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Navigating the Fentanyl Crisis in America

Introduction

The fentanyl crisis is a multifaceted and evolving challenge with far-reaching consequences for public health, safety, and well-being in the United States. The fentanyl crisis has had a profound and devastating impact on the United States, affecting individuals, families, communities, and the nation as a whole. The fentanyl crisis has caused undue stress on the healthcare system, has created economic and law enforcement challenges, and has led to stigma and discrimination for those who are struggling with fentanyl misuse. Addressing the crisis requires a comprehensive approach that integrates prevention, treatment, harm reduction, and community support efforts. Additionally, stakeholders must implement strategies to expand access to treatment, integrate mental health services, incorporate community-based approaches and trauma-informed care, and advocate for policy changes at the local, state, and federal levels to support extensive approaches to addressing the fentanyl crisis.

Definition and Characteristics of Fentanyl

Fentanyl is a synthetic opioid similar to morphine but with a 50 to 100 times increase in potency. It is a prescription drug that is made and used both legally and illegally. It is legally used to treat patients with severe pain, such as after surgery or with chronic pain, who have a physical tolerance to other opioids. Brand names include Actiq, Duragesic, and Sublimaze. A current concern with fentanyl is that some dealers are mixing it with other drugs, such as heroin, cocaine, methamphetamine, and MDMA, as it takes very little to produce a high, making it a cheap but effective additive. This also makes it dangerous as many people taking the modified drugs are unaware that they contain fentanyl and are, therefore, more potent and more likely to cause an overdose (National Institute on Drug Abuse [NIDA], 2021).

When prescribed for medical use, fentanyl is administered as a shot, a patch placed on the skin, or as a cough drop-like lozenge. Prescription opioid misuse includes taking the medication in a way or dose other than what is prescribed, taking someone else's prescription medication, or taking the medication expressly to get high and not for the prescribed treatment (NIDA, 2021).

Illegal fentanyl comes in powder form, which is made into pills that look like prescription opioids. It is also illegally available as a liquid that is put onto blotter paper, used as eye drops, or as a nasal spray (NIDA, 2021). Illegal fentanyl is frequently mixed with other illegal drugs to create more of a high, which is what is a contributing factor to the increase in overdoses and overdose deaths.

Overview of the Fentanyl Crisis in the United States

Fentanyl has been labeled "the nation's greatest and most urgent drug threat" by the DEA (DEA, 2024).

The fentanyl crisis in the United States began to be recognized around 2013 and has been on the rise ever since. Currently, synthetic opioids, consisting mostly of fentanyl, are attributed to 70% of opioid-involved overdose deaths (CDC,2024).

While fentanyl may have begun as a problem among rural white populations, it has expanded into a problem that is faced by all racial groups. Poor, urban areas have seen the largest jump in use and overdoses (CDC, 2024).

The Importance of Understanding and Addressing the Crisis

It is important to understand and find effective ways of addressing the fentanyl crisis, as, despite increased awareness and education campaigns, the opioid

epidemic continues at crisis levels. There continues to be an increase in synthetic opioid abuse and overdose deaths and a lack of treatment, with those available having a low rate of entry and retention (Blanco et al., 2020).

A comprehensive approach that integrates epidemiology, neuroscience, pharmacology, prevention, and treatment services is needed to effectively address the epidemic crisis. A collaborative approach between healthcare, education, justice, and social services systems that allows for information and resources to be shared across settings would establish a comprehensive treatment opportunity for people with opioid use disorder (Blanco et al., 2020). This approach would assist organizations and providers to have a greater understanding of who is affected, what areas of their lives are most impacted, pathways to opioid use and misuse, how and where to intervene, and factors that reduce risk.

Understanding the Scope and Impact

The fentanyl epidemic has reached levels to be considered a public health emergency. Illicit fentanyl and its analogs continue to enter the United States. Despite attempts to address the crisis, the number of overdose deaths continues to rise each year (CDC, 2024).

Epidemiology of Fentanyl Use and Overdose Deaths

Initially, the fentanyl problem was regionally specific in the Northeast and Midwest and, to a lesser extent, in the South; this was the trend between 2014 and 2017. The biggest shift was seen in 2017-2018, with a large jump in use in the Western region of the United States (Ciccarone, 2021).

Historically, Whites have had the highest rate of synthetic opioid-related death, but the population group that has seen the highest rate of increase has been

Blacks and Hispanics living in urban areas (Ciccarone, 2021). This highlights the need to address racial disparities in healthcare and provide affordable and culturally sensitive substance use treatment.

Synthetic opioids, which mostly consist of fentanyl, are involved in nearly 70% of opioid-involved overdose deaths (CDC,2024). In 2022, there were 73,838 overdose deaths involving synthetic opioids, most of which were attributed to fentanyl (NIDA, 2024).

Demographic Trends and Affected Populations

The demographic data of the fentanyl crisis show there is a diverse group of people that are impacted. However, some populations are disproportionately affected.

Age and Gender

The age group with the most opioid overdose deaths at 21,230 in 2022 was that of 35- to 44-year-olds. This is a 5.4% increase when compared to 2021 and an 83% increase compared to 2019. Among those who die from an opioid overdose between the ages of 25 and 54, it is estimated that 71% of those deaths are preventable. Those over 55 are experiencing a rapid increase in overdose deaths (CDC], 2024).

Comparing preventable opioid overdose deaths by gender in 2022, 70% were male (56,223), and 30% were female (21,789). Female opioid overdose deaths have increased at a faster rate compared to male deaths (CDC, 2024).

Racial and Ethnic Disparities

When comparing racial and ethnic overdoes statistics from 2021 and 2022, the results were (CDC, 2024):

- Overdose deaths decreased for White and Native Hawaiian or Other Pacific Islander people

- Overdose deaths increased for American Indian and Alaska Native, Black, Hispanic, and Asian people.

- Overdose death rates in 2022 were highest among American Indian and Alaska Native people (65.2 deaths per 100,000 standard population).

- Overdose rates in 2022 were the lowest for Asian people (5.3 deaths per 100,000 standard population)

- American Indian and Alaska Native people experienced the largest percent increase in the rate of drug overdose deaths from 2021 to 2022, with the rate increasing 15.0%.

Socioeconomic Factors

There is a strong connection between socioeconomic factors and overdose. Research shows receiving state-funded health insurance is associated with an increased risk of overdose, the assumption being it is linked to low income. Overdose is higher among people who have recently been released from prison and among people with a history of incarceration. Experiencing hardships across multiple areas, such as social and economic, increases overdose risk. Overall, overdose rates are higher in low-income communities and in areas where people are living in poverty and there is a racialized population (Tsang et al., 2020). Finding ways to decrease socioeconomic disadvantage may be a key component to addressing the opioid epidemic.

Economic, Social, and Health Impacts of the Crisis

The fentanyl epidemic has moved beyond being an individual health concern. It impacts communities and the country, creating significant economic, social, and public health burdens.

Economic Impact

The economic impact of the fentanyl crisis is significant. It is estimated that the opioid epidemic, with fentanyl being the largest component of opioid misuse, cost the United States economy in 2020 $1.5 trillion dollars; this is a 37% increase since 2017 (Joint Economic Committee, 2022).

The COVID-19 pandemic disrupted access to substance abuse treatment and increased social and economic stress, which are known stressors that can increase substance use. This resulted in an increasing number of people diagnosed with opioid use disorder and a rise in fatal opioid overdoses. The pandemic also highlighted the racial disparities in opioid use disorder, with Black Americans having higher fatal rates of opioid overdoses (Joint Economic Committee, 2022).

Social Impact

The social impact of the fentanyl crisis has long-term consequences for families and their communities. Overdose deaths are stigmatized, and many families feel shunned by their community after an overdose death. This further complicates the family member's grief and their struggle with other common feelings reported by families who have experienced an overdose death, including guilt, shame, anger, and helplessness (beforetheirtime.org, 2022). This stigmatization often leads to secrecy around a loved one's drug use and death and isolates the family members.

The social impact the opioid epidemic has created in communities is often overlooked. It includes many domains, such as child welfare, living arrangements, education, food insecurity, housing, and public budgets (Darolia & Heflin, 2022). Other areas that have direct impacts on communities are the number of children in foster care due to the opioid epidemic, the increase in crime rates, and the neighborhood challenges as addictions rise. When looking at the opioid crisis it has disproportionately affected communities with high poverty levels, income inequality, and lack of access to social capital (Cheetham et al., 2022).

Health Impact

The opioid crisis has led to increased mortality, worsening health, and increased healthcare use (Darolia & Heflin, 2022). In 2022, there were 73,838 overdose deaths involving synthetic opioids, most of which were attributed to fentanyl (NIDA, 2024). This large amount of fatalities strain emergency medical services, addiction treatment centers, and public health organizations. Those who use opioids also have a higher rate of risky behaviors, which places them at an increased risk of exposure and contracting HIV, hepatitis, and other infectious diseases (Recovery Research Institute, 2023). Opioid misuse places higher demands on public health resources, including emergency medical services and mental health treatment programs. Resources for these programs must be increased to meet the rising demand.

Factors Driving the Crisis

It is difficult to identify all the factors that play into the fentanyl crisis, but there are key aspects that have influenced it. This includes the influence and power of the pharmaceutical companies, inadequate regulation, overprescribing by medical

providers, and an increase in illegal synthetic opioids, most frequently in the form of fentanyl (Health–Americas, T. L. R. 2023).

Prescription Opioids

It can be argued that pharmaceutical companies that produced opioids, the medical providers who prescribed them, and the pharmacies that distributed the prescription opioids can all be held accountable for the opioid crisis. The overprescription of opioids is recognized as the leading cause of the start of the opioid epidemic. Between 1999 and 2008, there was a fourfold increase in prescription opioid sales, and there was also a fourfold increase in prescription opioid deaths (Judd et al., 2023).

Another aspect that contributed to the increase in prescription opioids was the hospital culture in the 1990s. There was a push for medical providers to use patient-reported pain levels as part of their vital signs checks (Judd et al., 2023). During that same timeframe, hospitals began implementing patient satisfaction surveys that included questions on their pain management. The survey results were published and influenced hospital funding.

At the same time, pharmaceutical companies were advocating for the use of their opioid drugs to help treat patients' pain, encouraging medical providers to generously prescribe opioid drugs (Judd et al., 2023). Which could also increase the number of positive patient satisfaction surveys.

In addition, medical providers in rural areas where their patients had to travel a significant distance for medical treatment or lacked other pain management options were more willing to overprescribe opioids (Judd et al., 2023). The justifications seem to have been that as opioids require a written prescription note, a monthly patient consultation takes up a significant amount of the medical provider's time, and the patient has a long distance to travel; it was more

convenient for the medical provider to write a prescription for a large number of opioids and hence save both the provider and patient time.

Judd et al. (2023) report that 71% of opioids prescribed for post-major surgery go unused. This is concerning as 50% of people with an opioid use disorder get their opioid drugs from a relative with a prescription, highlighting again that overprescribing opioids continues to contribute to the epidemic. Another staggering statistic is that 4.4% of the world's population lives in the United States and consumes 80% of the world's opioids.

Efforts have been made to limit the overprescription of opioids. Opioid prescriptions are now tracked through prescription drug monitoring programs. There have also been education efforts targeting medical providers to decrease opioid prescriptions and, when possible, to prescribe non-opioid pain management medications post-surgery. Data shows that these efforts have resulted in a decrease in opioid prescriptions (Judd et al., 2023).

Illicit Production and Distribution of Fentanyl

As awareness surrounding opioid prescriptions was raised and began to be monitored more closely, reducing its availability. Illicit production of synthetic opioids, including fentanyl, began to rise. As illicit fentanyl demand has increased, so has its potency, with some fentanyl analogs testing 10,000 times stronger than morphine (Ciccarone, 2021).

The DEA reports that the majority of illegal fentanyl is entering the United States from Mexico, with the components to make it sourced from China, highlighting the global aspect of the fentanyl crisis (DEA, 2024).

Two milligrams of fentanyl is a potentially fatal dose. DEA laboratory testing shows the average amount of fentanyl in seized pills is 2.4 milligrams, with a varying

range of 0.2 mg to 9 mg (DEA, 2024). The DEA is seizing fentanyl at record levels, both in pill and powder form. The DEA fentanyl seizure has almost tripled between 2021 and 2023 (DEA, 2024).

Drug Trafficking and Online Markets

Drug trafficking has taken to social media. Illegal drugs are now easily available through social media apps on one's smartphone. Drug traffickers are targeting teenagers who are curious to experiment and older people who are unsuspecting and believe they are purchasing legitimate medication.

The DEA (2022) has identified there are only three steps needed to have illicit drugs delivered to your home. They are

1. **Advertise:** Drug traffickers advertise on social media platforms. They use disappearing advertisements, such as stories that only last 24 hours or posts that are deleted within a short time period. Content is accompanied by code emojis or words that are known to market illegal drugs on social media. Using code emojis or words is a way to avoid detection by social media algorithms and law enforcement.

2. **Connect:** Potential buyers respond to drug traffickers' advertisements by contacting them through the social media app. This is done by commenting on the post or direct messaging. Communication is then quickly moved to an encrypted app like Signal, Telegram, or WhatsApp.

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

Responding to the Fentanyl Crisis

The US Department of Health and Human Services has recognized the crisis level that the opioid epidemic has reached and the role that fentanyl is playing in the crisis. They have created a four-part evidence-based strategy to address the needs of individuals struggling with opioid misuse and to improve community safety (HHS, 2024).

Primary Prevention Strategies

Primary prevention focuses on preventing the development of opioid use disorder (OUD) or opioid overdose deaths. Primary prevention focuses on preventing exposure to opioids, increasing protective factors known to reduce the risk of OUD, and reducing risk factors with direct links to developing OUD and causes of opioid overdose deaths (Livingston et al., 2022).

Adolescents are a vulnerable population for OUD and opioid overdose deaths. Primary prevention for this age group involves reducing opioid prescriptions provided to them and increasing protective factors known to prevent or delay substance use. School-based prevention programs and family-based interventions are effective interventions (Livingston et al.,. (2022). Specific programs that have shown positive results include Life Skills Training, Project Towards No Drug Abuse, PROSPER, The Good Behavior Game, and Strengthening Families.

Other vulnerable populations that are at higher risk for developing OUD include people exposed to prescription opioids, individuals with a history of substance use disorder, and individuals with a mental health diagnosis with a concurrent prescription of certain psychiatric medications. Possible prevention for these populations includes interventions to reduce substance use, treatment of mental health conditions, and reducing opioid exposure (Livingston et al., 2022)

Additional areas of prevention and education to address the fentanyl crisis include (CDC, 2024):

- Public awareness campaigns about the dangers of fentanyl and the risks of drug contamination

- Educating healthcare providers about responsible prescribing practices to limit the availability of prescription opioids

- Expanding access to naloxone, a medication that can reverse opioid overdoses

- Increasing access to opioid use disorder treatment

Harm Reduction Strategies

Harm reduction is an approach to care that meets people where they are and knows that not everyone is able to or desires to stop their substance use. Instead of judging a person's health and behavior who is struggling with addiction, harm reduction focuses on promoting evidence-based methods for reducing use-associated health risks at this moment in time. The defining feature of harm reduction is its focus on the prevention of harm rather than on the prevention of substance use. Harm reduction initiatives have a broad spectrum, from disease prevention and medical care to education and linkage to addiction treatment (Recovery Research Institute, 2023).

Naloxone Distribution

Naloxone is a medication that quickly reverses an opioid overdose. As an opioid antagonist, it attaches to opioid receptors and quickly and safely reverses possible fatal effects of opioid overdose. The biggest impact Naloxone can have is that it quickly restores normal breathing to a person experiencing an opioid overdose if

their breathing has slowed or stopped. Naloxone does not affect a person who does not have opioids in their system, and it is not a treatment for opioid use disorder outside of its emergency response to an opioid overdose. Targeted distribution programs train and equip people who are most likely to interact with someone experiencing an overdose with naloxone kits. Effective strategies include community distribution programs, co-prescribing Naloxone, and equipping first responders (NIDA, 2022).

Overdose Prevention Sites

Overdose prevention sites, also known as supervised consumption centers or supervised injection centers, are legally sanctioned spaces for people can use pre-obtained drugs with medical supervision and intervention available in the event of an overdose. The centers do not provide drugs, and medical staff do not inject users. The sale or purchase of drugs is prohibited on the premises, and many programs have admission criteria such as local residency or require identification cards. Models range from peer-run facilities to mobile units to medical models colocated with addiction treatment programs (Samuels et al., 2022).

Fentanyl Test Strips

Fentanyl test strips are a low-cost method to help prevent drug overdoses and reduce harm. Test strips are small paper strips that can detect the presence of fentanyl in all different kinds of drugs and drug forms (pills, powder, and injectables). Test strips provide people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take necessary measures to reduce their risk of overdose (CDC, 2024).

Treatment and Recovery Services

Evidence-Based Treatment Approaches

Evidence-based treatment approaches include medication-assisted treatment (MAT), behavioral therapies, and peer support. Programs that see the most success with their participants provide a combination of services. This is why MAT programs have been mandated to offer their participants a comprehensive treatment plan that includes counseling and any other additional services the person may need. Under federal law, people receiving treatment in Opioid Treatment Programs must also be given the opportunity to participate in counseling. They must also have access to medical, educational, vocational, and other services that have been determined through assessment or their treatment plan (SAMHSA, 2024).

Medication-Assisted Treatment (MAT)

Medication-assisted treatment is a pharmacological intervention for opioid use disorders. Depending on the medication, it can help alleviate cravings, which helps the person overcome their physical dependence, while others can help minimize withdrawal symptoms. Through stabilization, the person can build healthy psychological, social, and lifestyle changes. Research shows that medication-assisted therapy reduces opioid use, overdoses, criminal activity, and other risky behaviors.

There are three drugs the Food and Drug Administration (FDA) has approved for treating opioid use disorder: Methadone, Buprenorphine, and Naltrexone. All three treatments are safe and most effective when paired with counseling and psychosocial support (FDA, 2023). OUD is a chronic condition, and clients may

need to continue MAT treatment indefinitely; there is no maximum length of time for maintenance treatment.

Methadone

The FDA has approved Methadone for pain management and to treat Opioid Use Disorder. Methadone is an opioid receptor full agonist, which means it attaches to and activates opioid receptors to reduce withdrawal symptoms and cravings. It also blocks opioid effects. Methadone is taken daily to treat opioid use disorder, and initially, people must receive their medication under the supervision of a doctor. Once they have established stability based on their progress and compliance with the medication dose, they may be allowed to take Methadone at home between their treatment program visits. The duration of time a person takes Methadone varies but should be a minimum of 12 months. Some people may require long-term methadone treatment. People must work closely with their doctor to gradually wean off their methadone dose to prevent withdrawal (SAMHSA, 2024).

Buprenorphine

Buprenorphine can be prescribed and dispensed by doctor's offices; this increased access to treatment significantly. It provides treatment options for those who are unable to access care at an Opioid Treatment Clinic. Buprenorphine is an opioid receptor partial agonist, which means it attaches to and partly activates opioid receptors to reduce withdrawal symptoms and cravings. Some people take Buprenorphine for a short period of time, while others continue indefinitely (SAMHSA, 2024).

Buprenorphine is taken daily and helps to (SAMHSA, 2024):

- Reduces the effects of physical dependency to opioids, including withdrawal symptoms and cravings

- Improves safety in the event of an overdose

- Reduces the likelihood of misuse

Naltrexone

The FDA has approved Naltrexone to treat opioid use disorder. Naltrexone can be prescribed and dispensed by any licensed medical practitioner. Naltrexone is an opioid receptor antagonist, which means it prevents opioids from attaching to the opioid receptors, blocking their euphoric and sedative effects. It also suppresses cravings. It is not an opioid, it is not addictive, and there are no withdrawal side effects when terminating use. It is taken monthly as an extended-release intramuscular injection. Those who discontinue their Naltrexone or relapse after a period of abstinence may experience a reduced tolerance to opioids. Taking the same or even a lower dose of opioids than they may have in the past can potentially lead to life-threatening results (SAMHSA, 2024).

Behavioral Therapies

Behavioral therapy can help people with OUD improve their problem-solving skills, improve interpersonal relationship skills, identify incentives for abstinence or reduced use, build relapse prevention techniques, and identify rewarding activities to replace drug use. Behavioral therapy is the most often used type of treatment in substance use rehabilitation programs. The following are evidence-based treatment modalities that are effective in treating substance use disorders (SAMHSA, 2021).

Cognitive Behavioral Therapy

Cognitive behavioral therapy encourages people to question and explore their recurring thoughts in order to eliminate those that are negative and unhealthy. CBT teaches people techniques to recognize and change their maladaptive behaviors. CBT helps people learn coping skills, identify risky situations and what to do about them, and relapse prevention. CBT can be used to treat problematic substance use and also treat co-occurring mental or physical health disorders (Miller, 2023).

Cognitive behavioral therapy is useful in treating OUD by improving motivation, aiding in decision-making, activating behavioral changes, and developing new beliefs about oneself, drugs, and the future. Often, in addictions, a person creates a negative belief about themselves; CBT works to increase the person's level of competence and improve their belief in themselves, building a positive feedback loop instead of a negative self-fulfilling prophecy (Miller, 2023). CBT works towards renewing emotions, which can be overwhelming if they have been numbed for an extended period of time, and supporting the person in managing those feelings as they arise.

Motivational Interviewing

Motivational interviewing (MI) is a treatment method of addressing the ambivalence some people experience in recovery, allowing them to embrace their treatment efforts in a way that works best for them to address their substance use. The goal is to strengthen the person's motivation for and commitment to change in a way that is consistent with their values. Rather than the therapist imposing or enforcing a specific change, the person is met where they are, and they are helped to move towards their goals by building on their readiness to change. A benefit of MI is that while a therapist facilitates it, the person in recovery develops their own motivation and plan for change in the initial sessions,

which gives them more of a sense of control over the course of their treatment (Miller, 2023).

Contingency Management

Contingency Management (CM) is an evidence-based psychosocial therapy that is effective in treating several substance use disorders and is used to encourage and reinforce sobriety. This treatment method provides physical rewards (gift cards, vouchers, prizes) to motivate desirable behaviors (maintaining sobriety). A benefit of CM is it reduces two of the biggest treatment barriers: dropping out and relapse (Miller, 2023).

Peer Support and Recovery Resources

Peer Support

Self-help programs, like Narcotics Anonymous, can be a key support in OUD treatment. Self-help and peer support groups provide support through behavior modification and improved emotional regulation. Group therapy programs can help people learn healthier coping skills and support relapse prevention. Peer support groups help people with OUD understand their disorder, share challenges with others facing similar problems, and support personal improvement and skills for recovery (Cleveland Clinic, 2022).

The 12-step facilitation goal is to promote abstinence through involvement with 12-step peer support groups. Meetings are hosted by different fellowships, such as Alcoholics Anonymous and Narcotics Anonymous (Miller, 2023).

Recovery Resources

Housing Assitance: There are high rates of homelessness among those with substance use disorders. Housing assistance programs provide rent supplements and support from a clinical treatment team to help the person establish and maintain recovery support for substance use, which results in increased housing stability (Killaspy et al., 2022).

Employment Support: There are different types of supported employment, and all aim to improve employment outcomes for individuals with substance use disorders. In employment support programs, the person is assisted in an individualized job search to find competitive employment, and the program also integrates mental health and substance use supports, welfare benefit applications if eligible, and on-the-job support. Other approaches assign an employment specialist to the person to provide on-the-job support. A third intervention is vocational rehabilitation, where pre-vocational training is provided, including preparing a resume, learning to complete job applications, and participating in a job interview (Killaspy et al., 2022).

Law Enforcement and Legal Responses

Law enforcement responds to the opioid crisis based on their local laws and resources. The Department of Justice, along with other federal agencies, recognized there is a need for a national response and has a task force that is developing strategies to lower the national impact the opioid crisis is causing (NIJ, 2019). They have identified four priority tasks to implement, which are (NIJ, 2019):

- Using medication-assisted treatment and additional treatment approaches corrections settings.

- Accessing same-day treatment with a medication-first model of care.

- Using surveillance to identify or predict spikes in overdoses, the appearance of new opioids, or new drug crises.

- Implementing mental health intervention for law enforcement personnel responding to the opioid crisis.

The Justice Department has two ongoing initiatives. One program uses data to help federal prosecutors charge healthcare providers who are involved in opioid-related fraud. The second program addresses opioid trafficking in areas with the highest overdose rates (NIJ, 2019).

The DOJ, the FBI, and the DEA are collaborating to fight the opioid epidemic on numerous fronts. These include (NIJ, 2019):

1. coordinated law enforcement efforts against cartels and traffickers

2. diversion control actions against suppliers

3. community outreach helps to empower communities to take back neighborhoods.

Addressing Stigma and Promoting Compassion

Stigmatizing attitudes towards people who use drugs exist throughout our society, including in health care. Studies show that people who use drugs are reluctant to access medical care because they do not trust healthcare providers to maintain their privacy from law enforcement. Individuals with SUD are viewed more negatively than people with physical or other mental disorders. Even language choices can play a huge role in how people are treated. One study looked at how mental health and substance use treatment providers reacted to individuals if they were labeled a "substance abuser" rather than as a "person having a substance use disorder" and found that the providers were more likely to blame

the individual and believe that they should be subjected to punitive, rather than therapeutic measures (The White House, 2022).

Providing harm reduction services to people who use drugs allows them to have a non-judgmental environment where they can talk freely about their needs and concerns, build supportive and trusting relationships, and reinforce feelings of self-worth, control, and empowerment. When people have relief from the shame and judgment carried by the stigma associated with their drug use, they have the freedom to think objectively about the risks their drug use may pose to themselves and others and explore steps they can take to reduce those risks. For individuals who are socially marginalized and have internalized stigma about their drug use, these services can substantially benefit their safety and chances of survival (CDC, 2018).

Stigma is often experienced on three different levels. Institutional stigma exists at a systems level and is experienced through rules, policies, and practices that limit the opportunities and resources for the stigmatized group. Public stigma is stereotypes and negative attitudes that are experienced as prejudice and discrimination. Self-stigma is the negative thoughts and emotions that an individual experiences from being part of a stigmatized group and the negative impact it has on the person's mental health, physical well-being, and behavior. Each level of stigma reinforces the other. It is possible to identify sources at each level of opioid use stigma, how they impact access to treatment, and possible strategies at each level to reduce stigma (Cheetham et al., 2022).

Policy Implications and Advocacy

The following are laws and policies that have advanced the treatment of OUD and reduced overdose deaths. These are just some examples of how advocacy and implementing policy changes have had life-saving results.

Good Samaritan Laws

Some states have enacted Good Samaritan policies to encourage calls for emergency help for an overdose. These laws protect the person who calls for medical assistance for an overdose from legal action against them for being in possession of a controlled or illegal substance. These laws also protect bystanders from overdose, even those who may also have been using but did not have an emergency event. Bystanders are protected against criminal charges, parole violations, and warrant searches. Good Samaritan laws aim to increase calls for overdose emergency assistance while providing immunity to those involved (CDC, 2018).

Academic Detailing

Academic detailing is an educational strategy to market evidence-based practices to healthcare providers and community stakeholders. Trained professionals provide structured, educational visits to healthcare providers and tailor training and technical assistance to support their use of best practices (CDC, 2018). Examples of academic detailing to reduce overdoses include assisting prescribers in reducing possible risky opioid prescriptions and educating pharmacists on effective naloxone distribution to community members.

Decriminalization

Most people use drugs without criminal penalty and without developing a substance use disorder (SUD). Approximately one in five people older than 12 years in the United States used an illicit drug in the past year, for a total of more than 59 million people. Less than a third of those people, 18.4 million, met the criteria for an SUD relating to their drug use in the past year. Meanwhile, there were 1.5 million drug-related arrests in the United States in 2019, and they were

disproportionately among black, indigenous, and Latinx people. People who are marginalized, poor, black, Indigenous, or people of color are more likely to experience punishment for drug use, develop SUD, and experience health care discrimination, including receiving less treatment. One can argue that the current policies and structures exacerbate drug-related harms and that decriminalization as a harm reduction strategy would improve patient and community health. Drug decriminalization is not legalization, as it does not establish a legally regulated market or supply chain for drug cultivation, production, or sale. The benefits of drug decriminalization include reducing jail and prison populations, better law enforcement resource utilization, decreased drug use stigma, and removal of barriers to evidence-based harm reduction practices (Bratburg et al., 2023).

Committing to Collaboration and Action

Communities must commit to collaborative action with community members and stakeholders to address the fentanyl crisis. Community engagement is the ongoing process of developing relationships that enable participants to work together to address health-related issues and promote well-being, which ultimately results in positive health outcomes. Genuine community engagement is not a one-time event but rather an ongoing process that brings together the community's skills, knowledge, and experiences to create solutions that work for all its members. It aims to ensure that people most affected by challenges and inequities have a voice in creating and implementing solutions to accelerate change.

For those working to end the opioid overdose crisis, community engagement means working with different members of the community, including people with lived experience, service providers, law enforcement, and emergency medical services personnel (SAMHSA, 2023). By doing so, we can improve health outcomes, develop more tailored programs to reach a specific audience, decrease

stigma and discrimination, help communities maximize scarce resources, and improve a sense of representation within marginalized communities. All of these factors build more compassionate communities and reduce stigma.

Conclusion

The fentanyl crisis is a multifaceted and evolving challenge with far-reaching consequences for public health, safety, and well-being in the United States. The fentanyl crisis is not only an individual issue but a family, community, and national issue. To effectively address the fentanyl crisis, there needs to be a comprehensive and collaborative approach with all stakeholders. Treatment resources need to be increased, and stigmas must be addressed to increase entry and completion of treatment programs. For people who are not ready to enter treatment, making harm reduction services available is the next most effective way to reduce overdose deaths. Policy changes at the local, state, and federal levels must also be explored as part of collaborative approaches to addressing the fentanyl crisis.

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