm for opioid substitution treatment across North America. (6).

Naltrexone is another treatment option and it works in the brain to prevent euphoria and decreases the desire to take opiates. Another treatment option, Naloxone (Narcan), is used as a nasal spray to rapidly reverse the overdose of a life-threatening opioid and is available over-the-counter. Kevin Hunter, Fort Wayne Police Chief of the narcotics division has reported that 2017 was a really bad year in Fort Wayne for fentanyl but in 2019 the lower number of fatal overdoses was due to the availability of Narcan by Officers, EMTs, and Fire Fighters who responded to overdoses. (9) In 2023 there was a 22% reduction in overdoses in Fort Wayne, according to the City of Fort Wayne.org. (14) Injectable heroin is a safe and effective treatment associated with reduced death rates, reduced crime, and reduced relapse to street opioids. (6)

Australian treatment programs have revealed that needle exchange programs can be very cost effective and that for every dollar spent four dollars are gained in short-term health care cost savings, because it prevents the spread of HIV by 58%,

hepatitis C, cellulitis, infected joints, and endocarditis. As of 2021 around 13 million people inject drugs worldwide and about 1.6 million are HIV positive and 6.6 million have Hepatitis C. There are about 300 million people worldwide who use some form of illicit drug according to a UN report June, 2024. (17)

In the U.S. the “tough-on-drug-user” policies were designed to promote public health and safety, but instead the policies contributed to the spread of infectious diseases, created barriers to accessing healthcare, increased lethal violence, increased incarceration and led to more criminal charges and more overdose deaths. (6)

A goal of scientists is to reverse the brain changes that occur with addiction. Pharmaceutical companies have been working on a vaccine to prevent addiction but so far they have not been successful. The companies thought the vaccine could work by stimulating the immune system to recognize opioids as foreign and block them from entering the brain, or once an opioid was injected it should prevent people from getting high. Companies are also trying to develop more antidotes to fentanyl. (6)

Indiana is working to combat drug overdoses and started the Integrated Re-entry and Correctional Support Program which focuses on providing addiction recovery services to Hoosiers who are incarcerated for illegal drug charges. (11) Sgt. Mark Gerardot, says we have to look at the big picture: “We need to focus on proper drug rehabilitation and harm reduction instead of just arresting someone and incarcerating them when they overdose or we find a needle. (11).

Fort Wayne Drug Court-allows people with criminal charges due to drug use to attend a drug treatment program rather than being placed in jail. It has been found that

drug users need treatment not punishment. Fort Wayne's Drug Court promotes abstinence, recovery, lasting change and community safety. It is a cost-effective benefit to the taxpayer in the long run because it avoids or reduces future criminal justice costs. (13)

A handout explains various harm reduction entities which include Bunk Police, Next Distro, Department of Public Health, Majestic Garden, Operation Denial, Planet Youth, and Education.

Treatment should include counseling on coping with cravings, identifying triggers for relapse, coping with anxiety and boredom, and discussing childhood issues such as feelings of neglect. (6)

The Substance Abuse and Mental Health Services Administration in 2017 published a booklet for parents entitled *Keeping Youth Drug Free*. The Internet lists helpful resources for preventing drug use in youth.

Dr. Ramin Brodie has 10 steps he believes we should follow to get us on the right path: 1). We need to make sure everyone has access to effective treatment. 2) We need more and better treatments. 3) Needle exchanges and Narcan kits are evidence based and cost effective and should be free and universally available. 4) Supervised consumption sites are also evidence based and cost effective. 5) More must be done to prevent overdoses. 6) We should employ the Portuguese model to decriminalize non-violent drug crimes such as use, possession, and petty sale, and connect people to treatment and drug courts instead of prison. (7) Treatment for HIV and hepatitis C should be universal and free for drug users. (8) Treatment and harm-reduction services

should be available in all correctional systems. 9). The medical profession needs to avoid over-prescribing addictive medications. 10) We need to prevent the transmission of the epidemic to the next generation. (6)

A member of the San Francisco Board of Supervisors, Matt Dorsey, announced that, “it is time to withdraw the protection of sanctuary from undocumented immigrants trafficking fentanyl on our streets.”(3) In the August 15, 2024, Border Report the K-9 team found 360 pounds of fentanyl and cocaine hidden in a flatbed trailer at the Otay Mesa Port of entry in San Diego, CA. (16)

As of April, 2024, Governor Greg Abbott of Texas, the Texas Department of Public Safety, and the Texas National Guard are all working together to stop the smuggling of drugs, weapons, and people across the border, as well as preventing and detecting criminal activity between ports. Texas has seized over half a billion doses of deadly fentanyl under Operation Lone Star which is enough to kill every man, woman and child in the US and Mexico combined. Operation Lone Star has also resulted in the apprehension of 514,500 illegal immigrants and over 44,300 criminal arrests since it’s launch in 2021. (5).

In 2017 President Trump officially labeled the opioid crisis a public health emergency and a year later signed legislation pledging \$6 billion to the problem. The money gives first responders better access to Narcan and opioid users better access to treatment, as well as increasing funding for law enforcement and border control agents working to stop the influx of fentanyl into the US. (4)

In the book, *Mayhem*, the author says that “nothing is certain. Is the addict born

or made? Is addiction a genetic mutation; a psychological condition; a culture of rebellion? Are addicts victims or perpetrators? Addicts destroy families—perhaps by seeking so desperately that which they missed, or believe they missed, as small children or the safety of parental love? Do addicts reject love by becoming unlovable? Or do they destroy families blindly, incidentally, indifferently, overcome by cravings, numbed by drugs? The addict doesn't care. There is no addict story that doesn't revolve around guilt." Addiction is partly a learned behavior and marijuana is how it starts. Addicts leave a trail of sadness and devastation behind them—broken promises, broken homes, broken lives. (12).

To defeat any epidemic the cause must be identified, the public needs to be educated about illicit drug use and stop the epidemic from spreading while treating those already infected. Markus Heilig, a psychiatrist and addiction expert, estimates that 50-70% of addiction is caused by an inherited component. Free will and environment, particularly growing up in poverty, exposure to violence, and limited education, make up the rest of the risk factors. He believes that addiction is associated with impulsivity and a poor ability to delay gratification. (12)

"Thousands of nurses, nurse practitioners, and doctors across the continent have gone out of their way to learn about addiction so that they can prescribe effective treatments, connect patients to care, and become better stewards of addictive medications. We need more addiction treatment and better stewardship of opioids, but we also need to make changes outside the clinics and hospitals. We need to keep searching for solutions." Addictions are expensive; they cost the United States \$700

billion each year. The costs come from medical bills, crime, and lost work productivity. A relatively inexpensive solution is “harm reduction” policies and practices that make drug use safer without insisting on abstinence. (6) Four main forms of harm reduction: 1) education about the safe use of needles and crack pipes, 2) access to sterile syringes, needles and other supplies, 3) access to take-home naloxone (Narcan) kits, and 4) access to supervised injection sites. (6) Critics see providing needle exchanges and safe injection sites as a self-defeating strategy that renders drug use cheaper and safer and thereby feeds addiction without addressing its root causes. Harm-reduction advocates counter that they are preventing unsafe injections and overdoses, and are ultimately saving lives. They argue that by getting users connected with care, they can start them on treatment for their physical problems, psychiatric diseases, and substance use disorders as well. (6)

Dr. Brodie Ramon recounts a conversation he had with one of his patients who said: opioids give pleasure, and pleasure is a trap. Heroin is like an abusive lover; it gets under your skin and into your mind. Opioids make you feel high and then bring you down. They make you feel calm and safe and then smother you in your sleep. All you can think about is your next point of heroin or your next pill of Percocet, but more than anything, you want to stop using. You want to get away. You fight, but the opioid fights back. It gives you chills and drenching night sweats; it makes you vomit; it makes you want to jump out of your skin; it makes you crazy with revulsion and desire. It is the perfect biological weapon, designed to target the pleasure centers of the brain.

(6)

IN CONCLUSION: There are many ways to get drug policies wrong: 1) harsher penalties which would push users further from treatment and recovery, 2) putting more resources into short-term, abstinence-based rehabs when we know that long-term medications and harm reduction are more effective, 3) we do not need more stigma regarding addiction or addiction treatments. (6)

“We need to make very clear to the Chinese, that this is an act of war. General Mike Flynn said fentanyl is a bioweapon of China. (16) You are sending this (fentanyl) into our country to kill our people,” said former New Jersey governor, Chris Christie. (4) Ben Westhoff believes that “America’s problem with fentanyl and other new drugs undermines its national security as much as—perhaps more than—any other issue in the headlines, with the wrecking of families and relationships, the massive casualty toll, the billions in lost productivity, and the billions more needed to fight the scourge. Addressing the problem is extremely complicated, because this is a story that goes well beyond drugs. It is a political story about the clashing of the world’s biggest superpowers. It’s an economics story about the deception of giant pharmaceutical companies. It is a higher-education story about how university science can go horribly wrong. It’s a tech story about incredible innovation happening in real time, and a business story about marketing genius. It’s a physiological and philosophical story about the human body in conflict with the human mind. Ben believes that preventing the use of drugs is impossible and that it is necessary to make sure drugs are used as safely as possible. Most harm reduction policies seem like common sense and an easy way to save lives, but many governments don’t see it that way. (4)

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