

# Slay the Dragon in Your Neighborhood

## *Fighting Fentanyl*

Jon Spiers

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Fentanyl. We hear new tragic stories of Fentanyl every day. While Fentanyl is a valuable medicine in the carefully regulated and monitored healthcare setting, it has a deadly track record on the streets. Nowhere is this more heartbreaking than when discussing the damage done to our children. Overdoses at middle school, high school, and college campuses fill every parent —every decent person — with disgust and dread.

Not even two years ago, I wrote of an interaction I had with a fifth-grade class as part of an outreach program, discussing their hopes, dreams, and the dangers of drugs. ([You can read that piece in the Denton Record-Chronicle here.](#)) I was amazed at the children's street smarts. They could reel off not only the names of the drugs – street names – and they spoke with authority about the effects of the drugs on the body.

That 90 minutes was a master's class in drug culture taught by 10-year-olds. I have often recalled that session because of one young boy who nonchalantly spoke about "Birria," slang for a drug that was much less common then but all too common today.

"Birria" – like "TNT," "Freddy," "Goodfella," and "Jackpot" – is a slang term for Fentanyl.

Fentanyl has become a common threat in every neighborhood, county, and campus in our state and nation. No matter where we get our news, Fentanyl seizures and stories of lives ruined – or lost – are ever-present.

In a world turned upside down by a virus leaked from a lab, more terrifying is an addictive chemical so potent that a gram, the weight of an ordinary packet of synthetic sweetener, could kill 500 persons.

When I spoke about drug overdoses, gang violence, and Mexican drug cartels a few years ago, many in attendance were confident those were problems only in Houston, Dallas, or San

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Antonio. "Surely," they said, "Fentanyl will not impact our lives in our safe, respectable suburban and rural communities." If anywhere, they reasoned, Fentanyl use might spread to college campuses.

We have seen the spread of Fentanyl to campuses ranging from the University of Texas to Midwestern State University. A typical scenario is when young people take what they believe is Adderall, a medication they believe helps them study better, only to discover too late that the pill that looked just like a genuine Adderall was a mixture of Fentanyl and some other drug, like Cocaine or Methamphetamine. The result can be tragic.

Others crave the high of opioids, but the impact of Fentanyl is not limited to these abusers. "Good kids" are snared because they think they are taking legitimate medication for problems ranging from chronic pain to anxiety. Often Fentanyl is disguised to look like a genuine tablet of some other known medicine. Some don't comprehend that taking any pill sold on the street invites addiction and death, regardless of the pill's appearance and its vendor's alleged trustworthiness.

We have endured Fentanyl overdoses at middle and high schools, where the drug has taken lives in schools as diverse as those in Carrollton, Lubbock, Tomball, and Georgetown. Almost all the survivors of overdoses tell a familiar story – they thought they were taking a stolen but otherwise legitimate pill, not some sinister concoction created in an illicit manufacturing laboratory.

Until recently, chemicals from China or India were transformed into Fentanyl in Mexican drug cartels' easily hidden illicit laboratories – often no more than a shed. More recently, the cartels and their affiliates have been processing the precursor chemicals in small labs in the United States. Recently a suspected cartel operation was thwarted in Houston, hidden in a business that conveniently operated taco trucks.

The manufacture of Fentanyl is cheaper and easier than for many other illicit drugs, and the space required is minimal. An illicit drug-manufacturing apprenticeship is short and inexact. Adequacy, not excellence, is the cartel standard.

While Fentanyl powder is easy to transport, it does have drawbacks. While handling Fentanyl powder, inhaling the powder may be lethal. Today Fentanyl is often transported as a pill.

Machines purchased abroad create pills that look identical to legitimate pharmaceuticals. The Chinese sources who launder cartel funds and provide precursor chemicals also offer a variety

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of pill presses. Cartels use these machines to manufacture hundreds of thousands of pills quickly.

Color is essential when mimicking existing pharmaceuticals. Some Oxycodone tablets are pale blue, for example, so the cartels mimic the blue color and press a pill with the imprint of a legitimate supplier to make the deadly counterfeit.

But the cartels also make pills with various colors and varied imprints that do not mimic known pharmaceuticals.

These rainbow-colored tablets resemble popular candy. The devices that make pills are just as efficient at making pill-shaped candies. While they often have the imprint seen on the pharmaceuticals they mimic, these colored tablets may have a variety of imprints – or no imprint – and can be packed into candy boxes to disguise their true nature.

These fake pills are sold to the unsuspecting with terrible consequences. In legitimate pharmaceuticals, the ingredients are strictly controlled and uniformly distributed throughout the product. When the cartels manufacture fake medications, there is no consistency within each batch and certainly none between batches. Fillers may be as benign as confectioners' sugar, as bland as baking soda, or as deadly as rat poison. Sometimes the cartels mix their products, attempting to mimic the effect of legitimate pharmaceuticals. Cocaine plus Fentanyl, Methamphetamine plus Fentanyl, Heroin plus Fentanyl – anything goes for the cartels, and all are deadly.

Even “Fentanyl” is not always Fentanyl. The cartels don't have exacting standards of quality control. Fentanyl analogs are byproducts of each batch. These Fentanyl derivatives may be more potent than the already powerful Fentanyl. While Fentanyl is about 100 times as powerful as Morphine, some Fentanyl derivatives are even deadlier.

Some of these products are so new they have not been characterized by researchers or scheduled as controlled substances by the DEA. In the past, drugs that were not scheduled were technically not illegal despite their origin and intent. Congress has preemptively scheduled these derivatives and analogs to close the loophole.

Seizures of Fentanyl, Fentanyl analogs, and Fentanyl precursors are increasing each year. Last year enough Fentanyl to kill 3.3 billion people was intercepted entering the United States. This year that number may be closer to 6 billion as the flow of drugs across our southern border continues to rise. In the past, many drug seizures occurred at ports of entry, where drugs were hidden in cargo. Drugs continue to cross our borders this way.

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Complicating the drug trade is our lax border security, allowing more to enter between traditional ports than ever before. With the targeted surge of illegal immigrants flooding particular zones and sapping enforcement resources, Fentanyl comes across our border between ports in smaller batches but in greater total volume. Estimates of the quantity of illicit drugs like Fentanyl eluding detection are conservative guesses. It is possible – likely even – that more enters the nation between traditional ports than anyone has predicted.

We can – and must – fight back. Increasing the availability of Naloxone can aid in battling the impact of Fentanyl and other synthetic opioids. Naloxone is an opioid antagonist which can reverse an opioid overdose. Naloxone does not replace emergency medical care. Irreversible brain damage can occur after less than four minutes without breathing. The average response time for emergency medical services is about 7 minutes, so early intervention is crucial. Because criminals often mix Fentanyl with other medications, the effectiveness of Naloxone may be offset by the second drug. Despite this, in cases of overdose, Naloxone should be a first-line intervention. EMS (911) should be called for every suspected overdose.

Harm reduction strategies, such as using Fentanyl test strips to test for Fentanyl in illicit drugs, also have potential merit. Research is underway to determine if Fentanyl test strips and other strategies modify behavior and save lives.

Enhanced penalties for crimes involving controlled substances are another valuable tool. Texas House Bill 2107 will strengthen the punishment for certain offenses involving Fentanyl. This legislation is a start, not the end, so its passage will not end the problem. It is too easy for drug dealers to escape appropriate severe punishment. HB2107 starts us on the proper trajectory.

Securing the border to detect incursion and drug transport is critical to a comprehensive Fentanyl strategy. A border security network of enhanced technological and physical barriers with strengthened manpower is necessary. The federal government must reverse its open border policy to address this drug crisis and the humanitarian crisis of human trafficking that Biden's policies have fostered.

On a more local level, we must admit that everyone is at risk. Fentanyl is egalitarian in its lethality and addictive properties. No neighborhood is safe, no kid is too smart, and no one is too well-informed. Do not avoid the tough discussions; don't be too proud to ask for help.

Our lives –our children's lives – hang in the balance. It is time to tip the scales our way.