



# The Domestic Fentanyl Crisis in Strategic Context:



## Part I—From Prescription to National Security Epidemic

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*Editor's Note:* The views expressed in this report are those of the author and do not reflect the official position of the United States Military Academy, Department of the Army, or Department of Defense.

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## The Domestic Fentanyl Crisis in Strategic Context: Part I

### Introduction

This report is the first in a three-part series that examines the role of the People’s Republic of China (PRC) in the ongoing fentanyl crisis in the United States. Drawing on diverse fields of policy, pharmacology, geopolitical analysis, public health studies, and traditional political theories of warfare, these reports present the case that the PRC deliberately contributes to or enables the international fentanyl trade into the United States as part of a long-term strategy to undermine American society and national security. The case is presented as follows. The first report traces the history of the opioid crisis, describes the global supply chain, and summarizes its profound impact on US public health and, consequently, national security. The second report identifies the PRC’s role as a major enabler of the crisis by deliberately facilitating illicit product sourcing for the fentanyl trade. Finally, the third report draws parallels between the PRC’s actions and asymmetric warfare, arguing that the United States must take a more concerted, whole-of-government approach to addressing the crisis that recognizes the PRC’s role in perpetuating it.

### The Origins of an Epidemic

The history of the fentanyl crisis provides essential context for the current epidemic, helps identify root causes, and informs effective policy development. Fentanyl, a synthetic opioid developed as an intravenous anesthetic in the 1960s, quickly became popular for its powerful pain relief properties.<sup>1</sup> By the 1970s, fentanyl had found its way into the illicit US drug market in laced heroin known as “China White,” foreshadowing China’s future role in the fentanyl trade.<sup>2</sup> By the end of 2023, the Drug Enforcement Administration (DEA) had intercepted over eighty million counterfeit pills laced with fentanyl and nearly twelve thousand pounds of fentanyl powder, representing more than 390 million potentially lethal doses.<sup>3</sup>

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<sup>1</sup> Drug Enforcement Administration (DEA), “Drug Fact Sheet: Fentanyl,” April 2022, accessed April 4, 2024, <http://www.getsmartaboutdrugs.com>.

<sup>2</sup> Maurice Tamman, Laura Gottesdiener, and Stephen Eisenhammer, “We Bought Everything Needed to Make \$3 Million Worth of Fentanyl. All It Took Was \$3,600 and a Web Browser,” *Reuters Investigates*, July 25, 2024, <https://www.reuters.com/investigates/special-report/drugs-fentanyl-supplychain/>.

<sup>3</sup> DEA, “Home.” Accessed May 5, 2024. <https://www.dea.gov/onepill>.

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### *Pharmaceutical Marketing*

Today, the international pharmaceutical market continues to make fentanyl one of the most preferred chronic pain relief treatments for some of the most painful diseases.<sup>4</sup> This began in the mid-1990s, when Purdue Pharma aggressively lobbied the Food and Drug Administration (FDA) to approve OxyContin as a new pain relief medication despite limited medical demand for a long-lasting oxycodone pill.<sup>5</sup> Sales grew by 2,100 percent in four years from \$48 million to an astonishing \$1.1 billion.<sup>6</sup> By 2001, OxyContin became the most frequently prescribed brand-name opioid in the United States for moderate to severe pain.<sup>7</sup> OxyContin's commercial success stemmed from aggressive marketing rather than efficacy over other opioids. The *Medical Letter on Drugs and Therapeutics Journal* in 2001 noted Oxycodone's lack of superiority over other opioids at appropriate doses.<sup>8</sup> However, Purdue's funding of over twenty thousand pain-related educational programs between 1996 and 2002 heavily influenced prescribing habits.<sup>9</sup> The resulting widespread availability of OxyContin led to increased abuse, diversion, and addiction, making it a leading drug of abuse in the United States by 2004.<sup>10</sup>

As overdoses and addiction rates soared (see Figure 1), the medical community and public pressured the FDA to act. The FDA began issuing warnings against Purdue Pharma's misleading OxyContin advertisements. Purdue downplayed serious risks in these ads, including the drug's high potential for abuse and fatal consequences, while improperly

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<sup>4</sup> Stephen J. Dubner, "Why Has the Opioid Crisis Lasted So Long?" *Freakonomics Radio Network*, episode 589, May 22, 2024, produced by Alina Kulman, <https://freakonomics.com/podcast/why-has-the-opioid-crisis-lasting-so-long/>.

<sup>5</sup> Karen Feldscher (interviewer) and Howard Koh (interviewee), "What Led to the Opioid Crisis—and How to Fix It," *Harvard T.H. Chan School of Public Health*, February 9, 2022, <https://www.hsph.harvard.edu/news/features/what-led-to-the-opioid-crisis-and-how-to-fix-it/>.

<sup>6</sup> Purdue Pharma, *OxyContin Marketing Plan*, Stamford, CT: Purdue Pharma, 2002.

<sup>7</sup> U. S. General Accounting Office, *Prescription Drugs: OxyContin Abuse and Diversion and Efforts to Address the Problem: Report to Congressional Requesters* (DIANE Publishing, 2003).

<sup>8</sup> "Oxycodone and OxyContin," *The Medical Letter on Drugs and Therapeutics* 43, no. 1113 (September 17, 2001): 80–81, <https://pubmed.ncbi.nlm.nih.gov/11581580/>.

<sup>9</sup> U.S. GAO, *Prescription Drugs: OxyContin Abuse*; Art Van Zee, "The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy," *American Journal of Public Health* 99, no. 2 (2009): 221–227, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2622774/>.

<sup>10</sup> Theodore J. Cicero, James A. Inciardi, and Alvaro Muñoz, "Trends in Abuse of OxyContin and Other Opioid Analgesics in the United States: 2002–2004," *Journal of Pain* 6, no. 10 (2005): 662–672, <https://pubmed.ncbi.nlm.nih.gov/16202959/>.

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promoting unproven uses. The company exploited the lack of required information as a loophole, implying the drug was safe (see Figure 2). Purdue knew detailed warnings on the box label would hurt popularity, so the company omitted crucial safety information. It marketed OxyContin as less addictive than other opioids, driving its widespread acceptance and use.<sup>11</sup>

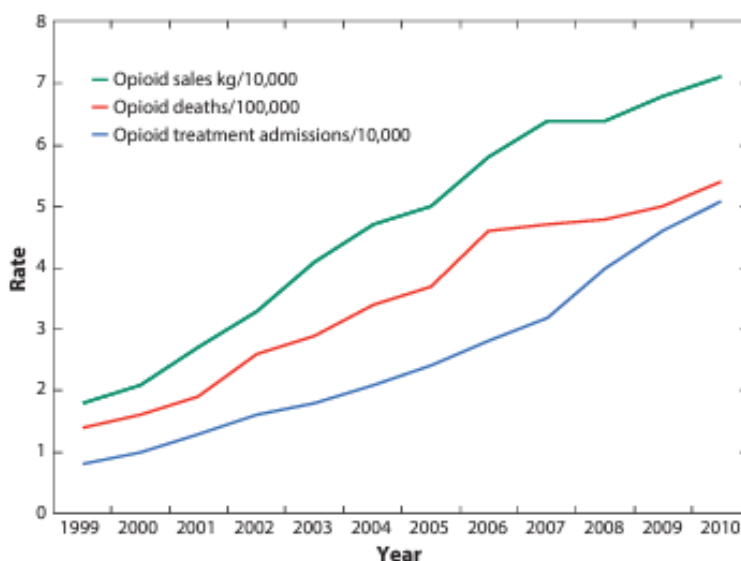


Figure 1: Opioid Sales, Deaths, and Treatment Admissions 1999–2010<sup>12</sup>

A 1996 OxyContin press release exemplifies Purdue's deceptive tactics. It severely downplayed addiction risks, merely stating that OxyContin "may be habit forming" instead of alerting consumers to known serious dangers.<sup>13</sup> Purdue overstated benefits, portraying OxyContin as a revolutionary pain treatment while neglecting potential drawbacks. The

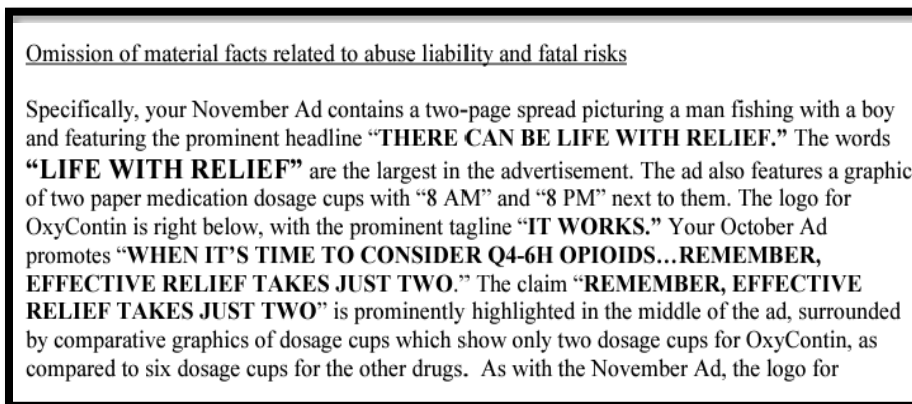
<sup>11</sup> Thomas W. Abrams, Director, Division of Drug Marketing, Advertising, and Communications, U.S. Food and Drug Administration, warning letter to Michael Friedman, Executive Vice President and Chief Operating Officer, Purdue Pharma L.P., Re: NDA 20-553 OxyContin (oxycodone HCl controlled-release) Tablets, January 17, 2003, <https://www.fda.gov/drugs/information-drug-class/timeline-selected-fda-activities-and-significant-events-addressing-substance-use-and-overdose>.

<sup>12</sup> Andrew Kolodny, David T. Courtwright, Catherine S. Hwang, Peter Kreiner, John L. Eadie, Thomas W. Clark, and G. Caleb Alexander, "The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction," *Annual Review of Public Health* 36 (2015): 559–74, first published online January 12, 2015, <https://doi.org/10.1146/annurev-publhealth-031914-122957>.

<sup>13</sup> PR Newswire, "New Hope for Millions of Americans Suffering from Persistent Pain," *Los Angeles Times*, May 31, 1996, OxyContin Press Release, 1996, retrieved November 9, 2017, from <http://www.documentcloud.org/documents/2815975-Pressreleaseversionone.html>.

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company minimized side effects, failed to address long-term risks, and encouraged broad use where safer alternatives might have been more suitable. Purdue intentionally concealed oxycodone’s similarity to heroin in effects and addictive potential. The company made misleading comparisons to short-acting pain medications and claimed broad quality-of-life improvements without acknowledging potential negative impacts.



**Figure 2: FDA Letter Excerpt Outlying Purdue’s Omission of Material Facts Related to Abuse Liability and Fatal Risk <sup>14</sup>**

Consequently, Purdue Pharma presented itself as a responsible leader without disclosing conflicts of interest or profit motives. These advertisements were part of a broad marketing strategy that fueled the opioid epidemic by downplaying risks and exaggerating benefits of a highly addictive medication, potentially causing harm to public health.<sup>15</sup> These deceptive marketing practices were not limited to Purdue Pharma. Many major pharmaceutical companies, including Purdue, Johnson & Johnson, and Mallinckrodt have paid billions of dollars to resolve lawsuits based on their alleged roles in fostering the opioid crisis. Purdue Pharma proposed a \$6 billion settlement to address claims related to

<sup>14</sup> Thomas W. Abrams, warning letter to Friedman.

<sup>15</sup> Abrams, warning letter to Friedman; Leonard J. Paulozzi, Christopher M. Jones, Karen A. Mack, and Robert A. Rudd, “Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999–2008,” *MMWR Morbidity and Mortality Weekly Report* 60, no. 43 (2011): 1487–1492, <http://www.ncbi.nlm.nih.gov/pubmed/22048730>.



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marketing OxyContin and Johnson & Johnson, along with three major drug distributors, agreed to a \$26 billion settlement to resolve opioid-related lawsuits.<sup>16</sup>

### *Domestic Medical Standards and Practices*

Despite multiple investigative reports exposing these deceptive marketing campaigns falsely promoting OxyContin as nonaddictive, healthcare providers (HCP) continued to prescribe the drug widely.<sup>17</sup> This was due to a variety of factors.

For one, measuring pain presents significant challenges due to its subjective nature. Factors including emotional state, cultural background, previous pain experiences, and genetic differences influence individual pain perception. Communication abilities, pain tolerance, and psychological factors influence the primary pain measurement method of self-reporting, further complicating the assessment process. These variables make it difficult for HCPs to assess pain and accurately determine effective treatments. In 1996, the American Pain Society designated pain as the “fifth vital sign,” a standard later adopted by the Veterans Health Administration. This initiative encouraged the aggressive treatment of pain, resulting in a significant rise in opioid prescriptions to meet patient satisfaction targets.<sup>18</sup> The emphasis on an intangible metric also complicated the healthcare system and influenced HCPs’ treatment. This often resulted in the establishment of “pill mills,” where HCPs excessively prescribed opioids without medical necessity. Later, efforts to crack down on opioid prescriptions led to a significant increase in heroin use as individuals sought

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<sup>16</sup> Olivia Kempner, “Rite Aid’s Bankruptcy and the Repercussions from Opioid Settlements on Drug Manufacturers, Distributors, and Pharmacies,” *Fordham Journal of Corporate & Financial Law*, March 29, 2024, <https://news.law.fordham.edu/jcfl/2024/03/29/rite-aids-bankruptcy-and-the-repercussions-from-opioid-settlements-on-drug-manufacturers-distributors-and-pharmacies/>; Samantha Pallin, “The Opioid Crisis: Lawsuits Filed Against Big Pharma and Drug Distributors,” *Syracuse Law Review*, accessed July 16, 2024, <https://lawreview.syr.edu/the-opioid-crisis-lawsuits-filed-against-big-pharma-and-drug-distributors/>.

<sup>17</sup> Amy Goodman, “‘Crime of the Century’: How Big Pharma Fueled the Opioid Crisis That Killed 500,000 and Counting,” *Democracy Now!*, July 19, 2021, [https://www.democracynow.org/2021/7/19/opioid\\_crisis\\_documentary\\_alex\\_gibney](https://www.democracynow.org/2021/7/19/opioid_crisis_documentary_alex_gibney); PR Newswire, “New Hope for Millions of Americans Suffering from Persistent Pain.”

<sup>18</sup> N. E. Morone and D. K. Weiner, “Pain as the Fifth Vital Sign: Exposing the Vital Need for Pain Education,” *Clinical Therapeutics* 35, no. 11 (November 2013): 1728–1732, <https://doi.org/10.1016/j.clinthera.2013.10.001>; R. Hirsch, “The Opioid Epidemic: It’s Time to Place Blame Where It Belongs,” *Missouri Medicine* 114, no. 2 (March-April 2017): 82–90, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6140023>.

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alternatives.<sup>19</sup> The combination of the changing standards and unethical medical practices evolved at a rate at which regulation struggled to keep up.

Additionally, external events, including healthcare industry changes and Medicare funding challenges, inadvertently escalated the crisis as the drug's popularity grew. The Centers for Medicare and Medicaid Services (CMMS) transitioned hospitals from a fee-for-service model to a value-based care model to maintain financial sustainability of the Medicaid Trust Fund. Part of this transition, the Hospital Value-Based Purchasing Program (HVBPP), evaluated hospitals based on performance metrics including patient satisfaction with pain management.<sup>20</sup> The HVBPP model heavily relied on satisfaction reports and feedback, which comprised 30 percent of a hospital's overall score and directly impacted financial incentives.<sup>21</sup> With data limits of CMMS requiring three hundred surveys annually per hospital and only 25 percent of patients returning surveys, a few negative responses could significantly impact a hospital's rating.<sup>22</sup> Hospital administrators faced pressure to prioritize high satisfaction to prevent penalties and created a system that forced HCPs to compromise professional medical ethics to meet higher satisfaction metrics.<sup>23</sup> Many HCPs complained about the risk of relying so heavily on survey requests.

Research conducted in 2013 by the Ohio State Medical Association (OSMA) and the Cleveland Clinic Foundation reveals how patient surveys affect HCPs' decisions. The research found that 58.5 percent of HCPs reported increased pressure from hospital administrators to improve patient satisfaction regarding pain treatment. When asked if the focus on patient satisfaction with pain control leads physicians to overprescribe controlled

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<sup>19</sup> Feldscher and Koh, "What Led to the Opioid Crisis.; Hirsch, "The Opioid Epidemic." Pg 82.

<sup>20</sup> Hannah L. Crook et al., "A Decade of Value-Based Payment: Lessons Learned and Implications for the Center for Medicare and Medicaid Innovation, Part 1," *Health Affairs*, June 9, 2021, <https://doi.org/10.1377/forefront.20210607.656313>.

<sup>21</sup> Q. Chen et al., "The Association Between Patient Satisfaction and Patient-Reported Health Outcomes," *Journal of Patient Experience* 6, no. 3 (September 2019): 201–209, <https://doi.org/10.1177/2374373518795414>.

<sup>22</sup> Hirsch, "The Opioid Epidemic." Pg 82.

<sup>23</sup> Hirsch, "The Opioid Epidemic." Pg 83.

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substances, 73.8 percent of respondents agreed or strongly agreed. However, only 24.5 percent admitted that they themselves tended to overprescribe controlled substances.<sup>24</sup>

In 2016, the Department of Health and Human Services (HHS), along with the surgeon general, published a report on “alcohol, drugs, and health” listing the domestic reasons for increasing in substance abuse: stressful work and home environments, inability to obtain appropriate healthcare, overprescription of opioids, ineffective prevention and treatment programs, criminal justice issues, and many more.<sup>25</sup> A combination of a pay-for-performance model, misleading pharmaceutical marketing, emphasis on pain management without objective measure, and lack of general public education and awareness all significantly contributed to the opioid crisis. Although federal regulatory actions eventually directly addressed the distribution of prescription opioids, thousands of Americans were already grappling with addiction. An honest reflection on US opioid addiction indisputably shows the crisis emerged through a series of unfortunate domestic events. The US epidemic evolved over decades, with thousands of lives lost, serving as a reminder of the consequences of slow regulation, aggressive and misleading pharmaceutical lobbying, rapid globalization, economic disparities, and an overwhelmed public health system.

### Transnational Criminal Organizations and Supply Chains

While the conditions creating the opioid crisis are primarily domestic in origin, the vast majority of fentanyl itself comes to the United States from outside its borders. From 2021 to 2023, the US Customs and Border Patrol reported a staggering 141 percent increase in fentanyl seizures, totaling 13.5 tons.<sup>26</sup> Prior to 2019, China was a primary source of fentanyl and fentanyl-related substances, with Chinese manufacturers directly supplying the US market through various trafficking routes. In August 2019, the *Associated*

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<sup>24</sup> “Physicians Dissatisfied with Patient Satisfaction Surveys,” *Medical Economics*, November 10, 2016, <https://www.medicaleconomics.com/view/physicians-dissatisfied-patient-satisfaction-surveys>.

<sup>25</sup> U.S. Department of Health and Human Services, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health* (2016), [https://www.ncbi.nlm.nih.gov/books/NBK424857/pdf/Bookshelf\\_NBK424857.pdf](https://www.ncbi.nlm.nih.gov/books/NBK424857/pdf/Bookshelf_NBK424857.pdf).

<sup>26</sup> U.S. Customs and Border Protection. “Drug Seizure Statistics.” U.S. Department of Homeland Security. <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>.

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*Press* reported that approximately sixty-six pounds of fentanyl, which shipped from Shanghai, was intercepted in Virginia—enough to kill fourteen million people.<sup>27</sup> That same month, the *Epoch Times* reported the Mexican Navy seized an astonishing fifty-two thousand pounds of fentanyl powder, which also shipped from Shanghai.<sup>28</sup>

However, today, the bulk of illicit fentanyl entering the United States by weight is smuggled through ports of entry along the southern border and coastline via private and commercial vehicles, as well as by pedestrians.<sup>29</sup> Mexican cartels took over manufacturing the finished product that would enter the United States in 2019 after Beijing cracked down on Chinese fentanyl exports. Figure 3 depicts the continued importance of both China and Mexico in the flow of fentanyl into the United States. Chemical ingredients for fentanyl production arrive in Mexico from the PRC, after which the drugs are manufactured and smuggled across the southern US border. Speaking in March 2021, Matthew Donahue, the deputy chief of foreign operations for the DEA, described “an unlimited and endless supply of precursor chemicals . . . coming from PRC to Mexico,” noting Chinese traffickers have virtually ceased making analogs to focus solely on precursors.<sup>30</sup> The Mexican government reported a sixfold increase in fentanyl seizures at clandestine labs and ports in 2020, indicating a significant escalation in Mexico’s role as a direct trafficker of fentanyl into the United States, even as the precursor chemicals continue to originate from the PRC.<sup>31</sup>

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<sup>27</sup> “US Drugs Bust Uncovers Enough Chinese Fentanyl ‘to Kill 14 Million People,’” *South China Morning Post*, August 30, 2019, <https://www.scmp.com/print/news/world/united-states-canada/article/3024993/us-drugs-bust-uncovers-enough-chinese-fentanyl-kill>.

<sup>28</sup> Chriss Street, “Mexico Seizes 52,000 Pounds of Fentanyl from China,” *Epoch Times*, August 29, 2019, [https://www.theepochtimes.com/mexico-seizes-52000-pounds-of-fentanyl-from-china\\_3059981.html](https://www.theepochtimes.com/mexico-seizes-52000-pounds-of-fentanyl-from-china_3059981.html).

<sup>29</sup> U.S. House Energy and Commerce Subcommittee on Oversight and Investigations, “Oversight of Federal Efforts to Combat the Spread of Illicit Fentanyl Hearing, Q&A.” July 16, 2019. <https://energycommerce.house.gov/committee-activity/hearings/hearing-on-oversight-of-federal-efforts-to-combat-the-spread-of-illicit>; DEA, *2020 National Drug Threat Assessment*, DEA-DCT-DIR-008-21, March 2021, <https://www.dea.gov/documents/2021/03/02/2020-national-drug-threat-assessment>.

<sup>30</sup> DEA, interview with Commission staff, March 15, 2021, cited in Hollie McKay, “Chinese Cartels Quietly Operating in Mexico, Aiding US Drug Crisis,” *Fox News*, November 12, 2020; Tamman, et al., “We Bought Everything Needed to Make \$3 Million Worth of Fentanyl.”

<sup>31</sup> Reuters. “Mexico Government Says Fentanyl Seizures Up Almost Six-Fold in 2020.” Accessed June 19, 2024. <https://www.reuters.com/article/us-mexicodrugs/mexico-says-fentanyl-seizures-up-almost-six-fold-in-2020-idUSKBN2951KV>.

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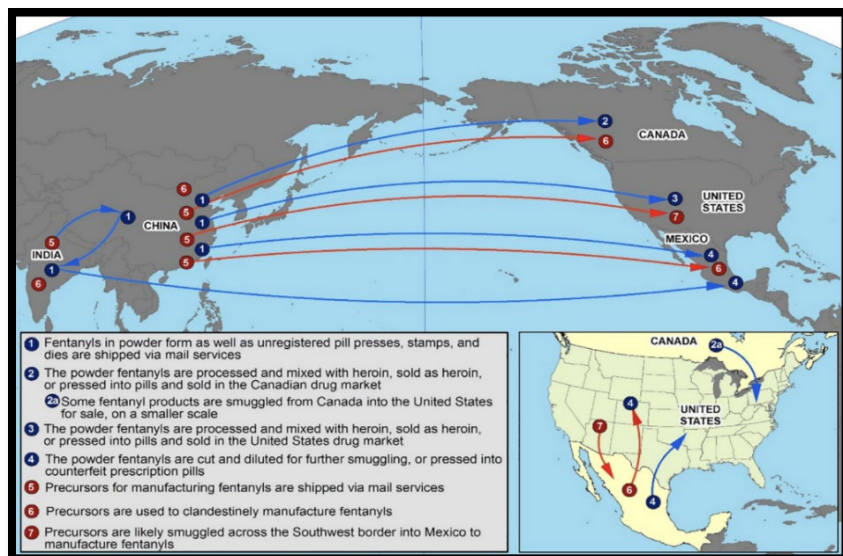


Figure 3: Fentanyl Flow to the United States <sup>32</sup>

Numerous chemical factories across China produce fentanyl and precursors, which cartels integrate with other drug shipments.<sup>33</sup> In fact, from 2014 to 2019 approximately 70–80 percent of confiscated fentanyl in the United States originated in Chinese labs.<sup>34</sup> The United Nations Office on Drugs and Crime reports that the “vast majority” of recent precursor chemical seizures reported by Myanmar—which is arguably the largest source of methamphetamine production in East and Southeast Asia—is connected to transnational criminal organizations (TCOs) operating in the PRC border area.<sup>35</sup> PRC

<sup>32</sup> DEA, “Fentanyl Flow to the United States,” DEA Intelligence Report, DEA-DCT-DIR-008-20, January 2020, prepared by the DEA Intelligence Program—Strategic Intelligence Section. Page 2. Available at [https://www.dea.gov/sites/default/files/2020-03/DEA\\_GOV\\_DIR-008-20%20Fentanyl%20Flow%20in%20the%20United%20States\\_0.pdf](https://www.dea.gov/sites/default/files/2020-03/DEA_GOV_DIR-008-20%20Fentanyl%20Flow%20in%20the%20United%20States_0.pdf).

<sup>33</sup> Steven Dudley, Deborah Lopez-Zaranda, Jaime Bernal, Mario Moreno, Tristan Clavel, Bjorn Kjelstad, and Juan Jose Restrepo, “Mexico’s Role in the Deadly Rise of Fentanyl,” Wilson Center Mexico Institute & InSight Crime, February 2019, <https://www.wilsoncenter.org/publication/mexicos-role-the-deadly-rise-fentanyl>.

<sup>34</sup> Commission on Combating Synthetic Opioid Trafficking, “Final Report,” Santa Monica, CA: RAND Corporation, 2022. Page xi. Available at [https://www.rand.org/content/dam/rand/pubs/external\\_publications/EP60000/EP68838/RAND\\_EP68838.pdf](https://www.rand.org/content/dam/rand/pubs/external_publications/EP60000/EP68838/RAND_EP68838.pdf).

<sup>35</sup> United Nations Office on Drugs and Crime, *Synthetic Drugs in East and Southeast Asia: Latest Developments and Challenges* (Vienna: United Nations Office on Drugs and Crime, 2020), [https://www.unodc.org/roseap/uploads/documents/Publications/2023/Synthetic\\_Drugs\\_in\\_East\\_and\\_Southeast\\_Asia\\_2023.pdf](https://www.unodc.org/roseap/uploads/documents/Publications/2023/Synthetic_Drugs_in_East_and_Southeast_Asia_2023.pdf).

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suppliers frequently reroute precursor shipments through another country to obscure origin and complicate authorities' tracking efforts. In 2014, it was estimated that the annual value of PRC's domestic "drug industry" topped \$80 billion.<sup>36</sup>

TCOs play a significant role in facilitating the movement of these dangerous substances, leveraging their networks and resources to bypass border security measures. For years, Mexico has contended with the pervasive influence of TCOs exploiting the country's economic disparities and endemic corruption within state institutions and security forces.<sup>37</sup> Historically, these organized crime groups focused almost exclusively on human and drug trafficking; however, the introduction of potent new synthetic drugs from China offered a highly attractive opportunity. The prospect of higher profits and easier smuggling due to the potency and compact nature of these substances dramatically shifted the focus of criminal organizations, who pivoted to this lucrative new market.<sup>38</sup> By exploiting existing logistical networks, the cartels move substances through Mexican ports and into the United States via multiple routes, including land, air, and sea.<sup>39</sup> Mexico's 2016 data on maritime transport reflects cargo movements through twenty-one ports, with the ten largest handling 84 percent of the total import-export tonnage. A few ports account for over 87 percent of the total chemical precursor seizures made by the Navy from 2007 to 2018.<sup>40</sup>

Concentrated illicit activities in these locations suggest strategic advantages for smuggling operations despite or even because of the high volume of legal cargo.<sup>41</sup>

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<sup>36</sup> Shannon Tiezzi, "China's Growing Drug Problem," *The Diplomat*, May 28, 2015, <https://thediplomat.com/2015/05/chinas-growing-drug-problem/>.

<sup>37</sup> United Nations Office on Drugs and Crime (UNODC), *Transnational Organized Crime in Central America and the Caribbean: A Threat Assessment* (Vienna: UNODC, 2012). Available at [https://www.unodc.org/documents/data-and-analysis/Studies/TOC\\_Central\\_America\\_and\\_the\\_Caribbean\\_english.pdf](https://www.unodc.org/documents/data-and-analysis/Studies/TOC_Central_America_and_the_Caribbean_english.pdf).

<sup>38</sup> Vanda Felbab-Brown, *China and Synthetic Drugs Control: Fentanyl, Methamphetamines, and Precursors* (Foreign Policy at Brookings Institute, March 2022), [https://www.brookings.edu/wp-content/uploads/2022/03/FP\\_20221107\\_drug\\_trafficking\\_felbab\\_brown.pdf](https://www.brookings.edu/wp-content/uploads/2022/03/FP_20221107_drug_trafficking_felbab_brown.pdf).

<sup>39</sup> Chris Dalby, "The Fentanyl Trade Through Mexico, Explained in 8 Graphs," February 19, 2019, <https://insightcrime.org/investigations/fentanyl-trade-mexico-explained-8-graphs/>.

<sup>40</sup> Luis Herrera, "El Cartel de los Océanos," *Reporte Índigo*, July 20, 2018, <https://www.reporteindigo.com/reportes/cartel-los-oceanos-control-cjng-puertos-mexico-trafficodrogas/>.

<sup>41</sup> Herrera "El Cartel de los Océanos."

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Traffickers adopt discreet and often deceptive methods to avoid detection, which creates challenges for enforcement efforts. Cartels meticulously mislabel shipments of fentanyl, its analogs, precursor chemicals, and pill presses to evade detection. Reports from the DEA indicate all fentanyl entering Mexican ports in shipping containers undergoes deliberate mislabeling, a tactic employed to circumvent customs and inspection procedures.<sup>42</sup> Cartels can press fentanyl into pills to appear as common prescription drugs, like Adderall and Xanax.<sup>43</sup> In most cases, criminals divert legitimate pharmaceutical chemicals for illicit use due to regulatory loopholes.<sup>44</sup> Chemicals used to make fentanyl are also vital for industries like perfumes, pharmaceuticals, rubber, and dyes. Restricting these substances would significantly disrupt global trade. One tactic traffickers use is to ship chemical substances as pet food and bread packaging covertly.<sup>45</sup> In November 2020, NPR reported that vendors use code names and acronyms, engage in direct trade through the internet, and are protected by a complex system of corporate entities, making enforcement more difficult.<sup>46</sup>

As the principal buyers of finished fentanyl from China and India, along with the necessary precursors for production, today the Jalisco New Generation Cartel (CJNG) and the Sinaloa Cartel dominate the fentanyl trade in Mexico.<sup>47</sup> Alliances between these cartels

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<sup>42</sup> DEA, "Counterfeit Prescription Pills Containing Fentanyls: A Global Threat," DEA Intelligence Brief, DEA-DCT-DIB-021-16, July 2016,

<https://www.dea.gov/sites/default/files/docs/Counterfeit%2520Prescription%2520Pills.pdf>.

<sup>43</sup> Claire Gute, "The China-Mexico Connection: Fentanyl Trafficking is Devastating," Asia Media International – A Publication from Loyola Marymount University's Asia Pacific Media Center in Los Angeles, November 3, 2021, <https://asiamedia.lmu.edu/2021/11/03/china-fentanyl-trafficking-is-devastating-u-s-citizens/>.

<sup>44</sup> Sean O'Connor, "Fentanyl: China's Deadly Export to the United States," U.S.-China Economic and Security Review Commission, February 2017, <https://www.uscc.gov/sites/default/files/Research/FentanylChinaDeadlyExporttotheUnitedStates.pdf>.

<sup>45</sup> Daniel Kolitz, "How Chemists, Chinese Factories, and 'Dark Web' Dealers Spread Fentanyl Across the US," *The Nation*, December 20, 2019, <https://www.thenation.com/article/archive/fentanyl-inc-review/>; Tamman, et al., "We Bought Everything Needed to Make \$3 Million Worth of Fentanyl...Web Browser."

<sup>46</sup> Emily Feng, "We Are Shipping To The U.S.: Inside China's Online Synthetic Drug Networks," *NPR*, November 17, 2020, <https://www.npr.org/2020/11/17/916890880/we-are-shipping-to-the-u-s-china-s-fentanyl-sellers-find-new-routes-to-drug-user>.

<sup>47</sup> Dudley et al, "Mexico's Role in the Deadly Rise of Fentanyl"; DEA, "Fentanyl Flow to the United States."

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and Chinese triads have supported methamphetamine production in southern China and facilitated access to necessary chemical precursors from the PRC's burgeoning chemical and pharmaceutical industries. Collaboration between triads and the cartels underscores the cartels' entrenched position and sophisticated global operational network.<sup>48</sup> There are also reports of increasing numbers of Chinese nationals, including in areas of Mexico historically controlled by the Sinaloa Cartel, serving as "the go-to recruitment pool for both Chinese and Mexican criminal groups."<sup>49</sup>

Dating back to 2016, the *Small Wars Journal* reported that Chinese triads were "becoming the preeminent supplier of precursor chemicals to Mexican criminal enterprises."<sup>50</sup> Historically, the Sinaloa Cartel, led by Joaquín "El Chapo" Guzmán Loera, collaborated with Chinese triads, specifically the 14K and Sun Yee On.<sup>51</sup> In 2014 the *South China Morning Post* detailed how the 14K and Sun Yee On triads were supplying the Sinaloa Cartel with methamphetamine precursors.<sup>52</sup> In addition, in 2024, Department of Justice (DOJ) charges alleged that Mexico's Sinaloa Cartel had conspired with California-based groups connected to Chinese underground banking networks to launder over \$50 million from drug trafficking.<sup>53</sup> However, since the COVID-19 pandemic, the CJNG has gained prominence by aggressively asserting dominance over illicit markets held by rival

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<sup>48</sup> Felbab-Brown, "The Foreign Policies of the Sinaloa Cartel and CJNG – Part II: The Asia-Pacific."

<sup>49</sup> Felbab-Brown, *China and Synthetic Drugs Control*, 44–45. While Mexico remains a central source for these substances entering the US, India is now emerging as a large supplier of finished fentanyl powder and precursor chemicals.

<sup>50</sup> Roger J. Chin, "Assessing New Frontiers: Methamphetamines and the Emerging China-Mexico Connection," *Small Wars Journal* (blog), January 15, 2016, retrieved online

<sup>51</sup> Originating from China, the Triads, like Mexican Cartels, engage in drug trafficking, extortion, and money laundering. Operating globally, particularly in Chinese communities across Asia, Europe, North America, and Australia, Triads maintain a hierarchical leadership structure similar to Mexican Cartels. See Felbab-Brown, "The Foreign Policies of the Sinaloa Cartel and CJNG – Part II: The Asia-Pacific,"

<sup>52</sup> "Hong Kong Triads Supply Meth Ingredients to Mexican Drug Cartels." *South China Morning Post*, January 12, 2014, <https://www.scmp.com/news/hong-kong/article/1403433/hong-kong-triads-supply-meth-ingredients-mexican-drug-cartels>.

<sup>53</sup> U.S. Department of Homeland Security, "Forty-Seven Defendants Charged in HSI-led Drug Trafficking Investigation Linked to Sinaloa Cartel," Homeland Security Investigations, June 5, 2024, <https://www.dhs.gov/hsi/news/2024/06/05/47-defendants-charged-hsi-led-drug-trafficking-investigation-sinaloa-cartel>.



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cartels, including drug trafficking and extortion of legal commodities.<sup>54</sup> Expanding into new markets, CJNG has targeted the cocaine trade in Hong Kong to disrupt the Sinaloa Cartel's established networks. By focusing on this region, CJNG demonstrated its ambition to capture a larger share of the global narcotics market.<sup>55</sup>

While the majority of fentanyl is produced in Mexico from precursor sources from the PRC, some fentanyl still reaches the United States from shipments from Chinese suppliers sending the drug via international mail or express consignment services (e.g., UPS, FedEx, or DHL), which allows the suppliers to distribute smaller quantities of fentanyl directly to consumers or lower-level distributors.<sup>56</sup> As recently as July 2024, a forty-eight-year-old Chinese national was indicted in the Southern District of Texas in one of the largest fentanyl-related seizures in the United States. The charges include conspiracy to possess with intent to distribute, conspiracy to distribute for unlawful importation, conspiracy to import, and conspiracy to export a controlled substance in a scheme to move two thousand kilograms of fentanyl precursor chemicals from the PRC to the United States and then to Mexico in approximately one hundred shipments between August and October 2023.<sup>57</sup> Consistent with the cartel practices described above, the traffickers allegedly avoided law enforcement detection by declaring the shipments as "low-value items" and commingling them with other low-value imports, allowing them to bypass detailed inspections.

The DOJ reported from 2016 to 2017 that 97 percent of fentanyl seized in the international mail system was sourced from the PRC.<sup>58</sup> US seizure data reveals these

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<sup>54</sup> International Crisis Group, *Virus-proof Violence: Crime and COVID-19 in Mexico and the Northern Triangle*, Report, Latin America & Caribbean, November 13, 2020, <https://www.crisisgroup.org/latin-america-caribbean/83-virus-proof-violence-crime-and-covid-19-mexico-and-northern-triangle>.

<sup>55</sup> Felbab-Brown, "The Foreign Policies of the Sinaloa Cartel and CJNG – Part II: The Asia-Pacific."

<sup>56</sup> Lauren Greenwood and Kevin Fashola, "Illicit Fentanyl from China: An Evolving Global Operation," U.S.-China Economic and Security Review Commission (Issue Brief), August 24, 2021, [https://www.uscc.gov/sites/default/files/2021-08/Illicit\\_Fentanyl\\_from\\_China-An\\_Evolving\\_Global\\_Operation.pdf](https://www.uscc.gov/sites/default/files/2021-08/Illicit_Fentanyl_from_China-An_Evolving_Global_Operation.pdf).

<sup>57</sup> U.S. Department of Justice, Office of Public Affairs, "Chinese National Indicted for Importation of Enough Chemicals to Make Millions of Fatal Doses of Fentanyl," July 24, 2023, <https://www.justice.gov/opa/pr/chinese-national-indicted-importation-enough-chemicals-make-millions-fatal-doses-fentanyl>.

<sup>58</sup> DEA, *2018 National Drug Threat Assessment*, DEA-DCT-DIR-032-18, October 2018, <https://www.dea.gov/documents/2018/2018-10/2018-10-02/2018-national-drug-threat-assessment-ndta>.

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shipments typically contain finished fentanyl and related analogs, mailed in parcel packages directly from the PRC. This type of fentanyl, sent in small quantities (usually under one kilogram), often boasts a purity above 90 percent. According to the DEA, fentanyl with high purity is typically produced by chemical companies in the PRC. In contrast, fentanyl originating from Mexico has a purity below 10 percent and is frequently mixed with other illicit substances such as heroin, cocaine, and methamphetamines.<sup>59</sup>

### Consequences of the Epidemic

In the past twenty-five years, more than 727,000 Americans have died from opioid overdoses, marking a tenfold increase in mortality rates from 1999 to 2022.<sup>60</sup> Around half of those deaths occurred in the six years spanning 2017–2022, including 81,806 in 2022 alone.<sup>61</sup> It is estimated that 73,838 of those 2022 deaths (90 percent) are from synthetic opioids other than methadone—primarily illegally manufactured fentanyl.<sup>62</sup> The DEA identifies fentanyl as the most lethal drug threat confronting the United States and currently the leading cause of mortality among Americans aged 18 to 45.<sup>63</sup> Its unparalleled potency and widespread availability have led to a surge in addiction and death.<sup>64</sup>

After all the deaths and impact on the US health system, it was not until October 2017 when Eric Hargan, acting secretary of HHS, declared a nationwide public health

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<sup>59</sup> Greenwood and Fashola. “Illicit Fentanyl from China: An Evolving Global Operation.”; DEA, *2020 National Drug Threat Assessment*.

<sup>60</sup> Centers for Disease Control and Prevention, “Understanding the Opioid Overdose Epidemic,” November 1, 2024, <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>; National Center for Health Statistics, “Wide-Ranging Online Data for Epidemiologic Research (WONDER),” Atlanta, GA, <http://wonder.cdc.gov>.

<sup>61</sup> National Institute on Drug Abuse, “Drug Overdose Deaths: Facts and Figures, August 2024,” <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig3>.

<sup>62</sup> National Institute on Drug Abuse, “Drug Overdose Deaths: Facts and Figures.

<sup>63</sup> Joseph Guzman, “US Drug Overdose Deaths Hit Another Record High,” *The Hill*, May 11, 2022, <https://thehill.com/changing-america/well-being/3484416-us-drug-overdose-deaths-hit-another-record-high/>; DEA, “DEA Administrator on Record Fentanyl Overdose Deaths,” <https://www.getsmartaboutdrugs.gov/media/dea-administrator-record-fentanyl-overdose-deaths>; Select Committee on the Strategic Competition Between the United States and the Chinese Communist Party, “The CCP’s Role in the Fentanyl Crisis,” U.S. House of Representatives, <https://selectcommitteeontheccp.house.gov/media/reports/select-committee-investigates-ccps-role-fentanyl-crisis>;

<sup>64</sup> DEA, “DEA Issues Public Safety Alert,” September 27, 2021, <https://www.dea.gov/press-releases/2021/09/27/dea-issues-public-safety-alert>.

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emergency in response to fentanyl. That same year, more than seventy thousand Americans died from drug overdoses, and, in December, Congress passed its first bill directed at targeting fentanyl—nearly four years after legislators received warnings.<sup>65</sup> The following year, more than sixty-seven thousand Americans died from overdoses.<sup>66</sup> There were still no practicable plans to combat the epidemic when the COVID-19 pandemic emerged in 2020, setting the conditions to escalate the opioid crisis. COVID-19 intensified the challenges by exacerbating isolation, increasing economic stress, and disrupting health services, which amplified the risks and consequences associated with opioid misuse.

Without the shadow of COVID-19, the fentanyl crisis would have likely become a top national security threat. Indeed, the scale of the threat became more obvious once the threat from the pandemic stabilized, with the Commission on Combating Synthetic Opioid Trafficking declaring “the trafficking of synthetic drugs into the United States to be not just a public health emergency but a national emergency that threatens both the national security and economic well-being of the country.”<sup>67</sup> As it was, the magnitude of effects on society went largely unnoticed due to the obvious focus on COVID-19. From 2020 to 2021, synthetic opioid overdose deaths, primarily from fentanyl and its analogs, surged by 22 percent.<sup>68</sup> Although the death rate has stabilized over the past year, this plateau in percentage terms does not signify a decrease in the actual number of deaths, nor does it represent a successful reduction effort. By the end of this decade, fentanyl overdoses are projected to surpass the total number of American deaths from war since the founding of the nation, making it one of the deadliest nondisease threats to the country.<sup>69</sup> Beyond the

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<sup>65</sup> Holly Hedegaard, Arialdi Minino, and Margaret Warner, “Drug Overdose Deaths in the United States, 1999-2018,” *NCHS Data Brief* no. 356, January 2020.

<https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf>; Katie Zezima and Colby Itkowitz, “Flailing on Fentanyl,” *Washington Post*, September 20, 2019, <https://www.washingtonpost.com/graphics/2019/investigations/fentanyl-epidemic-congress/>.

<sup>66</sup> Hedegaard et al, “Drug Overdose Deaths in the United States, 1999-2018.

<sup>67</sup> Commission on Combating Synthetic Opioid Trafficking, ix.

<sup>68</sup> Merianne R. Spencer, Arialdi M. Miniño, and Margaret Warner, “Drug Overdose Deaths in the United States, 2001–2021,” *NCHS Data Briefs*, December 22, 2022,

<https://stacks.cdc.gov/view/cdc/122556>.

<sup>69</sup> U.S. Department of Veterans Affairs, “America’s Wars Fact Sheet,” accessed April 20, 2024, [https://www.va.gov/opa/publications/factsheets/fs\\_americas\\_wars.pdf](https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf); U.S. Department of Defense. “Casualty Report.” Accessed April 20, 2024. <https://www.defense.gov/casualty.pdf>; Keith Humphreys et al., “Responding to the Opioid Crisis in North America and Beyond:

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loss of life, the epidemic's impact extends to millions experiencing homelessness, unemployment, truancy, and family disintegration, which underscore deep societal consequences.<sup>70</sup>

### *Socioeconomic Consequences*

Fentanyl addiction and abuse exert profound effects on the breakdown of communities, the disorder of societal well-being, and strains on economic stability across urban centers and rural regions alike.<sup>71</sup> The *National Survey on Drug Use and Health* reveals a troubling trend among Americans under the age of twenty-five; nearly 40 percent have engaged in illicit drug use in the past year, pointing to a growing vulnerability to opioid addiction within this demographic.<sup>72</sup> Alarming, these young adults are also the least likely to seek treatment for substance use disorders, highlighting a critical gap in the intervention efforts.<sup>73</sup>

The ripple effects of drug misuse extend across all of society, touching various age and racial groups. Researchers in California highlighted that overdose mortality rates spiked dramatically during the COVID-19 pandemic, with Black and Latino communities experiencing the steepest increases. Data collected from 2006 to 2020 showed that African Americans experienced a 52.4 percent increase compared to 42.6 percent among their White counterparts, widening the mortality gap to 9.9 per 100,000 between the two populations. These trends reflected increased methamphetamine, cocaine, and fentanyl deaths among Black communities, underscoring the compounded impact of both pandemic-related inequalities and structural barriers.<sup>74</sup> A national study examined the

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Recommendations of the Stanford–Lancet Commission,” *The Lancet Commissions* 399, no. 10324 (February 5, 2022): 555–604, [https://doi.org/10.1016/S0140-6736\(21\)02252-2](https://doi.org/10.1016/S0140-6736(21)02252-2).

<sup>70</sup> Feldscher and Koh, “What Led to the Opioid Crisis.”

<sup>71</sup> Guzman, “US Drug Overdose Deaths Hit Another Record High.”

<sup>72</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), “SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021,” press release, January 4, 2023, U.S. Department of Health & Human Services, <https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html>.

<sup>73</sup> SAMHSA, “SAMHSA Announces National Survey on Drug Use.”

<sup>74</sup> Joseph Friedman, Helena Hansen, Ricky N. Bluthenthal, Nina Harawa, Ayana Jordan, and Leo Beletsky, “Growing Racial/Ethnic Disparities in Overdose Mortality Before and During the COVID-19

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racial, gender, and geographical disparities in US drug overdose deaths, focusing on the sharp rise in fentanyl-related mortality. Findings showed that, in 2020, Black males in the District of Columbia faced the highest recorded mortality rate, with 134 fentanyl overdose deaths per 100,000—9.4 times the rate for White males. While male overdose rates were higher across most drug categories and regions, states like Idaho, Utah, and Arkansas were exceptions, where females had higher overdose rates for natural and semisynthetic opioids.<sup>75</sup>

Notably, overdose death rates have escalated for all age categories above twenty-five, with the elderly—those aged sixty-five and older—witnessing the steepest rise in fatalities. Adults between the ages of thirty-five and forty-four, however, bear the brunt of this crisis, with the highest overdose death rates. Racial and ethnic disparities further complicate the landscape. While all racial and Hispanic-origin groups have seen an increase in overdose deaths, non-Hispanic Asians are the sole exception. The most profound impact occurs among non-Hispanic American Indian or Alaska Native populations, who experience not only the highest rates but also the sharpest increases in overdose deaths.<sup>76</sup>

The economic consequences of the fentanyl crisis are equally alarming. The US Joint Economic Committee—a bipartisan committee from both the House of Representatives and the Senate—estimated that the opioid crisis cost the country \$1.5 trillion in 2020, up 37 percent from 2017.<sup>77</sup> This staggering figure encompasses healthcare costs, lost productivity, criminal justice expenses, and reduced quality of life for overdose survivors. The crisis has significantly impacted the US labor market, with research suggesting that the opioid epidemic accounts for 43 percent of the decline in men’s labor force participation

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Pandemic in California,” *Preventive Medicine* 153 (December 2021): 106845, published online October 12, 2021, <https://doi.org/10.1016/j.ypmed.2021.106845>.

<sup>75</sup> Maria R. D’Orsogna, Lucas Böttcher, and Tom Chou, “Fentanyl-Driven Acceleration of Racial, Gender, and Geographical Disparities in Drug Overdose Deaths in the United States,” *PLOS Global Public Health*, March 22, 2023, <https://doi.org/10.1371/journal.pgph.0000769>.

<sup>76</sup> Spencer, Miniño, and Warner, “Drug Overdose Deaths in the United States, 2001–2021.”

<sup>77</sup> Joint Economic Committee Democrats, “The Economic Toll of the Opioid Crisis Reached Nearly \$1.5 Trillion in 2020,” issued by Chairman Don Beyer, September 28, 2022, accessed [Date], [https://www.jec.senate.gov/public/\\_cache/files/67bced7f-4232-40ea-9263-f033d280c567/jec-cost-of-opioids-issue-brief.pdf](https://www.jec.senate.gov/public/_cache/files/67bced7f-4232-40ea-9263-f033d280c567/jec-cost-of-opioids-issue-brief.pdf). Council on Foreign Relations. “Fentanyl and the U.S. Opioid Epidemic.” Accessed October 26, 2024. <https://www.cfr.org/background/fentanyl-and-us-opioid-epidemic>.

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rate and 25 percent of the decline for women between 1999 and 2015.<sup>78</sup> Employers have reported workforce shortages, reduced employee productivity, and elevated personnel costs due to the epidemic.

A National Safety Council poll signaled that the opioid crisis is having a significant impact on workplaces across the United States, with 75 percent of employers reporting direct effects on their operations. Despite this widespread influence, only 17 percent of employers feel well-prepared to address the issue. The crisis manifests in various ways, with 38 percent of employers experiencing absenteeism or impaired worker performance, and 31 percent reporting incidents such as overdoses, arrests, near misses, or injuries due to employee opioid use. The widespread impact of the opioid crisis on workplaces, coupled with employers' lack of preparedness and confidence in addressing the issue, highlights a critical gap in workplace health and safety measures.<sup>79</sup>

Studies show that the opioid epidemic has devastated the US labor force and economy, removing 1.3 million workers in 2021 alone—accounting for 21 percent of the 6.3 million missing workers relative to prepandemic levels. This labor shortage has severely hindered economic productivity, leading to a staggering loss of seven billion work hours and \$526.1 billion in real output from 2013 to 2021. Since 2013, the surge in synthetic opioids has only intensified the crisis, transforming it into a costly, multifaceted health and economic challenge.<sup>80</sup>

### *Implications for National Security*

Beyond its immediate socioeconomic impacts, the fentanyl crisis has evolved into a significant national security threat. The human cost described above, while devastating in

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<sup>78</sup> Alan B. Krueger, "Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate," Brookings Papers on Economic Activity, Fall 2017, BPEA Conference Drafts, September 7–8, 2017, [https://www.brookings.edu/wp-content/uploads/2017/09/1\\_krueger.pdf](https://www.brookings.edu/wp-content/uploads/2017/09/1_krueger.pdf).

<sup>79</sup> National Employer Survey 2019: Opioid Usage in the Workplace, A Research Report for the National Safety Council by B2B International, February 2019, <https://www.nsc.org/getmedia/d7221a2a-a6a5-4348-a092-02ed41e9d251/ppw-survey-methodology.pdf>.

<sup>80</sup> Isabella Hindley, "The Rise of Synthetic Opioids Could Explain Part of the Missing Workforce," American Action Forum, December 7, 2022, <https://www.americanactionforum.org/research/the-rise-of-synthetic-opioids-could-explain-part-of-the-missing-workforce/#ixzz8psDvnvbd>.

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its own right, also substantially diminishes the ability of the United States to protect its national interests by creating challenges for military recruitment, mobilization, and vital industries. The pervasiveness of the epidemic and the ties to TCOs can also create vulnerabilities for foreign actors to exploit. The effects of fentanyl and the necessary efforts to combat it reduce American power and strain its resources, preventing their allocation to more productive and beneficial purposes.

Furthermore, the global nature of fentanyl production and trafficking has cemented its position as a critical component of geopolitical competition and US foreign policy. Because the supply chain for fentanyl primarily runs through China and Mexico, it is by definition a major foreign policy challenge. The crisis has strained US relations with Mexico, as efforts to curb the flow of fentanyl and its precursors have become a key diplomatic issue. For decades, US-Mexico security, law enforcement, and counternarcotics cooperation has been fraught with difficulties stemming from a history of strained relations and has failed to curtail violence, instability, and cross-border drug and arms trafficking, despite substantial investments and strategic initiatives. These challenges date back to the 1980s, most notably marked by the torture and murder of DEA agent Enrique “Kiki” Camarena.

The diplomatic relationship has further suffered from unilateral actions, exemplified by Operation Fast and Furious and the kingpin strategy.<sup>81</sup> The former example, a covert operation conducted without the knowledge or consent of Mexican authorities, led to a significant diplomatic rift when details emerged, eliciting anger and distrust from Mexican leaders. The latter example has ironically resulted in an increase in violence. An analysis of the kingpin strategy revealed that 415 additional deaths were associated with the plan during its first four years of implementation under Mexican President Felipe Calderón’s administration.<sup>82</sup>

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<sup>81</sup> In Operation Fast and Furious (2006-2011), the ATF allowed suspected gun traffickers to buy firearms, hoping to trace them to Mexican cartels. Many guns went untracked and ended up with cartels, some used in violent crimes, sparking controversy after a linked shooting killed U.S. Border Patrol Agent Brian Terry. The *Kingpin Strategy* was designed by the DEA in the early 90s to combat drug cartels by assassinating high-level leaders.

<sup>82</sup> Matthew Dickenson, “The Impact of Leadership Removal on Mexican Drug Trafficking Organizations,” *Journal of Quantitative Criminology* 30, no. 4 (December 1, 2014): 651–76, <https://doi.org/10.1007/s10940-014-9218-5>.

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Meanwhile, the first administration of President Donald Trump focused intensely on controlling migration flows from Mexico, which inadvertently granted Mexican President Andrés Manuel López Obrador's administration significant leverage in bilateral relations. By regulating the flow of migrants to the US border, Mexico effectively deflected US pressure on other critical issues, including fentanyl trafficking and the erosion of democratic institutions, creating a political impasse that limits US influence on Mexican policy beyond migration control.

The fentanyl crisis represents a nexus of public health emergency, economic disruption, and geopolitical challenge. Its impacts reverberate through communities, workplaces, and international relations with stark disparities across racial and age demographics. The crisis has extracted a staggering economic toll, costing billions in economic growth and removing millions of workers from the labor force. These figures underscore a systemic threat to national productivity and social stability. Moreover, the crisis has further exposed critical weaknesses in US-Mexico security cooperation, highlighting how deeply intertwined drug trafficking is with broader issues of migration, diplomacy, and regional security. As fentanyl continues to reshape American society and foreign policy, it demands a response that is as robust as the crisis itself—one that addresses racial disparities in healthcare, reimagines workplace drug policies, and recalibrates international drug control strategies.



