

Dangers of Street Drugs: Why We Need to Address the Fentanyl/Opioid Crisis

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The opioid crisis has evolved into one of the most devastating public health emergencies in recent history—and at the center of its deadly transformation is fentanyl. Once used primarily in clinical settings for severe pain management, fentanyl has surged into the illicit drug market, where its potency—up to 50 times stronger than heroin—has made it a leading cause of overdose deaths.

As communities across the country grapple with rising fatalities, it's clear that addressing the crisis means tackling fentanyl's role head-on. Understanding how this synthetic opioid gained such a stronghold is the first step toward reversing its impact and implementing solutions that save lives.

Erica Locke, MD, an emergency medicine physician, and Michael Isaacs, MSN, RN, ACNPC-AG, CEN, TCRN, a clinical nurse educator in emergency services, both with Salinas Valley Health, outline what the healthcare system is doing to mitigate this pressing issue.

How Did We Get Here? An Opioid Timeline

The opioid crisis has unfolded in four major waves over the past 40 years. It began in the 1990s with a rise in prescription opioid use—particularly after OxyContin's introduction in 1996—driven by misleading marketing that downplayed the risk of addiction. From 1999 to 2005, overdose deaths from prescription opioids surged.

In response, stricter regulations were implemented around 2005. This led many patients who were abruptly cut off from legitimate prescriptions to turn to heroin, fueling a second wave of overdose deaths through 2010.

The third wave emerged as fentanyl entered the illicit drug market around 2010, with a dramatic spike in synthetic opioid deaths by 2013. Unlike prescribed fentanyl, most of these deaths were linked to counterfeit street drugs, marking the beginning of the current and deadliest phase of the crisis.

"The interesting thing about fentanyl, and the rise of it, is that it just became so easy to manufacture and so easy to insert into other drugs. It exploded when it came to things like OxyContin and the start of the crisis," states Isaacs. "Today, it has become this whole new animal."

Putting Fentanyl's Danger Into Perspective

Fentanyl is extremely potent—about 100 times stronger than morphine and 50 times stronger than heroin, as mentioned above. To illustrate its strength, just one sugar packet (which holds about four grams) could contain up to 40,000 therapeutic doses of fentanyl.

"If I had one sugar packet full of little fentanyl crystals, I could treat 40,000 people therapeutically for their pain related to a surgery or a broken bone or other injury," explains Dr. Locke. "Unfortunately, one sugar packet has 2,000 fatal doses of fentanyl."

The Hidden Risk of Fentanyl

Many people who struggle to access medications like anti-anxiety drugs—such as Ativan or Xanax—turn to the street to find them. The danger is that these street versions are often laced with fentanyl. Dealers add fentanyl because it creates a strong sense of euphoria, encouraging users to come back for more.

However, since people don't realize fentanyl is in the pills, they often take higher doses, leading to accidental overdoses. This trend is happening everywhere, contributing to the rising number of fentanyl-related deaths.

"There was a period in 2024 at Salinas Valley Health where we had a string of patients all come in, all middle-aged, who died from overdoses. None of them were known fentanyl users," notes Isaacs.

Myths and Misconceptions Surrounding Opioid Use

One of the biggest myths about opioid addiction is that it only affects people who lack willpower or come from disadvantaged backgrounds. In reality, it can impact anyone, regardless of age or status. Another misconception is that all fentanyl is deadly.

While illicit fentanyl on the streets is often lethal due to high, unregulated doses, medical fentanyl is safely used in controlled settings for severe pain related to broken bones or post-surgical procedures. The key difference is dosage and oversight. What's prescribed in a hospital vastly differs from what's being sold illegally.

Another misconception Dr. Locke explores is that people think, "This can't happen to me." But that's simply not true.

"One hundred percent, if you are a human, this can happen to you. If you don't have adequate support in your life, or if you have a brain that happens to be affected significantly by these chemicals, it can happen to you," she cautions. "Part of what is so heartbreaking in this epidemic is that we do not treat this enough as a society. We criminalize people; we criticize people. We say, 'This is your fault. You put yourself here.' In actuality, this is a fundamental part of being human. We need to have more compassion."

Growing Concern About Overdoses in Our Youth

Every day in the U.S., an estimated 260 people die from opioid overdoses—more than double the number of daily car crash deaths and equivalent to a plane crash happening daily. One of the most alarming trends is the rise in fentanyl-related deaths among teens aged 14 to 18, often from taking just one counterfeit pill at a party.

As such, some families now have their children carry Narcan, not because they expect them to overdose, but because they may one day witness and be able to respond to one. This growing crisis has led to new legislation like California's Melanie's Law (SB-10), passed in October 2023, which mandates schools to implement education and response programs around fentanyl. These programs aim to teach students how to recognize the signs of overdose and how to use Narcan to potentially save a life.

What is Narcan and Why Is It So Important Today?

Narcan is the leading emergency treatment for opioid overdoses. When someone takes too much of an opioid like fentanyl, it binds to the brain's pleasure centers but also dangerously slows breathing—sometimes to the point of death.

Narcan, a nasal spray, works by quickly displacing the opioid from those receptors, allowing the person to breathe again and potentially saving their life. It's easy to use—just like an allergy nasal spray—and is being widely distributed with instructions how to administer it to help combat overdose deaths.

“The reason it's so big in the schools is because kids have parties, kids are out. The reason we teach it to kids to hold with them is you can't treat yourself with Narcan. You're usually unconscious. So, if you see somebody on the floor and their breathing is slowing down, if somebody's not waking up, you rub them on the chests, you punch them in the leg, and if they're not waking up, there's a problem,” warns Isaacs. “Narcan has no negative side effects. If it is an overdose, it's probably going to save their life.”

Effective Treatment Requires a Multimodal Approach

To reduce opioid overdose deaths, the medical community is working to ensure that emergency departments can initiate buprenorphine treatment or provide prescriptions to help individuals transition off street opioids safely. Two main medications used to treat opioid dependence are methadone and buprenorphine (also known as Subutex or Suboxone). Methadone requires daily visits to specialized clinics, which can be difficult to maintain, while buprenorphine offers more flexibility and helps prevent withdrawal symptoms, allowing people to rebuild their lives.

Another critical aspect of effective treatment is partnering with individuals who have “lived experience.” These peer supporters can offer encouragement, share personal insights, and provide hope—playing a key role in helping patients navigate recovery.

“I always say I have the easy job. I can write a prescription, I can tell you how to take it. The real work comes with getting these patients into treatment and building a support system. The more we partner with people of lived experience, the better we will be at doing this. Their experience is invaluable,” shares Dr. Locke. “As a medical community, we need to increase paths to treatment, increase access to mental health, increase access to medication-assisted treatment, and also partner and create jobs for people with lived experience.”

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