

Managing the Dangers of Fentanyl: A Law Enforcement Perspective

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Abstract

On March 18, 2015, the Drug Enforcement Agency (DEA) issued a nationwide alert on fentanyl, stating it was a threat to public health and safety. According to the Centers for Disease Control, (CDC), more than 71,000 people died from synthetic opioid-related drug overdoses in 2021 in the US, alone. (DEA, 2016) Fentanyl gained momentum as a direct result of doctors prescribing opioids to thousands of Americans without properly researching the intended use of the drug. These everyday Americans were hooked on the drug without knowing the dangers they had been exposed to. After a crackdown by Law enforcement, in the medical field, for abusing the prescriptions, they were forced to seek their drugs illegally. The goal of this project will be to educate the audience on the opioid epidemic in law enforcement. How seriously are we taking this drug in our agencies? What are we doing to combat this epidemic in our communities? We will also show steps that can be taken to help prevent some of the carnage that is resulting from the abuse of this highly potent and addictive narcotic. We will show you the source of the drug and who is supplying it to the world.

Introduction

Fentanyl, according to Anne Milgram the Director of the Drug Enforcement Agency is the most dangerous illicit drug ever introduced to the American public.(FDA, 2022) With more deaths in one year as a result of overdoses than in the Vietnam conflict, it has more than gained the attention of the country, yet minimal efforts are being put forth to stop the widespread damage this narcotic presents. (Welch, 2017) Several cities have gone so far as to make safe injection sites, so these addicts can openly use these narcotics “safely” in attempts to control the overdose risk they present to the public. These safe rooms are medically staffed and aim at preventing the spread of disease and preventing overdosing. Peltz (2022) asserted the critics who are against the injection sites, refer to them as defeated solutions, while others refer to them as the best answer thus far. In the areas that have already implemented these safe injection sites, overdoses are statistically down along with the spread of disease. To date, there has not been a recorded death in any of the safe injection sites.

The impact of this drug on law enforcement has presented several new challenges as well. Officers around the country are responding to medical calls of overdoses at alarming rates. Narcan, when available, is being issued to patrol personnel with little to no training. The procedure for handling and investigating narcotics is changing, for the safety of officers on the streets. Officers’ safety is and must always be at the forefront of all efforts to help the public. This includes their wellness. Officers are responding to many traumatic events already, without the stress of an opioid epidemic to deal with. We must continue to ensure the welfare of our first responders. Over the last several years we have seen many examples of doctors abusing their privileges and abusing prescriptions to the point of them gaining the attention of the DEA. “In

February and March of 2018, the DEA revoked the licenses of 147 prescribers to keep them from dispensing controlled substances as part of a nationwide effort to curb opioid abuse.” (Finnegan, 2018)

The history of fentanyl

Fentanyl was introduced to the medical market in 1960. It was developed by Dr. Paul Janssen. The drug was to be used as a pain reliever for long-term or palliative patients. Fentanyl is 50 to 100 times more powerful than heroin, but it also wears off much more quickly. This explains why addicts must use more times with fentanyl than heroin (Renzoni, 2022). Fentanyl was never designed to be used as short-term pain relief. The National Institute on Aging (2021) defined a palliative patient as a person living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve the quality of life for both patients and families. This specialized care is administered to the patient no matter the prognosis. This was the intended use of fentanyl. Overdoses of fentanyl started earlier than most are aware. The Food and Drug Administration (2022) asserted accidental exposure to medication is a leading cause of poisoning in children. Young children have become seriously ill or died because of contact with a fentanyl patch. Fentanyl patches have been prescribed for patients with long-term illnesses, and if not taken care of properly can cause harm.

This brings us to today’s opioid epidemic. The use of fentanyl in illegal narcotics has risen because of the potency of the drug. A heroin user uses it two or three times a day. A fentanyl user must use it more times per day because it wears off quicker than heroin. Most addicts implied they had to use twice as much fentanyl than heroin to be able to go about their daily lives. Today’s fentanyl is mass-produced in China and shipped to Mexico where the cartels

break it down in illegal labs to be shipped North to the U.S. America has always had the largest appetite for illegal drugs. It is no different with fentanyl-laced heroin. The DEA asserted that since August of 2022 they have seized several loads of brightly colored pills laced with fentanyl made to target younger Americans (FDA, 2022) These pills dubbed “rainbow fentanyl” are the latest effort by the cartels to get our youth hooked on the deadly drug. The DEA has been fighting the cartels since the mid-70s to stop the influx of illegal drugs into our country. The cartels are the biggest supplier of drugs into our county with several pipelines up and down the coast. With America already having the biggest appetite for drugs this was a disaster waiting to happen. The cartels saw the void made by our medical doctors and filled the gap with the deadliest drug the streets of America had ever seen.

This drug has affected every aspect of life in our country. It does not respect your upbringing, nor does it respect your station in life. As previously stated, most of the addicts had never used illegal drugs, they were victims of the medical field’s malpractice. This along with all the other shortcomings of society find themselves at our doorsteps. It is the job of the police to deal with it. This is an overwhelming issue that is going to take all of us to get a grip on, including help from the Federal Government.

We can start by ramping up community education and projects to make sure everyone we can reach is aware of the drugs and signs and symptoms of addiction. We must maintain the health and wellness of our officers and other first responders. Training in different situations in which we may encounter any harmful illicit drug is a must. Departments must communicate better than ever before as we are facing a challenge unlike any other. It is going to take a collaborative effort from L.E., the medical personnel, communities, and the local governments to meet this threat head-on. Anne Milgram DEA Administrator asserted; fentanyl is killing

Americans at an unprecedented rate. Already this year numerous mass-overdose events have resulted in overdoses and deaths (FDA, 2022). The U.S. has more than quadrupled in deaths from opioid-related incidents in the past twenty years. Opioids are highly addictive and come in many forms. Fentanyl is the leading source of death for Americans ages 18 to 45 now, passing heart disease and auto accidents.

Challenges for policing.

The leadership of our departments is facing an epidemic no other officers have had to deal with. During the covid pandemic, fentanyl was the only cause of death that was ahead of the virus. If we don't get a grip on this deadly phenomenon, we will lose more Americans to this narcotic than at any other time in history. At the rate the statistics are going we will lose over a million citizens in ten years. We must involve everyone possible in our efforts to raise awareness of this issue. We are losing our youth as well as adults. The following areas will describe what we as agencies can do. We will also go over what we as agencies can do to raise awareness in our communities as well as school systems to slow down the surge of fentanyl.

The drug traffickers are doing everything within their power to make sure they have as many customers as they can. So, must we fight with the same tenacity to save as many as we can. We must stay vigilant in our efforts. If we are not able to put a dam in this deadly wave the consequences may be more than we can bear. One tool we have at our disposal is social media to help reach the public and educate them on the dangers of this drug. Educating the public is one step in a multiple step process we must tackle. This crisis is also affecting agencies with the dangers it presents to officers on the streets. There have already been several incidents of officers themselves overdosing on this drug by just encountering it. This has most officers apprehensive

about dealing with street-level narcotics. We have seen multiple episodes of the evening news when officers located multiple individuals passed out in a vehicle from an overdose. Even more dangerous is the fact that the victims are usually unaware that they have used fentanyl. Most departments are already dealing with a shortage of officers due to retention issues. Add to that a wave of narcotics that are killing citizens at an alarming rate and you have a recipe for disaster. No one wants to live in fear, but we must be aware and educate ourselves and those around us.

Understanding the crisis of our first responders

According to Kennington (2022), “On any given day, a police officer must be reactive and respond to calls for service, ranging from a fatal car crash to “shots fired” to domestic violence, and even scenes of violent crimes like murder” (p. 18) Responding to fentanyl calls can include overdose, deceased subjects, or an emergency medical response. These types of calls are considered a part of a police officer’s regular position description. The wellness of the front-line staff of the agency is one of the largest challenges the leaders in the organization face. With all the stressors of today, officers’ physical and mental health is being damaged, which can cause a wide range of problems from alcohol and substance use up to suicide. In addition, police officers are facing burnout, “burnout begins when a police officer who was originally enthusiastic about the job begins to respond to the frustrations of police work in such ways as resenting superiors, drinking too much while off duty, experiencing problems at home, and ceasing to take the initiative on the job” (Daviss, 1982). This increased crisis of burnout from our officers is increasing due to increased fear of needle stick injuries and fentanyl exposure, the increased sense of failure by not being able to make a difference in the fentanyl epidemic, and the increased amount of time being spent on responding to multiple reoccurring fentanyl calls for service.

Police officers should understand how to manage the concerns about on-the-job exposure to fentanyl and how to respond to calls for service that involve fentanyl. The Drug Enforcement Agency (DEA, 2016) issued a nationwide alert concerning fentanyl as a threat to the general public. After that initial alert, the Drug Enforcement Agency tracked an increase in thousands of overdoses and deaths. As a result, a roll call training and protocol was issued by the DEA to protect law enforcement from the new hazard. Law enforcement agencies either enacted this training or developed their own based upon whatever information was available (DEA, 2016).

Wellness a leadership challenge

While officers are seeking credible information from their leadership, we need to be authentic in our development of training and procedures. As stated by Rhodes (2023), when leaders need to look towards their officer's wellness, they should follow this simple concept, "Do the right thing, at the right time, for the right reasons, in the right way." The right thing is to provide the training that the officers need as it will affect the ways the officers perform their duties and how well they will engage with the community to accomplish the mission of their department. This training is not just focused on the protection of the personnel under our command, this is also focused on how we do our jobs to save members of our community that are exposed intentionally or accidentally.

The right timing of this training needs to be immediate due to the risk to their health and the way the wrong information is causing problems as officers are either paralyzed into not wanting to engage due to the fear of contamination or are over-cautious due to bad information. Officers have been making do with anecdotal information or using generic information that was provided to them in previous training in order to perform their duties. An example of a large-

scale reaction to these concerns in 2018 is, police agencies across the State of Oregon were advised to stop using NIK field presumptive drug testing kits to minimize the potential exposure towards officers (Weisberg, 2018). Even with this information being put out from the state crime laboratory, and the state police department, not all departments were on the same protocols as the information was still coming in and no one had concrete data.

The right reason is based on the idea that people are our greatest resource. We expend our budgets on personnel salaries, the line-level officers are the resource that allows our department's mission to be enacted upon, and we entrust society's safety to our officers. Our police officers deserve all the support and training that we can provide to them in order for them to be successful and maintain their health and wellness.

The right way is because we are leaders for public safety agencies, we are entrusted with making sure that our police officers are in top condition when they are working and protecting the community. Being responsible for the officers under their command, "leaders owe it to their front-line personnel to keep them safe as possible" (Harrington, 2017).

If first, you don't succeed, then try again

In a project funded by the National Institute on Drug Abuse and the National Institute of General Medical Science, approximately 80% of first responders believed that when they encounter fentanyl they are at great risk of overdose by touching it or inhaling it, while the remaining 20% disagreed with the risk (del Pozo, et al., 2021). This additional concern with fentanyl by police officers can trigger additional emotional responses from officers, who already are managing concerns when responding to calls that endanger their lives and creates the potential chain effect of reducing services to the community. Officers may take precautions based on their flawed concepts when responding to scenes where fentanyl is suspected, which in

turn will delay needed responses to persons in crisis. This will also cause officers to develop biases against community members under the influence of drugs, as they become dangerous to the officer's health.

In another survey of both officers and law enforcement leaders, it was determined that there is a lack of education about fentanyl exposure and a defined lack of training for officers to understand their risks and concerns (Attaway, et al., 2021). It was determined in these studies that briefing training, academy training, or online training along with defined procedures supported by department leadership is the first course of actions leaders should take to address the false information about fentanyl exposure under day-to-day circumstances encountered by a police officer.

Authentic and legitimate leadership

For increased training and procedures to be effective leadership needs to seek legitimate resources to provide the correct information based upon facts rather than officers utilizing word of mouth, social media, or the internet as resources. Providing correct information that is up to date, from trusted sources, and endorsed by us will help officers' well-being and allow them to better serve our community. Indeed, many of the reported fentanyl exposure incidents among police share the symptoms of a panic attack rather than an opioid, overdose, and no incidents to our knowledge has been confirmed as overdoses by exposure (Herman et al., 2020).

The Centers for Disease Control (CDC, 2017) has stated that police officers can be exposed to fentanyl in one of five ways: skin contact, inhalation, ingestion, contact with a mucous membrane, or with a needlestick. The most common route of exposure is by skin contact and the danger is extremely low. Skin exposure is not expected to become toxic because the penetration of the skin barrier is poor, and signs of intoxication or incapacitation from skin

exposure is unlikely. The exposure recommendations from the CDC (2017) are “If your skin is exposed to fentanyl, you should wash the area with water as quickly as possible. Do not use alcohol-based hand sanitizers or bleach; they do not effectively wash opioids off the skin and may increase skin absorption of fentanyl.” Officers in this training equally need to understand personal protective gear, and we need to ensure our staff has this gear available and they have the training to use it supported by department leadership is the first course of actions leaders should take to address the false information about fentanyl exposure under day-to-day circumstances encountered by a police officer.

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External Relationships

As Law Enforcement leaders of our communities, we believe the Fentanyl epidemic is a big concern for and it’s something that we take very seriously. This is a serious issue that has been overshadowed by political conflicts and should not be ignored. Fentanyl is a global issue that’s prevalent in the United States with the potential for sudden death. Just as Ben Westhoff (2019) stated “ yet while civic leaders, law enforcement, and politicians struggled to find answers, fentanyl was quietly creating a brand-new drug epidemic, one that quickly outstripped the previous one and has become more destructive than any drug crisis in American history: worse than crack in the 1980s, worse than meth in the first decade of the 2000s, worse than heroin and prescription pills in the 2010s. Fentanyl is the deadliest drug in America, CDC confirms” (p.3). Two milligrams of fentanyl can be a lethal dose, which is a huge concern. That means a breeze of air can catch a small amount of it, blow into the direction of an innocent person and they could inadvertently breathe it in through their nose and instantly die from doing so. There’s no area in our country or in the world that is safe from this poison. This is a real issue that affects everyone. Anyone that comes in contact with it is vulnerable and can die by not only using the drug but by accidental exposure.

As police officers that are sworn to protect our jurisdictions and communities, it is incumbent for us to make sure our communities are safe and well-protected. Fentanyl awareness is how we ensure their safety and it’s the responsibility of every Law Enforcement agency to educate their communities. Our communities need to know how and what to do if there is an exposure. There are many facets of how Law Enforcement Agencies can get this information out

to their communities. Educational community events to raise public awareness, and public announcements through law enforcement social media websites are necessary, working with the local media and gaining their assistance in publicizing the dangers of this epidemic are a great place to start.

If we're going to slow down or cut back on the percentage of fentanyl deaths, then new initiatives must be explored. Solutions such as treatment programs, and campaigns to educate the public include educational classes exploring the latest findings for our teachers, our medical providers, and the users. First responders and others that would most likely encounter an overdose victim need to be adequately supplied with naloxone (Narcan-best known brand). Narcan needs to be easily available to anyone that could benefit from it. Reaching out to external relationships of the community needs to be communicated through effective communication to achieve the goals. The goal is to preserve life and educate our communities on how to prevent their loved ones from having an untimely death. There's no such thing as being too prepared, just as Captain D. Michael Abrashoff (2002) stated. He stated, "you have to think imaginatively, but realistically, about what may lie ahead, and prepare to meet it" (p.131). The Fentanyl epidemic is deadly and it's time that community leaders join forces to seek solutions and provide an adequate education.

Community Involvement

The community needs effective leaders to reach the goals set for creating solutions for this epidemic. Effective leaders are great listeners and must have a mastery of the skill of listening. Listening is an essential skill set that leaders and public safety professionals must possess to be effective communicators. Failure to be an effective listener can compromise the desired goal. Listening is the most important part of effective communication. The decisions

being made based on an interpretation and not on a full understanding diminishes the goal being sought and creates additional problems. To resolve the issue of the fentanyl epidemic, the leader needs to have a full understanding of it before effective action can take place. To solve this epidemic our leaders must understand the drug, how it's used, where it comes from, how's it reaching their community, the symptoms, and what to do if there's an exposure. This means gathering input from everyone and encouraging participation of the community as a team.

Community leaders involved with solving this issue need the mindset that they can learn from everyone and understand that all who are involved can offer solutions. Major decisions should never be made exclusively by one person's decision. It's common for leaders to rush a project by wanting immediate results. To reach the desired results, the leaders involved need to take the time for processing major decisions as a group or in a team environment first. In some cases, the consequences can be corrected, and sometimes consequences are severe and irreversible. Regardless of the magnitude of the decision needing to be made, we as leaders must listen to input from the whole team. Law Enforcement agencies cannot resolve this issue on their own and they need the assistance of their communities more than ever, especially for the fentanyl epidemic. Right now, is the time for law enforcement agencies to build and forge positive relationships with their community and gain their alliance to fight this epidemic.

A leader or spokesperson for the community must be able to influence individuals and set goals through effective communication to create solutions for this epidemic. In order to do so, the communicator needs to be able to be clear, concise, and trustworthy. As Donald T. Phillips (2009) stated, "messages are more often "heard" when the communicator is honest, sincere, and succinct" (p.153). From the organizational communications principles: Information Exchange, Problem/Solution Identification, Behavior Regulation, and Conflict Management, the

communicator needs to utilize all the principles to reach solutions. The information exchange would be the best time to listen and allow others to convey messages that otherwise may have been unknown to the rest of the community. Listening is one of the most important tools for an effective leader. When a leader keeps his mouth shut and gives the platform to others for an open dialog, it's amazing of what they will learn. It also provides opportunities for the issue to be looked upon from different perspectives and it creates buy-in for the rest of the community. During this time, it will present opportunities for the team to explore the issues of fentanyl and create solutions together. When the community meets together, there needs to be a behavior regulator to ensure that conflict is being minimized, positive influencing is occurring, and that the participants are inspiring each other so that solutions are being achieved. Being able to determine if the meeting was effective, a look at the proposed goals would need to be evaluated. To evaluate the effectiveness of communications from the meeting, an evaluation of the statuses of the short-run, intermediate, and long-run goals would need to be measured to determine if the goals were achieved. If the goals were met or future goals were attainable, then we know our plan and solution for the goals were successful.

Solutions and Goals

With most of the major social movements, the goal is to solve the problem needs to start at the local levels first. Having the right mindset is imperative for the goal to be achieved. Speaking as a law enforcement officer, it would be easy to become jaded if the officer's community had a drug user that overdosed twenty times and the officers from the agency used their issued Narcan twenty times to bring that person back to life. The frustration would eventually get to most of the first responders. It would seem like all they were doing was keeping an addict alive so they can overdose again on another date. So, how do we approach it? The

described person is someone whom officers are sworn to protect as anyone else, no matter how frustrating it can be. It can be argued that if Narcan was easily available to everyone in the community, users would abuse it so that they get could get their fix without consequences because Narcan would be used as their safety net. Or the Narcan would be misused for the so-called Larus parties where users have friends on standby with Narcan to administer to them so that can push their high to the ultimate limit. That's an issue that would be very plausible, however, there's still the safety of many other members of the community to consider. We must make sure that anyone could have access to Narcan. Businesses, public facilities, schools, sporting arenas, or any areas that the public would visit should have Narcan available just as there are defibrillators seen at most of the public venues.

Officers and First Responders need multiple cans of Narcan because one dose may not be enough. In other countries, the users are provided clinics, medical personnel on standby, and syringes while the user shoots up their drugs, as well as test strips to test their drugs prior to them using the drug. Those other countries will claim that they saw a significant decline in the percentages of fentanyl drug overdoses by providing those types of facilities. The drug is here in our country and it's easily accessible to anyone who wants to get it. Fentanyl is flooding into our country through unsecured borders, and it can also easily be obtained from ordering it through websites off the "Dark Web" (Westhoff, 2019). It's a runaway train that has no foreseeable future of being stopped and the best that we as law enforcement officials can do at this point to counter-adjust the amounts of needless deaths is by public awareness.

Solutions are done first by educating our communities about the dangers of this poison. This can be done through social media resources, television, the internet, community events, hosting classes to the public, and distributing educational pamphlets. Our school resource

officers need to be teaching the students at their schools as well as the teachers about all of the possible dangers surrounding fentanyl. The message needs to be delivered through all possible outlets. Agencies should offer free classes to the public and organizations throughout the communities, and they should invite professionals and experts on the subject matter as guest speakers. The classes should educate the audiences on how to recognize the symptoms of someone that has overdosed (trouble breathing, shallow or slowed breathing, confusion, fainting, cold and clammy skin, decreased body temperature, bluish skin, and nails due to low oxygen in the blood, coma, and death). The classes should also include the proper way to use Narcan. Agencies need to be applying for available grants used to combat fentanyl. Most importantly when addressing the public, they need to know that this epidemic is not just a drug user's problem, this drug will affect them too. They need to know that they could easily ingest this poison, through anything that is tangible such as contaminated money, or if the wind blows a particle of fentanyl into their path of breathing and if they have kids some drugs contain fentanyl that looks similar to candy. Everyone in the community needs to know that exposure can result in sudden death and by capitalizing on opportunities to be educated on the subject matter could save their life.

Conclusion

Understanding Fentanyl is the first and most important step to saving lives. Contrary to belief this is a serious deadly issue that affects everyone regardless of their lifestyle. It's incumbent for all members of the community to stay abreast of the latest information on the fentanyl epidemic and share what they have learned with others. As Law Enforcement leaders they must take an aggressive stance with public awareness and provide them with resources and educational opportunities about this epidemic to ensure their safety.

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