FAIR AND JUST PROSECUTION

Correcting the Record:

Fentanyl Myths & Misinformation

NOVEMBER 2025

Background

Fentanyl is a synthetic opioid[1] that is 50 to 100 times stronger than morphine[2] and 50 times more potent than heroin.[3] Initially developed for pain management in cancer and post-surgical patients, since at least the early 2010s illicitly manufactured fentanyl has been increasingly present in street drugs, and often mixed into heroin, cocaine, methamphetamine, and counterfeit prescription pills, typically without users' knowledge (some illicit drugs, particularly other opioids, are so heavily contaminated that they are sometimes essentially replaced by fentanyl by the time they reach the final consumer).[4]

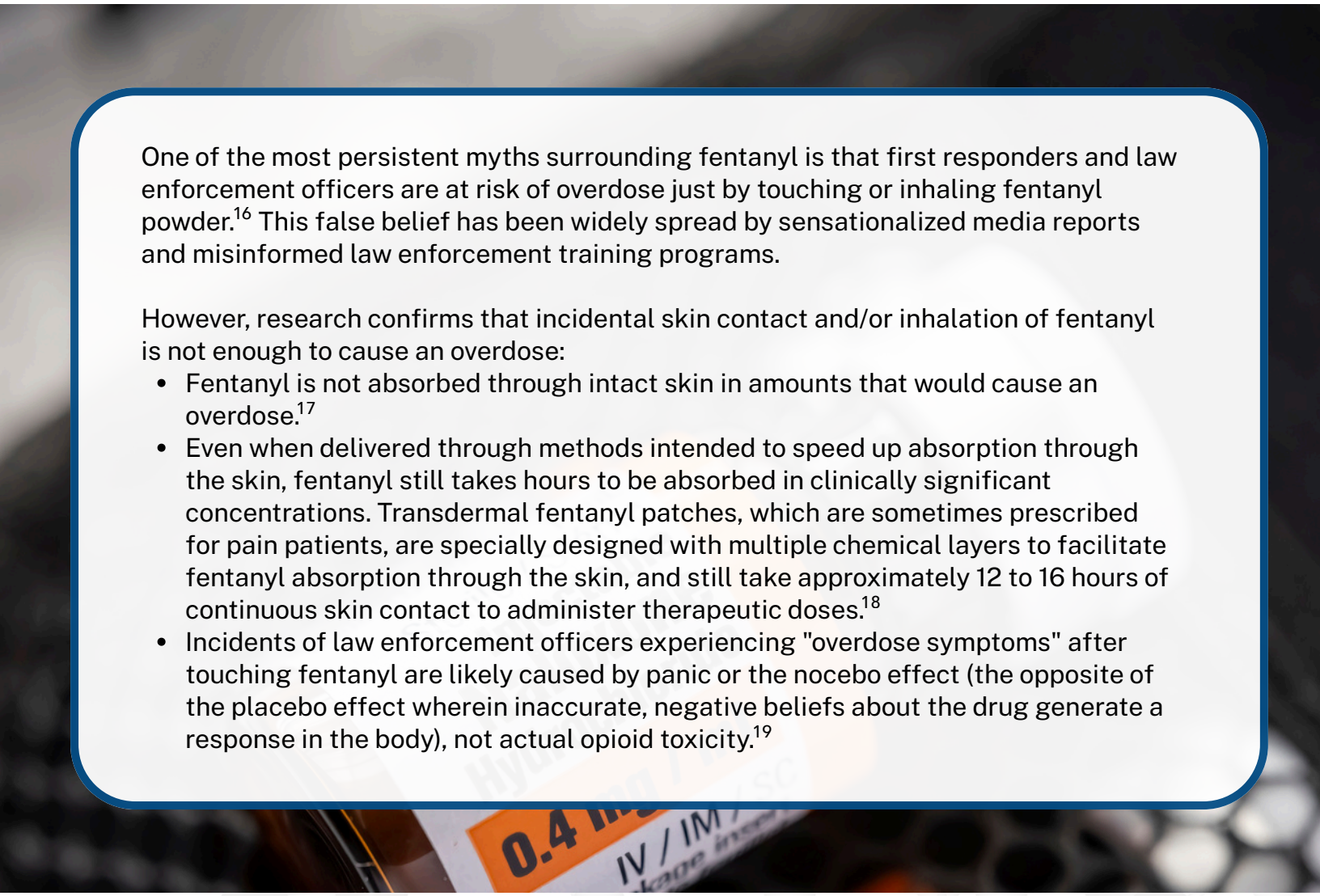
By 2022, nearly 70% of overdose deaths involved an opioid, most commonly fentanyl.[5] Further, drug overdoses are now the primary cause of death for Americans aged 18 to 44.[6] Despite overwhelming evidence that addiction is a medical condition[7] – not a failure of morals or willpower – United States drug policies continue to prioritize criminalization over treatment. This approach ignores research demonstrating that criminalization does not reduce drug use[8] and disproportionately harms marginalized communities.[9]

Additionally, the fentanyl crisis has exposed and exacerbated longstanding racial and socioeconomic disparities in drug policy and public health. While the early opioid crisis largely impacted white, rural Americans, overdose rates have been rising most rapidly among non-white communities for the past few years[10] , and Black people have seen higher rates of opioid overdose death than white people since 2020.[11] Still, Black Americans remain less likely to receive addiction treatment[12] and harm reduction services[13], and more likely to face arrest and incarceration for drug-related conduct than their white counterparts (despite similar usage rates).[14]

Meanwhile, misinformation about fentanyl has fueled widespread panic, leaving even first responders struggling to separate fact from fiction and undermining their ability to provide life-saving care in critical moments. Fear-driven misinformation has led to policies and responses that have created more harm and confusion, as well as increased stress and burnout among frontline personnel.[15] To effectively address the fentanyl epidemic, policymakers must prioritize evidence-based public health approaches — such as harm reduction strategies, expanded addiction treatment, and equitable resource distribution — over the ineffective and discriminatory criminal justice responses of the past. In order to do so, it is critical to debunk the myths around fentanyl and move towards a shared understanding of the reality of this substance, the harm it is causing, and potential paths forward.

The Myth: *Skin contact with fentanyl can lead to overdose.*

The Truth: Fentanyl overdose occurs through ingestion, snorting, or injection, not by simply touching or breathing in fentanyl powder.



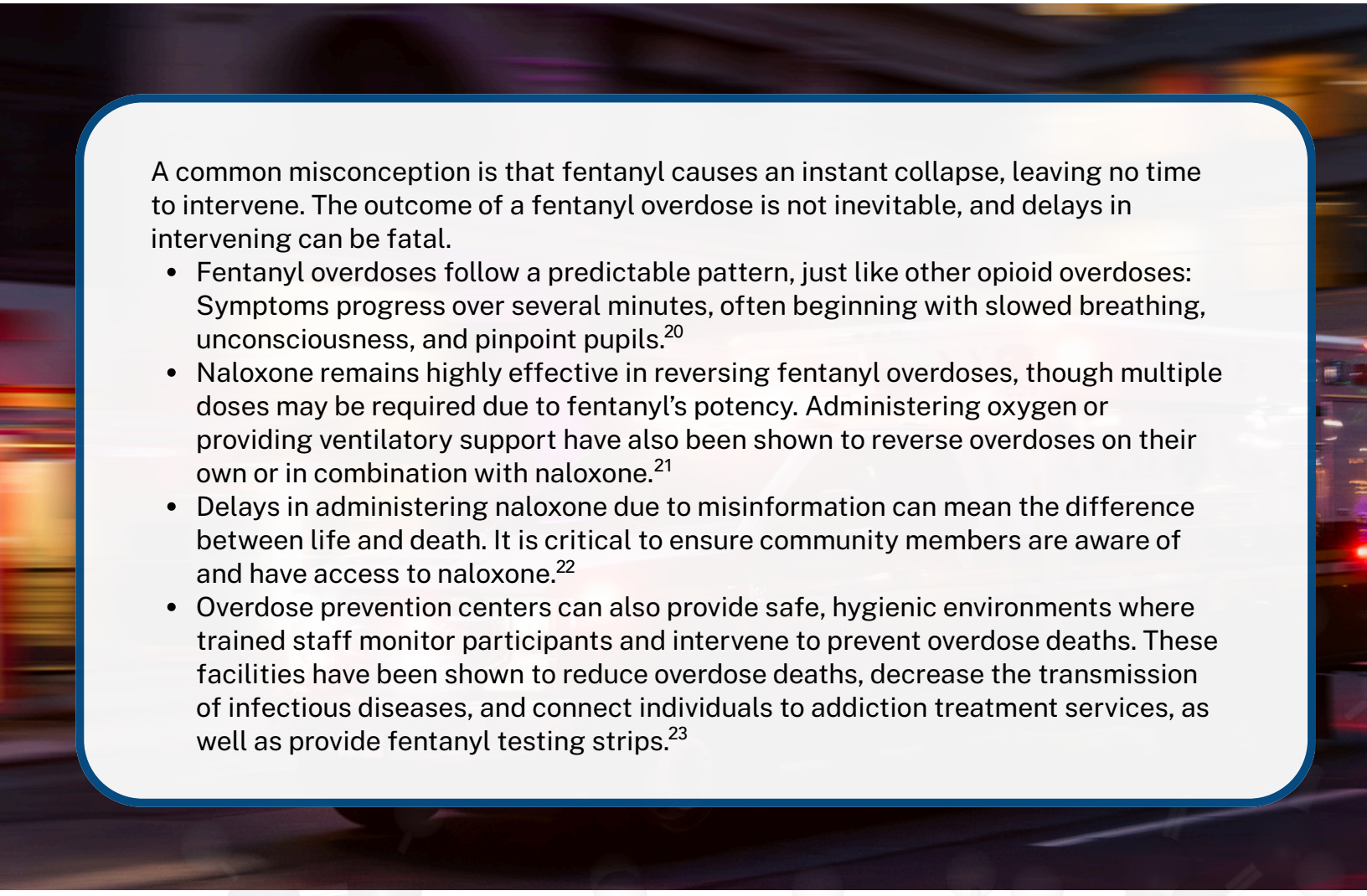
One of the most persistent myths surrounding fentanyl is that first responders and law enforcement officers are at risk of overdose just by touching or inhaling fentanyl powder.[16] This false belief has been widely spread by sensationalized media reports and misinformed law enforcement training programs.

However, research confirms that incidental skin contact and/or inhalation of fentanyl is not enough to cause an overdose:

- Fentanyl is not absorbed through intact skin in amounts that would cause an overdose.[17]
- Even when delivered through methods intended to speed up absorption through the skin, fentanyl still takes hours to be absorbed in clinically significant concentrations. Transdermal fentanyl patches, which are sometimes prescribed for pain patients, are specially designed with multiple chemical layers to facilitate fentanyl absorption through the skin, and still take approximately 12 to 16 hours of continuous skin contact to administer therapeutic doses.[18]
- Incidents of law enforcement officers experiencing "overdose symptoms" after touching fentanyl are likely caused by panic or the nocebo effect (the opposite of the placebo effect wherein inaccurate, negative beliefs about the drug generate a response in the body), not actual opioid toxicity.[19]

The Myth: *Fentanyl overdose can be immediately and inevitably fatal.*

The Truth: Fentanyl overdose symptoms develop over several minutes, providing a critical window for intervention. Immediate response with naloxone and/or oxygen can reverse an overdose.

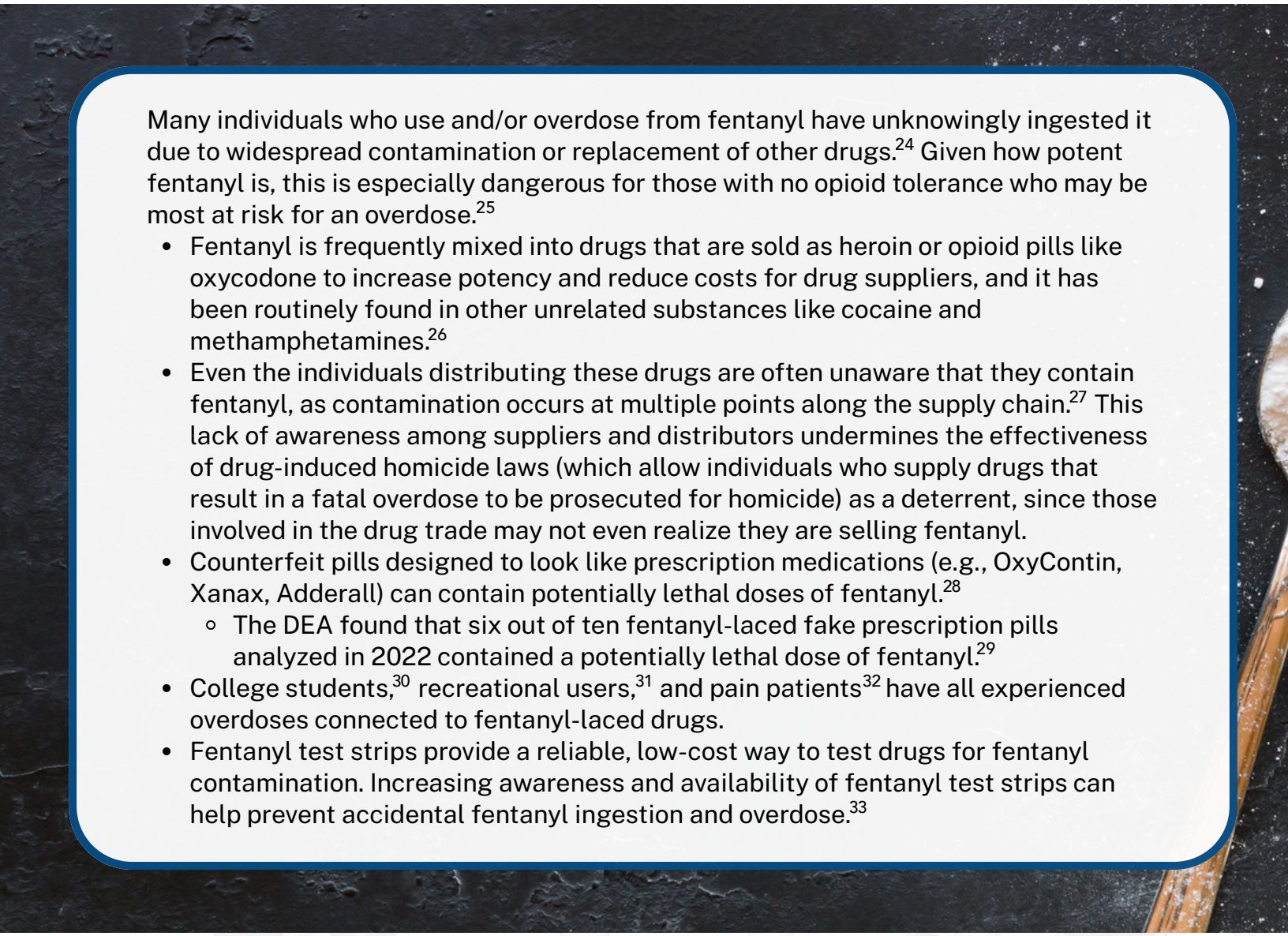


A common misconception is that fentanyl causes an instant collapse, leaving no time to intervene. The outcome of a fentanyl overdose is not inevitable, and delays in intervening can be fatal.

- Fentanyl overdoses follow a predictable pattern, just like other opioid overdoses: Symptoms progress over several minutes, often beginning with slowed breathing, unconsciousness, and pinpoint pupils.[20]
- Naloxone remains highly effective in reversing fentanyl overdoses, though multiple doses may be required due to fentanyl's potency. Administering oxygen or providing ventilatory support have also been shown to reverse overdoses on their own or in combination with naloxone.[21]
- Delays in administering naloxone due to misinformation can mean the difference between life and death. It is critical to ensure community members are aware of and have access to naloxone.[22]
- Overdose prevention centers can also provide safe, hygienic environments where trained staff monitor participants and intervene to prevent overdose deaths. These facilities have been shown to reduce overdose deaths, decrease the transmission of infectious diseases, and connect individuals to addiction treatment services, as well as provide fentanyl testing strips.[23]

The Myth: *People who use and/or overdose from fentanyl know that they are consuming fentanyl.*

The Truth: Many fentanyl overdose victims unknowingly consume fentanyl-laced substances.



Many individuals who use and/or overdose from fentanyl have unknowingly ingested it due to widespread contamination or replacement of other drugs.[24] Given how potent fentanyl is, this is especially dangerous for those with no opioid tolerance who may be most at risk for an overdose.[25]

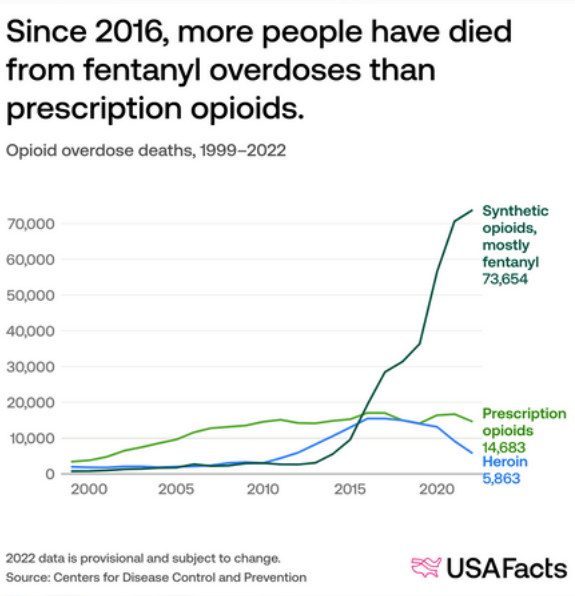
- Fentanyl is frequently mixed into drugs that are sold as heroin or opioid pills like oxycodone to increase potency and reduce costs for drug suppliers, and it has been routinely found in other unrelated substances like cocaine and methamphetamines.[26]
- Even the individuals distributing these drugs are often unaware that they contain fentanyl, as contamination occurs at multiple points along the supply chain.[27] This lack of awareness among suppliers and distributors undermines the effectiveness of drug-induced homicide laws (which allow individuals who supply drugs that result in a fatal overdose to be prosecuted for homicide) as a deterrent, since those involved in the drug trade may not even realize they are selling fentanyl.
- Counterfeit pills designed to look like prescription medications (e.g., OxyContin, Xanax, Adderall) can contain potentially lethal doses of fentanyl.[28]
    - The DEA found that six out of ten fentanyl-laced fake prescription pills analyzed in 2022 contained a potentially lethal dose of fentanyl.[29]
- College students,[30] recreational users,[31] and pain patients[32] have all experienced overdoses connected to fentanyl-laced drugs.
- Fentanyl test strips provide a reliable, low-cost way to test drugs for fentanyl contamination. Increasing awareness and availability of fentanyl test strips can help prevent accidental fentanyl ingestion and overdose.[33]

The Myth: *Over-prescribing of fentanyl is driving the overdose crisis.*

The Truth: The majority of fentanyl-related deaths come from illicitly manufactured fentanyl, not legally prescribed medication.

While prescription opioids played a role in the early opioid crisis, fentanyl overdoses today are largely driven by illicitly manufactured fentanyl, not prescribed fentanyl patches or pain management treatments, which are pure, safe, and administered in precise doses.[34]

- Illicitly manufactured fentanyl is found in street drugs, counterfeit pills, and unregulated substances.[35]
- Cracking down on legitimate opioid prescriptions has led to harm for chronic pain patients, forcing them to seek alternative sources or endure unnecessary suffering.[36]
- Pharmaceutical companies fueled the beginning of the opioid overdose epidemic[37], but today's overdose crisis is largely driven by unregulated international drug markets.[38]

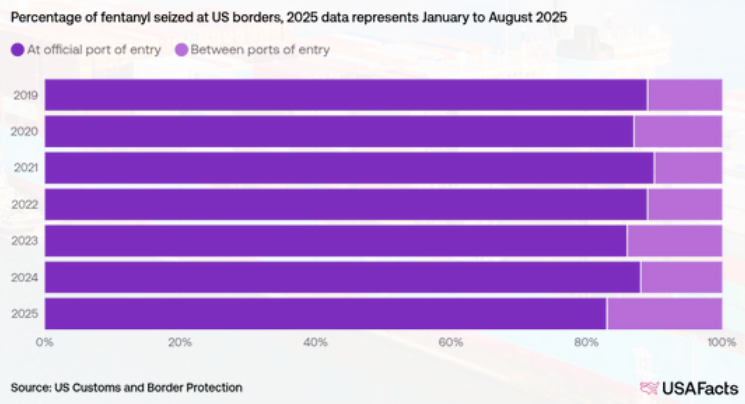


The Myth: *Illegal immigration is driving the U.S. fentanyl supply.*

The Truth: The majority of fentanyl entering the U.S. is brought through legal ports of entry by U.S. citizens, not by migrants.

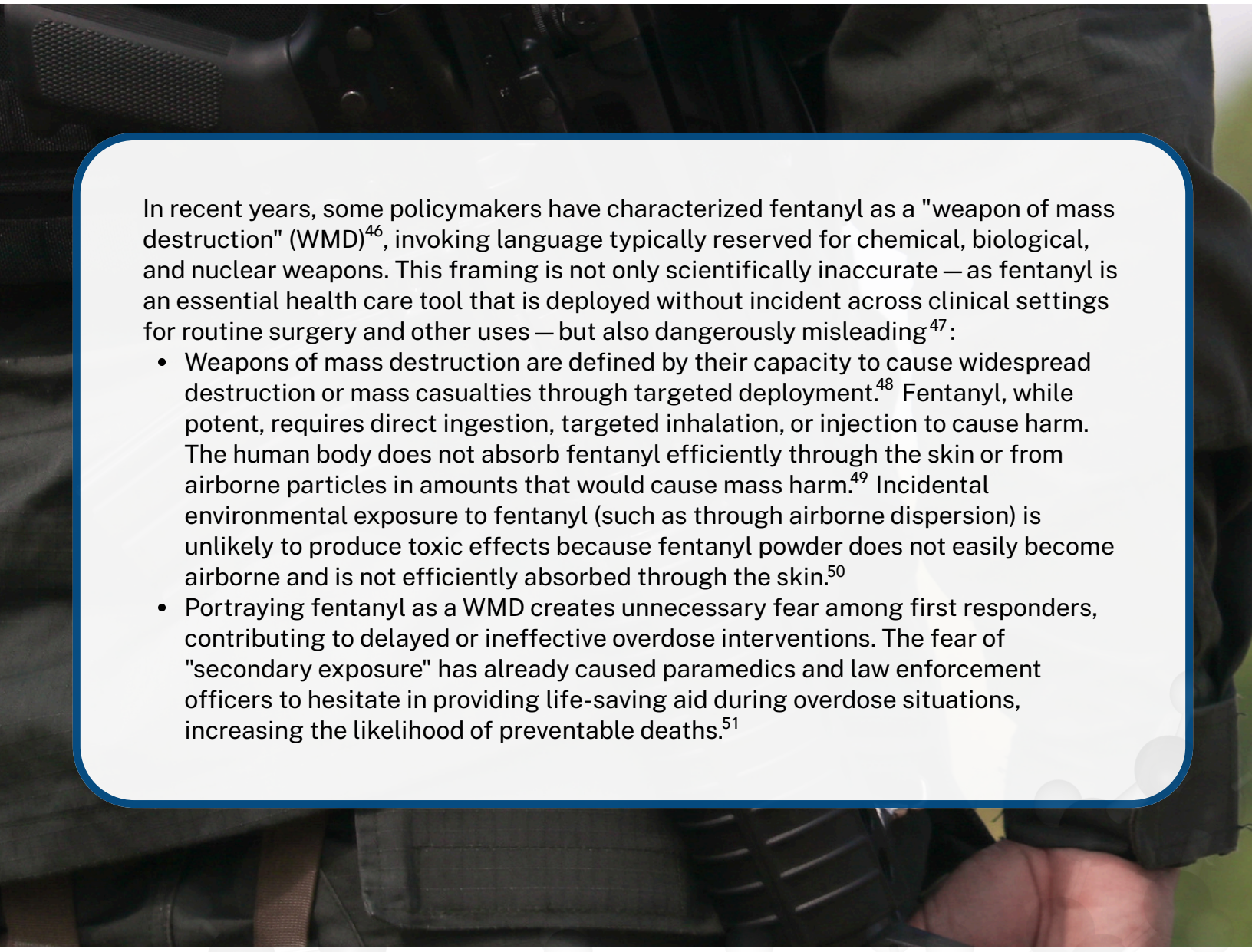
Politicians often point to fentanyl to justify harsh immigration policies[39], but data from U.S. Customs and Border Protection shows:

- Nearly 90% of fentanyl seizures at the border occur at legal ports of entry, not between checkpoints.[40]
- Over 80% of people arrested for smuggling fentanyl through U.S. ports of entry from 2019 to June 2024 were U.S. citizens, according to data obtained by the American Immigration Council through a Freedom of Information Act request.[41]
- Four out of five people sentenced for drug trafficking are U.S. citizens, not migrants or asylum seekers.[42]
- Increased border militarization[43] has not decreased fentanyl trafficking significantly[44], in large part because drug cartels have increasingly come to rely on U.S. citizens to smuggle contraband in passenger vehicles through official ports of entry.[45]



The Myth: *Fentanyl is a weapon of mass destruction.*

The Truth: Fentanyl is not a weapon of mass destruction.



In recent years, some policymakers have characterized fentanyl as a "weapon of mass destruction" (WMD)[46], invoking language typically reserved for chemical, biological, and nuclear weapons. This framing is not only scientifically inaccurate — as fentanyl is an essential health care tool that is deployed without incident across clinical settings for routine surgery and other uses — but also dangerously misleading[47]:

- Weapons of mass destruction are defined by their capacity to cause widespread destruction or mass casualties through targeted deployment.[48] Fentanyl, while potent, requires direct ingestion, targeted inhalation, or injection to cause harm. The human body does not absorb fentanyl efficiently through the skin or from airborne particles in amounts that would cause mass harm.[49] Incidental environmental exposure to fentanyl (such as through airborne dispersion) is unlikely to produce toxic effects because fentanyl powder does not easily become airborne and is not efficiently absorbed through the skin.[50]
- Portraying fentanyl as a WMD creates unnecessary fear among first responders, contributing to delayed or ineffective overdose interventions. The fear of "secondary exposure" has already caused paramedics and law enforcement officers to hesitate in providing life-saving aid during overdose situations, increasing the likelihood of preventable deaths.[51]

The Myth: *Harsher punishment can end the overdose crisis. We can treat addiction through incarceration.*

The Truth: Harsh sentencing laws and incarceration do not reduce drug use or overdose deaths, but they do cause harm. Increasing access to naloxone and evidence-based treatments for substance use disorder are more effective responses.

Policymakers have long promoted increased criminal penalties as a solution to drug crises, despite overwhelming evidence that punitive approaches do not reduce drug use or overdose deaths.[52] Substance use disorders are complex medical conditions — influenced by genetics, environment, trauma, and socioeconomic factors — that require treatment and support, not incarceration.[53]

While proponents argue that ramping up the criminalization of drug use will curb trafficking, research into decades of harsh penalties for drug offenses indicates:

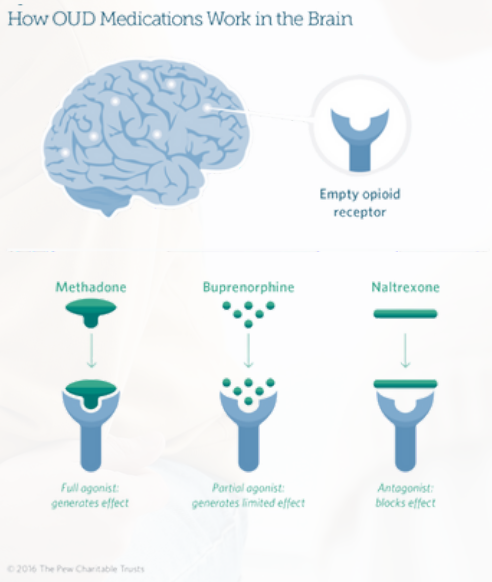
- Criminalization does not reduce drug availability — drug supply networks quickly adapt to increased penalties.[54]
- Criminalizing drug use does not lead to lower rates of drug use, drug arrests, or overdose deaths.[55]
- Drug-induced homicide prosecutions, which charge individuals with homicide when they supply drugs that result in a fatal overdose, are ineffective and can exacerbate the overdose epidemic by discouraging individuals from seeking help at a critical moment.[56]
- Harsh drug sentencing laws disproportionately impact people of color. Mandatory minimums for fentanyl-related offenses mirror the racial injustices of past drug policies, particularly the crack cocaine sentencing disparities of the 1980s and 1990s, which disproportionately impacted Black Americans.[57]
- People with substance use disorders who are diverted to receive treatment are less likely to engage in future crime than those sentenced to a term of incarceration.[58]
    - The likelihood of a fatal overdose increases after incarceration: formerly incarcerated individuals are 129 times more likely to die of an overdose in the first two weeks after release compared to the general population.[59]

The Myth: *Medicines for Addiction Treatment (MAT) encourage drug use.*

The Truth: MAT significantly reduce overdose deaths, support long-term recovery, and improve overall health outcomes.

Medicines for Addiction Treatment (MAT), which includes Medications for Opioid Use Disorder (MOUD; primarily methadone and buprenorphine), are not substitutes for addiction; they are evidence-based medical treatments using FDA-approved medications to treat substance use or opioid use disorders (sometimes in combination with behavioral therapies).[60] MOUDs help to reduce cravings and lessen withdrawal symptoms while cutting opioid overdose risk in half.[61] However, access to MAT and MOUD remains challenging, particularly for Black and Latino communities.[62]

- People receiving MAT are more likely to stay in treatment and less likely to relapse.[63]
- MAT has been shown to reduce the risk of opioid-related deaths significantly, with some studies showing a 38% to 59% decline.[64]
- Medications for opioid use disorder are effective for treating fentanyl use disorder.[65]
- MAT improves employment outcomes, family stability, and mental health, as well as reducing healthcare costs and decreasing crime, disorder, and recidivism.[66]



Conclusion

A Call for Justice, Equity, and Public Health Solutions

The myths surrounding fentanyl have fueled fear-driven policies that do more harm than good:

- Misinformation about fentanyl exposure has led to unnecessary panic and ineffective law enforcement training.
- Misconceptions about overdose symptoms have prevented life-saving interventions.
- Harsh sentencing laws have harmed many — disproportionately affecting Black, Latino, and low-income communities — without addressing the underlying issues.

If the U.S. is serious about addressing the fentanyl use and overdose crisis, it must reject punitive approaches and embrace research-based solutions that prioritize:

- Expanding access to naloxone and overdose prevention programs.
- Investing in medicines for addiction treatment rather than incarceration.
- Providing training to law enforcement and emergency personnel to address myths through an occupational safety lens.
- Legalizing and supporting harm reduction initiatives like overdose prevention centers and fentanyl test strip distribution.
- Addressing racial disparities in drug enforcement and sentencing.

Many states and localities are embracing these health-based approaches and, for reasons that are not yet fully understood, deaths linked to fentanyl have seen a significant decline in recent years, with a close to 31% reduction from 2023 to 2024.[67] While any death is one too many, the sustained decrease in all 50 states provides cause for hope that community-based efforts, increased awareness of the importance of substance use disorder treatment, and increased access to naloxone – among other factors – may be having a positive impact. It is critical to remain vigilant against myths that seek to push the strategy of criminalization, and ensure continued progress in addressing fentanyl use and overdoses, especially as key federal grants and funding in the public health space are cut.[68]

ENDNOTES

1. Drug Enforcement Administration, "Drug Fact Sheet: Fentanyl," October 2022, https://www.dea.gov/sites/default/files/2022-12/Fentanyl%202022%20Drug%20Fact%20Sheet.pdf.
2. Jules Netherland, PhD, and Dr. Sheila P. Vakharia, "Facts About Fentanyl," *Drug Policy Alliance*, August 4, 2025, https://drugpolicy.org/wp-content/uploads/2023/05/DPA-FentanylFactSheet-InDesign-V3.pdf.
3. Drug Enforcement Administration, "Drug Fact Sheet: Fentanyl."
4. Daniel Ciccarone, "Fentanyl in the U.S. Heroin Supply: A Rapidly Changing Risk Environment," *International Journal of Drug Policy* 46 (2017): 107-111, https://doi.org/10.1016/j.drugpo.2017.06.010.
5. U.S. Centers for Disease Control and Prevention, "About Overdose Prevention," May 14, 2025, https://www.cdc.gov/overdose-prevention/about/index.html.
6. U.S. Centers for Disease Control and Prevention, "CDC Reports Nearly 24% Decline in U.S. Drug Overdose Deaths," February 25, 2025, https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html.
7. Alan Leshner, "Addiction Is a Brain Disease, and It Matters," *Focus* 1, no. 2 (2003): 190-193, https://psychiatryonline.org/doi/10.1176/foc.1.2.190.
8. The Pew Charitable Trusts, "More Imprisonment Does Not Reduce State Drug Problems," March 8, 2018, https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems.
9. Nazgol Ghandnoosh, PhD, and Celeste Barry, "One in Five: Disparities in Crime and Policing," *The Sentencing Project*, November 2, 2023, https://www.sentencingproject.org/reports/one-in-five-disparities-in-crime-and-policing/.
10. Johns Hopkins University, "Opioid Epidemic Spreads to Communities of Color," September 5, 2024, https://washingtondc.jhu.edu/news/opioid-epidemic-spreads-to-communities-of-color/.
11. Jason B. Gibbons et al., "Increasing overdose deaths among Black Americans: a review of the literature," *The Lancet Psychiatry* 10, no.9 (2023): 719-726, https://www.sciencedirect.com/science/article/abs/pii/S2215036623001190.
12. Tami L. Mark et al., "Improving Research on Racial Disparities in Access to Medications to Treat Opioid Use Disorders," *Journal of Addiction Medicine* 17, no. 3 (2023): 249-257, https://journals.lww.com/journaladdictionmedicine/abstract/2023/05000/improving_research_on_racial_disparities_in_access.1.aspx?. Taylor Santoro and Jonathan Santoro, "Racial Bias in the US Opioid Epidemic: A Review of the History of Systemic Bias and Implications for Care," *Cureus* 10, no. 12 (2018), https://assets.cureus.com/uploads/review_article/pdf/16247/1612428354-1612428346-20210204-18268-1obujeb.pdf.
13. Maria R. Khan et al., "Racial/ethnic disparities in opioid overdose prevention: comparison of the naloxone care cascade in White, Latinx, and Black people who use opioids in New York City," *Harm Reduction Journal* 20, no. 24 (2023), https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-023-00736-7. Erin Takemoto, Ashley Bolton, Carrie Thomas Goetz, "Inequities in naloxone administration among fatal overdose decedents by race and ethnicity in Pennsylvania, 2019–21," *Addiction* 119, no. 8 (2024): 1400-1409, https://onlinelibrary.wiley.com/doi/abs/10.1111/add.16478. The Pew Charitable Trusts, "African Americans Often Face Challenges Accessing Substance Use Treatment," March 26, 2020, https://www.pew.org/en/research-and-analysis/articles/2020/03/26/african-americans-often-face-challenges-accessing-substance-use-treatment.
14. Ghandnoosh and Barry, "One in Five." Similarly, Hispanic individuals are disproportionately charged with trafficking offenses and receive harsher sentences than white defendants. And, low-income individuals are more likely to be incarcerated instead of diverted to treatment due to systemic barriers in the criminal legal system. United States Sentencing Commission, "Drug Trafficking," https://www.ussc.gov/research/quick-facts/drug-trafficking. United States Sentencing Commission, "Demographic Differences in Federal Sentencing," November 2023, https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2023/20231114_Demographic-Differences.pdf. Rebecca Buckwalter-Poza, "Making Justice Equal," *Center for American Progress*, Dec. 8, 2016, https://www.americanprogress.org/article/making-justice-equal/.

15. Brandon del Pozo et al., “Can touch this: training to correct police officer beliefs about overdose from incidental contact with fentanyl,” *Health & Justice* 9, no. 34 (2021), https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00163-5.
16. Brandon del Pozo, Josiah D. Rich, and Jennifer J. Carroll, "Police reports of accidental fentanyl overdose in the field: Correcting a culture-bound syndrome that harms us all," *International Journal of Drug Policy* 100 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC8810663/.
17. Drug Policy Alliance, "Touching Fentanyl Cannot Cause Overdose: A Doctor Gives the Facts," August 5, 2024, https://drugpolicy.org/resource/touching-fentanyl-cannot-cause-overdose-a-doctor-gives-the-facts/.
18. Katherine P. Taylor, Karampal Singh, and Amandeep Goyal, "Fentanyl Transdermal," *StatPearls*, July 6, 2023, https://www.ncbi.nlm.nih.gov/books/NBK555968/.
19. del Pozo, "Police reports."
20. Cultivating Health, "Fentanyl facts, overdose signs to look for, and how you can help save a life," *UC Davis Health*, January 11, 2023, https://health.ucdavis.edu/blog/cultivating-health/fentanyl-overdose-facts-signs-and-how-you-can-help-save-a-life/2023/01.
21. Leslie W. Suen et al., "Evaluating oxygen monitoring and administration during overdose responses at a sanctioned overdose prevention site in San Francisco, California: A mixed-methods study," *International Journal of Drug Policy* 121 (2023), https://www.sciencedirect.com/science/article/abs/pii/S0955395923002128.
22. For more information on your state’s laws regarding naloxone access, see here: https://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139.
23. Drug Policy Alliance, “Overdose Prevention Centers (OPCs),” April 2025, https://drugpolicy.org/wp-content/uploads/2025/04/DPA-OPCs_InDesign-FINAL-1.pdf.
24. National Institute on Drug Abuse, "Fentanyl," accessed May 27, 2025, https://nida.nih.gov/research-topics/fentanyl.
25. Netherland, "Facts About Fentanyl."
26. Drug Enforcement Administration, "Facts About Fentanyl," accessed May 27, 2025, https://www.dea.gov/resources/facts-about-fentanyl.
27. Government of Canada, "Fentanyl," accessed May 27, 2025, https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl.html.
28. DEA, "Facts About Fentanyl."
29. Drug Enforcement Administration, "DEA Laboratory Testing Reveals that 6 out of 10 Fentanyl-Laced Fake Prescription Pills Now Contain a Potentially Lethal Dose of Fentanyl," accessed May 27, 2025, https://www.dea.gov/alert/dea-laboratory-testing-reveals-6-out-10-fentanyl-laced-fake-prescription-pills-now-contain.
30. Patrick Reilly, “NY College Freshman, 19, Dies After Taking Just One Percocet – Which Was Really Fentanyl,” *New York Post*, June 11, 2024, https://nypost.com/2024/06/11/us-news/ny-teen-dies-of-fentanyl-overdose-after-taking-just-one-fake-percocet/.
31. Multnomah County, “Two Teens Die from Overdose of Suspected Counterfeit Pills Containing Fentanyl,” March 8, 2022, https://multco.us/news/two-teens-die-overdose-suspected-counterfeit-pills-containing-fentanyl.
32. David Armstrong, “A Potent Painkiller, and the Drug Maker’s Marketing, Are Faulted in a Woman’s Death,” *STAT News*, September 30, 2016, https://www.statnews.com/2016/09/30/fentanyl-opioid-insys-subsys/.
33. University of New Hampshire, "One Pill Can Kill: Test Before You Ingest," accessed May 27, 2025, https://www.unh.edu/health/wellness-topics/opioids-reducing-harm-preventing-overdoses/one-pill-can-kill-test-you-ingest.
34. Lauren J. Tanz et al., "Detection of Illegally Manufactured Fentanyls and Carfentanil in Drug Overdose Deaths -- United States, 2021-2024," *Morbidity and Mortality Weekly Report* 73, no. 48 (2024): 1099-1105, https://www.cdc.gov/mmwr/volumes/73/wr/mm7348a2.htm.
35. DEA, "Facts About Fentanyl."
36. Timothy J. Atkinson, Michael E. Schatman, and Jeffrey Fudin, "The damage done by the war on opioids: the pendulum has swung too far," *J Pain Res* 7 (2014): 265-268, https://pmc.ncbi.nlm.nih.gov/articles/PMC4026559/.

37. Andrew Kolodny, "How FDA Failures Contributed to the Opioid Crisis," *AMA J Ethics* 22, no. 8 (2020):743-750, https://journalofethics.ama-assn.org/article/how-fda-failures-contributed-opioid-crisis/2020-08.
38. Mariel Ferragamo and Claire Klobucista, "Fentanyl and the U.S. Opioid Epidemic," Council on Foreign Relations, March 28, 2025, https://www.cfr.org/backgrounder/fentanyl-and-us-opioid-epidemic.
39. Irving Washington and Hagere Yilma, "Political Rhetoric Spreads Misinformation About Fentanyl," *KFF*, September 26, 2024, https://www.kff.org/health-information-trust/political-rhetoric-spreads-misinformation-about-fentanyl/.
40. USAFacts, "How Much Fentanyl Is Seized at US Borders Each Month?" April 30, 2025, https://usafacts.org/answers/how-much-fentanyl-is-seized-at-us-borders/country/united-states/.
41. Melissa Cruz, "US Citizens–Not Migrants–Smuggle the Majority of Fentanyl Into the United States," *American Immigration Council*, July 22, 2025, https://www.americanimmigrationcouncil.org/blog/who-smuggles-fentanyl-into-united-states-citizens-migrants/.
42. United States Sentencing Commission, "Quick Facts: Drug Trafficking Offenses," https://www.ussc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Drug_Trafficking_FY24.pdf.
43. Morgan Lee, "US expands militarized zones to 1/3 of southern border, stirring controversy," *Associated Press*, July 4, 2025, https://apnews.com/article/border-military-trump-national-defense-area-89f046e09809fe5b5071c6b9e1f48da9.
44. U.S. Customs and Border Protection, "Frontline Against Fentanyl," July 11, 2025, https://www.cbp.gov/border-security/frontline-against-fentanyl.
45. American Immigration Council, "Facts About Fentanyl Smuggling," July 14, 2025, https://www.americanimmigrationcouncil.org/fact-sheet/fentanyl-smuggling/. Bill Whitaker et al., "What's fueling the fentanyl crisis is 'not a whodunit,' but 'there's so much more that needs to be done,' DEA leader says," *CBS News*, September 22, 2024, https://www.cbsnews.com/news/mexican-drug-cartels-behind-america-fentanyl-crisis-60-minutes/.
46. The Ohio Senate, "Senate Passes Johnson Resolution Urging Congress Declare Fentanyl a Weapon of Mass Destruction," February 27, 2025, https://ohiosenate.gov/members/terry-johnson/news/senate-passes-johnson-resolution-urging-congress-declare-fentanyl-a-weapon-of-mass-destruction.
47. Joseph Longley, Regina LaBelle, and Shelly Weizman, "Illicitly Manufactured Fentanyl as a Weapon of Mass Destruction: Rhetoric and Reality," *O'Neill Institute for National and Global Health Law*, November 2022, https://oneill.law.georgetown.edu/wp-content/uploads/2022/11/ONL_QiT_Fentanyl_P5.pdf.
48. Department of Homeland Security, "Weapons of Mass Destruction," accessed May 28, 2025, https://www.dhs.gov/topics/weapons-mass-destruction.
49. Oregon Health Authority, "Fentanyl," accessed May 28, 2025, https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/fentanylfacts.aspx.
50. Oregon Health Authority, "Fentanyl."
51. Brian Mann, "Cops say they're being poisoned by fentanyl. Experts say the risk is 'extremely low'," *NPR*, May 16, 2023, https://www.npr.org/2023/05/16/1175726650/fentanyl-police-overdose-misinformation.
52. The Pew Charitable Trusts, "More Imprisonment."
53. Redonna K. Chandler, Bennett W. Fletcher, and Nora D. Volkow, "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety," *JAMA* 301, no. 2 (2009): 183-190, https://pmc.ncbi.nlm.nih.gov/articles/PMC2681083/.
54. Alyssa Stryker, "Rethinking the 'Drug Dealer'," *Drug Policy Alliance*, December 2019, https://www.drugsandalcohol.ie/31473/1/dpa-rethinking-the-drug-dealer.pdf.
55. The Pew Charitable Trusts, "More Imprisonment."
56. Fair and Just Prosecution, "Drug-Induced Homicide Prosecutions," accessed September 25, 2025, https://fairandjustprosecution.org/wp-content/uploads/2022/07/FJP-Drug-Induced-Homicide-Brief.pdf. Drug Policy Alliance, "Drug-Induced Homicide Laws," August 2024, https://drugpolicy.org/wp-content/uploads/2024/08/DPA-DIHLawFactSheet-InDesign-Interactive.pdf.
57. Legislative Analysis and Public Policy Association, "Crack Cocaine and the Fair Sentencing Act," November 2023, https://legislativeanalysis.org/wp-content/uploads/2023/11/Fair-Sentencing-Act-Fact-Sheet-FINAL.pdf.

58. Gary A. Zarkin et al., "Lifetime Benefits and Costs of Diverting Substance-Abusing Offenders from State Prison," *Crime & Delinquency* 61, no. 6 (2012): 829-850, https://doi.org/10.1177/0011128712461904.
59. Vera Institute of Justice, "Overdose Deaths and Jail Incarceration: National trends and racial disparities," accessed July 24, 2025, https://www.vera.org/publications/overdose-deaths-and-jail-incarceration/national-trends-and-racial-disparities.
60. The Pew Charitable Trusts, "Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder," November 22, 2016, https://www.pew.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder.
61. The Pew Charitable Trusts, "Medications for Opioid Use Disorder Improve Patient Outcomes," December 17, 2020, https://www.pew.org/en/research-and-analysis/fact-sheets/2020/12/medications-for-opioid-use-disorder-improve-patient-outcomes/. National Institutes of Health, "Methadone and Buprenorphine Reduce Risk of Death After Opioid Overdose," June 19, 2018, https://www.nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose. National Institute on Drug Abuse, "Treating Opioid Addiction in Jails Improves Treatment Engagement, Reduces Overdose Deaths and Reincarceration," September 10, 2025, https://nida.nih.gov/news-events/news-releases/2025/09/treating-opioid-addiction-in-jails-improves-treatment-engagement-reduces-overdose-deaths-reincarceration.
62. Utsha G. Khatri et al., "Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder by Race and Ethnicity and Insurance Type," *JAMA Network* Open 8, no. 6 (2025), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2835691?.
63. SAMHSA, "Substance Use Disorder Treatment Options," April 11, 2024, https://www.samhsa.gov/substance-use/treatment/options.
64. Vivian Y.O. Au et al., "Factors associated with opioid overdose during medication-assisted treatment: How can we identify individuals at risk?" *Harm Reduction Journal* 18, no. 71 (2021), https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00521-4.
65. Dr. Nora Volkow, "To address the fentanyl crisis, greater access to methadone is needed," *National Institute on Drug Abuse*, July 29, 2024, https://nida.nih.gov/about-nida/noras-blog/2024/07/to-address-the-fentanyl-crisis-greater-access-to-methadone-is-needed.
66. SAMHSA, "Substance Use Disorder." *See also* Peter D. Friedmann et al., "Medications for Opioid Use Disorder in County Jails – Outcomes after Release," *The New England Journal of Medicine* 393, no. 10 (2025): 994-1003, https://www.nejm.org/doi/abs/10.1056/NEJMsa2415987.
67. Brian Mann, "Deadliest phase of fentanyl crisis eases, as all states see recovery," *NPR*, March 10, 2025, https://www.npr.org/2025/03/07/nx-s1-5295618/fentanyl-overdose-drugs.
68. Maurice Tamman, Laura Gottesdiener, and Kristina Cooke, "U.S. Fentanyl Deaths Have Been Plunging. Enter Trump," *Reuters*, April 10, 2025, https://www.reuters.com/investigations/us-fentanyl-deaths-have-been-plunging-enter-trump-2025-04-10/.

Acknowledgements

We'd like to acknowledge the FJP staff who contributed to this work, August 2024 through November 2025. FJP is also grateful to Leo Beletsky, Jeremiah Goulka, Dr. Ryan Marino, and Kellen Russoniello for their invaluable comments, insights, and input.

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