A Numb Empire: The Opioid Epidemic in the United States

Harold Vernon

Old Dominion University

CRJS215S_15996

Professor Charles Gray

November 24, 2025

One of the most pressing yet undiscussed issues in modern America is the epidemic of opioid abuse. Opioids are a family of drugs drawn from the poppy plant. Specifically, opium comes from the dried latex of the poppy plant's seeds. Opioids have been historically used in medicine as a high-potency painkiller, with most opioids being significantly stronger than morphine. Because of this, it saw expanded use during the turn of 20th century by medical staff and eventually by the general public to treat an increasingly broad range of ailments such as the common cold, diarrhea, and even anxiety (Lyden, 2019.) This expansion of inappropriate use is what ultimately led to the Harrison Anti-Narcotic Act of 1915, which severely limited the use of opioids in medicine and effectively banned the substances from use by the general public. This can be plausibly said to have created the environment which led to the illegal opioid industry that can be seen in the modern United States.

As a direct result of the illegal opioid industry, mortality related to opioids has remained relatively high. In the year 2016 alone, over forty-two thousand people lost their lives as a result of opioids. This is part of a larger upward trend noted by Gomes et al. (2018) during their research on the opioid epidemic in the United States, as there were comparatively less opioid deaths in 2001 at just over nine thousand people that year (Gomes, 2018.) The high mortality of opioids compared to other drugs can be attributed to their extreme potency per dose. Specifically, opioids directly impact the respiratory system and can cause fatal injury if taken in too large of a dose, which is much easier to do than with other illicit substances because of the previously mentioned potency of opioids. Additionally, opioids are oftentimes "spiked" into other drugs or completely innocuous substances as a way to either start an addiction or to cause a person suffering. This practice of opioid spiking can prove fatal due to the high potency of opioids at small doses and uncontrolled nature in such a context.

Opioids' high mortality rate can also be attributed to their relative ease of access compared to other drugs due to the fact that they have legitimate medical uses which have been increasingly understood since the 2000s (Lyden, 2019) following decades of general stigmatization by the medical community. While the return of opioids' role as a more widely used painkiller may have had a positive effect on several patients within the medical system who need strong painkillers in order to function, the negative impacts cannot be denied. The reintroduction of opioids into widespread medical use has opened up pathways for them to enter illegal distribution. One of the more potent and well known opioids to have entered illegal distribution this way is fentanyl. Originally synthesized in Belgium in the 1950s as a potent, fast-acting analgesic, fentanyl was initially abused by healthcare personnel such as anesthesiologists, nurses, pharmacists, and other ancillary staff members who had easy access to otherwise inaccessible drugs (Kuczyńska, 2018.)

While diversion of medical supplies as described above was certainly the original source of illegal fentanyl, there is also a large industry of illegal production specifically for abuse by addicts. In North America in particular, most fentanyl is procured through illicit production. This fentanyl is typically produced in Mexico and sold to the United States and Canada, where people generally have more money to spend on narcotics (Kuczyńska, 2018.) While there has been a great deal of discussion about fentanyl coming into the United States from China and Venezuela, the data - as cited previously - shows that most fentanyl sold in the U.S. is produced in Mexico. This is because the volatility of the substance itself (especially when transported without the specialized equipment typically available to legitimate medical suppliers) and its illegality makes long-distance transport exceedingly risky. Thus incentivizing near-shoring relative to the target consumer market in the illicit production of fentanyl.

The above information demonstrates that even illicit industries such as fentanyl are governed by the laws of the market. The realities of logistics requires that fentanyl be distributed to different consumer markets from different sources and through different means. As found in a study by Kuczyńska (2018), most fentanyl in North America and Eastern Europe is illicitly produced in nearby countries with both weaker rule of law and a lower average income (such as Mexico to the United States in North America or Ukraine to Poland in Eastern Europe.) Meanwhile according to that same study, fentanyl in Australia and Western Europe mostly enters illicit distribution through the redirection of legitimate medical supplies. The fragility of fentanyl makes its transportation require medical equipment in those two regions where it cannot be reasonable nearshored. Likewise the existence of robust universal healthcare programs could likely cause medical professionals to be paid about the same as other white collar workers if not less, providing an incentive to engage in the illegal distribution of fentanyl.

It must be said that the U.S.' consumption of fentanyl is not evenly distributed across the country. Despite being mostly produced in Mexico, the majority of fentanyl seizures happen in Northeastern states ranging from Illinois to New Hampshire (Zoorob, 2019.) This suggests the possibility of domestic illicit production networks, divergence of medical supplies, or the concurrence of both ways for fentanyl to enter the illegal market. According to this same study, the highest rates of fentanyl-related mortality can generally be observed in states east of the Mississippi River, which is consistent with the majority of fentanyl seizures taking place in the northeastern United States. A shift in the geography of mortality from the southwest to the general east in the 2010s can be observed in the results of this study. This suggests the growth of domestic fentanyl production as opposed to nearshoring from Mexico. It also suggests a more widespread distribution of fentanyl products across the country.

Among the incarcerated population, fentanyl is found in urine drug tests more frequently than any other drug (Schumacher, 2025.) According to the same study, incarcerated users of fentanyl are more likely to be African-American women than any other demographic. The frequency of fentanyl in prisons could be explained by the fact that its distribution networks are both sophisticated and discreet due to the small amount of fentanyl needed to cause the effects people desire when taking the drug. Also in the Schumacher, 2025 study, it was revealed that methamphetamines were the second most common drug discovered during prison urine tests. Methamphetamines, according to this study, were oftentimes paired with fentanyl within users' systems.

To conclude, the opioid epidemic is a serious problem in the United States. Chief among these opioids is fentanyl due to a variety of factors making it both extremely potent and extremely widespread. While fentanyl was traditionally nearshored, meaning it was produced in Mexico and then sold to consumers in the United States, recent data suggests an increase in domestic production of the substance. The same data corroborates public concerns about the rise in rates of fentanyl abuse among the public. Compounding the widespread abuse of fentanyl by the public is its abuse by those within the prison system. This is because fentanyl is relatively easy to smuggle into prisons compared to other drugs. Policymakers who truly wish to control the fentanyl aspect of the opioid epidemic should advocate devoting additional resources to controlling the production and distribution of the drug within the United States. A sound policy program with law enforcement to crack down on fentanyl and an allocation of resources to healthcare providers in regions most affected by the fentanyl epidemic to lower the mortality rate while the drug is still in widespread circulation. Lastly, the public should be clearly informed about the risks of fentanyl no matter the dose.

References:

Gomes, Tara, Mina Tadrous, Muhammad M. Mamdani, J. Michael Paterson, and David N. Juurlink. 2018. “The Burden of Opioid-Related Mortality in the United States.” *JAMA Network Open* 1(2).

Kuczyńska, Katarzyna, Piotr Grzonkowski, Łukasz Kacprzak, and Jolanta B. Zawilska. 2018. “Abuse of Fentanyl: An Emerging Problem to Face.” *Forensic Science International* 289:207–14.

Lyden, Jennifer and Ingrid A. Binswanger. 2019. “The United States Opioid Epidemic.” *Seminars in Perinatology* 43(3):123–31.

Schumacher, Joseph E. et al. 2025. “An Investigation of Fentanyl and Methamphetamine Use among First-Time Arrestees from 25 County Jails across the U.S. in 2023.” *Addiction Science & Clinical Practice* 20(1).

Zoorob, Michael. 2019. “Fentanyl Shock: The Changing Geography of Overdose in the United States.” *International Journal of Drug Policy* 70:40–46.