



Ranking Member Mike Braun
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U.S. SENATE COMMITTEE ON AGING

THE SILENT EPIDEMIC

FENTANYL AND OLDER AMERICANS



Findings

- Fentanyl and other synthetic opioids have devastated communities all over the United States, fueling the worst drug crisis in American history.
- While fentanyl is the leading cause of death for Americans under 50, older Americans are increasingly confronting surging overdose rates as well.
- Among Americans 65 and older, overdose deaths quadrupled across the last two decades, and there's increasing evidence that synthetic drugs like fentanyl are adding to these fatalities.
- Despite this dramatic increase in overdoses due to synthetics, prevention messaging for older adults still reflects traditional concerns about prescription opioid misuse but does not focus on synthetics like fentanyl increasingly infecting drugs taken by older Americans.
- Older Americans susceptible to overdoses on synthetics are often long-term, stable users whose drugs become infected by synthetics or people who turn to black-market prescription drugs due to cost or to supplement their demand for medication after being cut off from legal channels.
- Synthetics are surging in counterfeit pills, which seniors are particularly vulnerable to unknowingly purchase. The Drug Enforcement Administration reported in October 2023 that seven out of every ten pills it seizes now contain a lethal dose of fentanyl.
- America's drug crisis is so severe compared to other countries because of its position in drug supply chains.
- Mexican cartels import synthetic chemicals from China and make synthetic drugs like fentanyl at very low cost, which are then smuggled through the southern border.

Findings

- In 2020, U.S. Border Patrol seized 4,600 pounds of fentanyl along the southern border. In 2023, the amount of fentanyl seized skyrocketed to 26,700 pounds, a 480 percent increase.
- While Congress has taken steps to increase treatment, and treatment and recovery services are vital for many older adults, the drug crisis can't be solved without supply reduction.
- Overdoses are increasing the number of grandfamilies, in which grandparents raise grandchildren, spiking healthcare costs, and decreasing life expectancy.
- There is a pressing need to rethink how and why older adults are impacted by substance use, reduce stigma, and raise awareness about growing substance use among older populations.

Recommendations

- **Reduce the supply of synthetic drugs.**
 - Congress and the administration should take immediate action to enhance border security and confront China in order to tackle the drug crisis at its core—the Chinese Communist Party (CCP) and cartels' drug supply. Curbing production of synthetics like fentanyl in China and in territory run by drug cartels is ultimately necessary for long-term gains in the drug crisis.
- **Raise awareness among seniors.**
 - Prevention messaging should be tailored to older adults. Policymakers and stakeholders should sound the alarm to raise awareness about synthetics' threat to older adults, especially counterfeit pills. Just one can kill. The public should understand and recognize that synthetics are extremely lethal, mixed in other drugs—both licit and illicit—and increasingly found in common pills like Oxycodone, Xanax, and Adderall. Public health systems should also update their consideration of older Americans and substance use to reflect changing patterns of behavior and new drug developments.
- **Collect more data on synthetic drug use by seniors.**
 - Policymakers and stakeholders should ensure that adequate research and data are available to fully understand the scale of synthetics' impact on older Americans. There is a clear need for additional research on older Americans and substance use, and for federal agencies to coordinate with states on improved data. More information, and higher quality surveys and reporting, especially on synthetics, would help guide policy responses.

The Silent Epidemic: Fentanyl and Older Americans

Over 100,000 Americans a year now die from overdoses, the vast majority of which are caused by or linked to synthetics.[1] It's easy to assume that older Americans are scarcely affected by this overdose crisis and that it primarily impacts younger Americans. While it is true that fentanyl is the leading cause of death for Americans under 50, older Americans are increasingly confronting surging overdose rates as well. Among Americans 65 and older, overdose deaths quadrupled across the last two decade, and there's increasing evidence that synthetic drugs like fentanyl are adding to these fatalities.[2] Older Americans' now have the fastest-growing overdose death rate.

Research and data on overdose deaths makes clear that synthetics are increasingly killing older Americans. The CDC found that overdose deaths from synthetics among older Americans increased by 53 percent in just one year.[3] Synthetics are being added to pills they take, or laced into other drugs they use. However, information, research, and data on substance use among older Americans is limited, which in turn limits effective policy responses. This has led to prevention messaging for older adults that still reflects traditional concerns about prescription opioid misuse but does not focus on synthetics like fentanyl increasingly infecting drugs taken by older Americans. There is a pressing need to rethink how and why older Americans are impacted by substance use, reduce stigma, and raise awareness about growing substance use among older populations. There is also a pressing need to address the fentanyl crisis at its source.

Chinese suppliers continue to provide Mexican cartels with chemicals that the cartels cheaply and efficiently turn into synthetics like fentanyl and smuggle across the southern border, which is overwhelmed by a migration crisis. In 2022, the Drug Enforcement Agency (DEA) seized over 379 million deadly fentanyl doses, enough to kill every American.[4] The current administration is unwilling to meet the challenge. Older Americans, like every demographic, aren't going to find relief until Congress and the Biden administration combat the drug crisis at its source and take border security, law enforcement, and public safety seriously.

The country's current response to the drug crisis is woefully inadequate and until more action is taken, overdose death rates will continue to grow. In states like Indiana, frontline service providers are encountering larger numbers of older Americans at risk of synthetics overdoses. It is time for everyone to rethink older Americans and substance use. Policymakers and stakeholders must do more to improve data on synthetic drug use among old Americans, raise awareness among seniors of the dangers of synthetics, and reduce the supply of synthetic drugs coming into the country.

Older Americans, Substance Use, and Overdoses

There's increasing public awareness of the health risks that substance use poses to older Americans, especially around the potential risks of overprescription, prescription combinations, and alcohol use. Policymakers, healthcare professionals, educators, and community leaders have launched campaigns to stress these risks and support treatment and recovery options. They have highlighted a range of factors that put older Americans at higher risk of developing substance use problems,[5] such as: aging decreasing the body's metabolic tolerance to drugs,[6] chronic health conditions leading to more prescription drugs and risky drug interactions,[7] and pain, social isolation, and loneliness being linked to addiction.[8],[9] They have established and taken steps to address the reality that, in some cases, older Americans have fewer treatment options or are screened less for substance misuse.[10]

For example, the U.S. Senate Special Committee on Aging held a hearing in 2018, "Preventing and Treating Opioid Misuse Among Older Americans," that highlighted steps to identify and curb older Americans' opioid dependence and the importance of expanded treatment options.[11] However, since that time, research and reports indicate that there's a neglected substance use problem for older Americans: synthetic drugs. Synthetics are drugs made from separate chemicals in labs rather than from plants. They include fentanyl, a hyper-potent synthetic opioid 50 times stronger than heroin, and its analogues (drugs chemically related to fentanyl); methamphetamines; and tranquilizers like xylazine.[12] The key difference for public health consideration of synthetics is that even one small dose, one use, can be enough to kill.

In the first phase of the opioid crisis, prescription opioid painkillers dominated. In the second phase, heroin displaced prescriptions, and in the third and current phase, synthetics supplanted both in the drug market.[13] Overdose deaths from cocaine, heroin, and other substances are now frequently caused by synthetics mixed into those drugs.[14] Alone or mixed in other drugs, synthetics accounted for 66 percent of drug overdose deaths in 2021—70,000 out of 106,699 fatalities. The opioid epidemic has become a synthetics crisis. Older Americans, though less likely to die from synthetics than younger cohorts, have not been spared. In November 2022, the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics reported that "Fentanyl and other synthetic opioids have had a big impact on the older population as well." [15] From 2019 to 2020, the study reported, the rate of fatal drug overdoses from synthetics among adults 65 and over increased by 53 percent.[16]

Over the last two decades, overdose deaths among Americans 65 and older quadrupled. [17] 83 percent of these overdoses were unintentional, and 74 percent of those were caused by drugs like fentanyl, cocaine, methamphetamines, and heroin. Over 79,000 Americans 55 and older died from an opioid overdose between 1999 and 2019, and 79 percent were between the ages of 55 and 64.[18]

These numbers represent an increase of 1,886 percent. In 2021, 6,702 Americans 65 and older died from overdoses. This dramatic rise is reflected in the growing overdose rate for this age group, which rose from three overdose deaths per 100,000 in 2002 to 12 per 100,000 in 2021. From 2020 to 2021, Americans 65 or older had a 28 percent spike in overdose deaths, the largest increase of any group.[19]

There are also racial and ethnic disparities in addiction and overdose fatalities among older Americans, where the timing of recent surges in overdose deaths underscores how synthetics like fentanyl are likely leading to more death.[20] Nationwide, black men 55 and older have an opioid overdose rate four times larger than the overall same-age rate. [21] From 2017 to 2022, 72 percent of opioid overdose deaths in Washington, D.C., were among older Americans, skewing higher among those 50-59.[22]

That synthetics account for a share of overdose deaths among older Americans may seem surprising. The standard demographic assumption of the typical drug epidemic victim is that he or she is either younger or middle-aged, and individuals struggling with severe addiction often die before having the chance to grow old. It's also rare for older Americans to develop an addiction in old age. But there are distinct factors that can still put older Americans at risk. Over the course of their lives, aging Baby Boomers have likely approached drug use with more permissive and experimental attitudes than prior generations.[23] Some continue this behavior as they age and die from overdoses when substances they use are adulterated with synthetics. There are also older populations of long-term, stable substance users whose supply of drugs like heroin or cocaine, previously devoid of synthetics, is increasingly infected by them.

In one Florida county, people 40 or older accounted for over half of overdose deaths.[24] One man told local news that drugs overwhelm the area and said, "They put fentanyl in everything [like] depressant pills with fentanyl." Another county's medical official added that "You don't think of the seventy-year-old grandmother, late 60-year-old grandmother going in buying drugs on the street, yet that is exactly what is happening here." A headline in a Seattle Times' story this year said, "In Seattle, fentanyl's tentacles reach all the way up to seniors." [25]

"There are more older adults than you might think going to open-air drug markets," said Charles Fain Lehman, Manhattan Institute Fellow, in comments to the Committee. "We might pass them on the way to work and not even think about it." Some of the most vulnerable older Americans are increasingly facing some of the highest risks.

Linda Grove-Paul, Vice President at Centerstone, a nonprofit providing mental health and substance use treatments and services for all ages, told the Committee that in Indiana, "Synthetic use has become prolific. It's proportionately impacting older adults just as much as the rest of the population."

Centerstone finds that increased social isolation is a contributing cause, along with housing shortages and unstable housing. Increasingly, the organization's crisis response teams are serving older adults. Grove-Paul said that these older recipients of treatment are highly vulnerable, "just as vulnerable if not more to synthetic opioids."

The Committee has also heard from several experts reporting that counterfeit pills laced with synthetics are a rising threat to older Americans who don't generally use substances. There are three ways in which this older group is at risk. First, some older adults taking prescription medication develop higher tolerance and look for stronger medication in illicit markets, often through online vendors purporting to offer inexpensive, readily available pills. Second, some lose access to or run up against limits in acquiring medicine they need for pain management and also turn to illicit markets. Finally, some look to illicit markets because of lower costs.

In September 2023, the CDC found that overdose fatalities from counterfeit pills have more than doubled in recent years and, in some states, tripled.[26] While younger Americans made up the majority of deaths in the CDC's study, around 9 percent occurred among adults 55 and over, the data is limited by underestimated drug fatalities in coroner reports. In comments to the Committee, an expert said that the counterfeit problem is getting worse for older Americans as the supply of fake pills only increases and enforcement authorities seize record levels of counterfeits.

The Drug Enforcement Administration (DEA) in October 2023 reported that seven out of every ten pills it seizes now contain a lethal dose of fentanyl, a rise from four out of ten in 2021 and six out of ten in 2022.[27] In 2023, DEA has seized 86 million fentanyl pills, up from 58 million in 2022. Its "One Pill Can Kill" campaign presents images of authentic and counterfeit versions of Oxycodone, Xanax, and Adderall to alert the public of barely distinguishable differences between reality and deadly fakes.

Substance Use and Aging: Grandfamilies and Falling Life Expectancy

As the population ages, the number of resources required to address older adults' substance use problems will only increase. The overall number of older Americans with substance use and addiction-related challenges has been rising in recent decades, so the scale of suffering is not limited to older Americans who die from overdoses and their loved ones.[28] The crisis reaches many older Americans who struggle with their addictions daily and may never be counted in official statistics. It extends to declining living standards, with decreases in older Americans' labor force participation and a higher likelihood of being unemployed.[29] It covers grandfamilies, with grandparents often raising their grandchildren because parents have died from or been rendered incapacitated by overdoses from synthetics.[30] The Administration for Community Living (ACL) notes that the number of grandfamilies has increased substantially because of synthetics-caused overdose deaths.[31]

Paul Larkin, Senior Legal Research Fellow in the Meese Center for Legal and Judicial Studies at the Heritage Foundation, told the Committee that he has three friends who've lost a child to drug overdoses. "That's a critical group to keep in mind—don't forget the children and grandchildren, don't forget grandparents. They know what it means to lose people." Grandfamilies can face several challenges, including increased stress, stigma, relationship problems, and social stigma.[32] "There are too many grandparents raising their grandkids," Jim Carroll, former Director of the Office of National Drug Control Policy (ONDCP), told the Committee. "We need to think about that, the burden they face, how great the work they undertake is."

Carroll also pointed to a related aging problem with synthetics—life expectancy. Synthetics are increasingly killing older Americans while limiting younger Americans' chances to grow old. In 2022, U.S. life expectancy limped to 77.5 years after dramatically falling to 76.4 in 2021, its lowest point since 1996.[33] The Covid pandemic accounted for some of this decline, but U.S. life expectancy hasn't recovered from the pandemic the way life expectancy has in other peer countries.[34] Synthetics are one significant reason for this lack of recovery.[35] From 2020 to 2021, the death rate from unintentional injuries increased by over 12 percent, with overdoses making up a third of the total.[36] Falling American life expectancy looks worse in a larger context. The United States has much higher living standards than other peer countries, but worse life expectancy. The life expectancy gap between the United States and peer countries is growing even though this key metric for assessing population health generally increases with countries' wealth.[37]

Responding to the Crisis: Improving Data, Research, and Prevention

Support for services and treatment are critical to addressing the synthetics crisis and its impact on American aging—rising rates of addiction and overdoses, more grandfamilies and family suffering, higher costs, lower life expectancy—and expanded access to services is helping older adults. However, there's still less recognition of just how deadly the synthetics crisis is, and what drives it. Lehman told the Committee that policymakers, experts, and the public don't recognize that the drug landscape has shifted from a health problem to a mortality problem. Prior American drug epidemics just didn't kill as many people because the drugs weren't as deadly as synthetics.

Policymakers and stakeholders should ensure that adequate research and data are available to fully understand the scale of synthetics' impact on older Americans. There is a clear need for additional research on older Americans and substance use, and for federal agencies to coordinate with states on improved data. The Committee heard from several experts that data on older adults and substance use is limited. In some instances, limits may reflect traditional difficulties with collecting information on substance use, including the difficulties in determining cause of death, dependence on voluntary reporting, and challenges in reaching vulnerable populations. Mental Health America of Indiana's Stephen McCaffrey and Stephanie Anderson told the Committee that stakeholders mostly don't focus on older populations and substance use, which leads to data gaps and a perverse feedback loop—without adequate information, there's less incentive for anyone to take older adults drug challenges seriously.

With synthetics increasingly affecting older Americans, the need is becoming more urgent. Public health systems should also update their consideration of older Americans and substance use to reflect changing patterns of behavior and new drug developments, especially the threat of synthetics like fentanyl. Health systems and community partners should increase efforts to combat stigma. Policymakers and stakeholders should sound the alarm to raise awareness about synthetics' threat to older adults, especially counterfeit pills.

Prevention is sometimes criticized because messaging can be goofily aggressive or make target audiences curious about drugs, but this is not true of the synthetics crisis, when one use of a drug can actually kill people.[38] Policymakers and the public still think of the drug crisis in terms of the opioid epidemic and fail to see the rapid changes, creating a gap of understanding between prevention efforts and what will accurately warn people of the fast lethality of synthetics. Derek Maltz, a retired Special Agent in Charge with the DEA's Special Operations Division, observed that, "They're targeting kids, but the elderly can be at risk, too. I haven't seen a good PSA for the elderly on synthetics. It would be a great and very proactive move to warn and alert older people."

“We have to address prevention,” Carroll told the Committee. “The only education right now is for youth. But we need to educate older adults. They don’t necessarily understand the dangers that are out there.”

Older adults should not simply receive instructions about the risks of overprescription and prescription combinations. They should be told that illicit synthetics are abundant, kill quickly in small doses, and can harm both long-term users and older adults who rarely or never use illicit substances. Older Americans should also be made aware that having naloxone, a medication that rapidly reverses overdoses, at home is an indispensable tool for saving lives from fentanyl poisonings. Government agencies, healthcare professionals, and community partners should develop prevention messages tailored to older adults, especially on the dangers of counterfeit pills and fentanyl adulteration. We must also address the importance of combatting stigma. Stigma makes it harder for older adults to talk to family, friends, and healthcare professionals, and it makes older adults’ social networks and healthcare teams less likely to engage with those problems or notice them in the first place.

In Indiana, Centerstone’s crisis response teams try break down stigma by directly engaging with some of the most vulnerable populations, including many older adults. Centerstone identifies clients at risk of an overdose through its Overdose Risk Pathway. Clients receive a risk assessment and, if they meet admission criteria, a continuously updated safety plan. Centerstone’s teams work with clients to develop a treatment course and also assess recovery capital like social connections, jobs, and employment, which are considered in the Pathway’s discharge process. Centerstone’s innovative work combines prevention, effective responses, and decreased stigma.

Finally, the reason other countries don’t face drug epidemics of similar scale and severity is that they are integrated into different drug markets—they avoid China and Mexico’s expansive and unchecked synthetics supply chain.^[39] The drug crisis won’t get better for older Americans, or anyone else, until Congress and the administration confront China and Mexico. Curbing production of synthetics like fentanyl in China and in territory run by drug cartels is ultimately necessary for long-term gains in the drug crisis.

Responding to the Crisis: Supply Reduction and Border Security

China has the largest pharmaceutical production in the world.[40] Black and “gray” market firms found that they could make tidy profits by exploiting China’s abundant chemical resources and production to manufacture fentanyl and ship it to the United States.[41] Increasingly, the country’s illicit drug market operations have shifted from the production of synthetics like fentanyl to manufacturing fentanyl “precursors,” key chemical ingredients.[42] Mexican criminals on the ground act as brokers to collect the imported precursors and distribute them to producers.[43] The producers, or “cooks,” are hired by Mexico’s powerful cartels, transnational criminal and drug trafficking organizations running substantial sections of the country.[44]

Synthetics are lighter than heroin and other drugs, easier to hide, and more potent. This efficiency exponentially improves the cartels’ smuggling operations, which thrive at the United States’ southern border.[45] The Mexican government is at war with the cartels, to little effect or gain, with tens of thousands of murders a year linked to cartel-related violence and the country increasingly becoming what Lehman refers to as “a de facto narco state.”[46] Unimpeded migration across the border enables drug trafficking. It allows the cartels’ traffickers, who control travel routes to the border, to exploit a massive crisis and more effectively smuggle drugs into the United States. They can more easily sneak across the border, avoiding detection and enforcement authorities.

Unprecedented flows of migration overwhelm Customs and Border Patrol (CBP) agents and resources, directing their efforts away from fighting the flow of drugs, and similarly tax Immigration and Customs Enforcement (ICE) capacity, with a 12 percent decline in arrests of serious offenders during one border surge.[47]

The border crisis has escalated significantly under President Biden’s lax enforcement policies, and the drug crisis has escalated alongside it. President Biden campaigned on and pledged once in office to pursue amnesty for illegal immigrants. Joined to Democrats’ broader opposition to CBP and ICE and steadfast devotion to sanctuary cities, President’s Biden rhetoric and positioning created powerful messages and incentives for aspiring migrants to seek entry into the United States, and for traffickers to tell them that they are welcome.[48] The border crisis is driven by outdated and confused laws and court orders that allow economic migrants to arrive at the southern border, incorrectly claim asylum, and take advantage of limited detention periods and delayed asylum hearings to settle in the United States.

Authorities' encounters with migrants at the border have reached record highs under the Biden administration, rising to over 200,000 a month.[49] Senator Braun has noted that there are now 2.4 million encounters at the southern border, a 40 percent increase from just two years ago.[50] With such a magnitude of border encounters and crossings, it's hard to imagine how border personnel and resources meant to combat drugs would not be diverted and drained. In November 2023, Senator Braun joined the Indiana Sheriff's Association and other law enforcement officers to see the expanding crisis at the southern border firsthand. "No community is immune from the border crisis," he said, referring to it as a "dire threat to our national security."

Senator Braun also said, "Fentanyl is killing Hoosiers every day, and we've had 600,000 'gotaways' enter our country from nearly every nation on Earth. With 169 people on the terrorist watchlist stopped at our border in the last year."

The Drug Enforcement Agency (DEA) announced that in 2022, it seized over 379 million deadly fentanyl doses, enough to kill every American.[51] It's of course a positive sign that enforcement agents are able to stop large amounts of drugs, but it reflects discouraging trends in the growth of dangerous synthetics entering the country—over 100,000 Americans are dying from overdoses while border seizures increase. As one expert commented, "If they're seizing a lot, it's because a lot is coming in." [52]

"This is a mass poisoning issue," David W. Murray, Senior Fellow in Drug Policy at Hudson Institute, said in comments to the Committee. "Mexico is our first leverage point, vulnerable to our pressure, sanctions and rewards, carrots and sticks." Murray and Hudson Institute President John P. Walters have called fentanyl a public health and national security threat, and released a strategy on confronting China, cracking down on the cartels, and expanding treatment.[53]

Murray added that "The movement and trafficking of people is as significant as drugs. Migrants are being used by the cartels, by gangs. The border is consequential for human trafficking, for drugs, and money-laundering—it's a linked problem at multiple levels."

Larkin echoed Murray in comments to the Committee. "The cartels decide who crosses the border. What do you think is in these backpacks?" he said. Larkin has also analyzed synthetics' deadliness and endorsed a supply-reduction approach focusing on China and the cartels.[54]

"We're not making any real effort on border security, or with the Mexican government," Larkin said. "We have leverage but we aren't using it even though it's a country controlled to a substantial degree by the cartels."

The Biden administration's indifference to the border crisis has allowed more fentanyl to flood onto America's streets and put more older Americans at risk. Stopping deadly synthetic drugs and securing the border requires immediate relief and prompt solutions to the crisis, but it also calls for more extensive strategic efforts from policymakers. Senator Braun backs legislation to tackle the border crisis and fix the broken, convoluted asylum rules that fuel dangerous surges. He is a coauthor of the *Secure the Border Act*, also known as H.R.2, which passed the House on May 11, 2023. This bill would force the administration to restart construction of the border wall, deploy technology to the southern border, increase the number of Border Patrol agents and provide bonus pay. It would also require transparency regarding illegal crossings from the Department of Homeland Security, strengthen current law to protect unaccompanied children from human trafficking, end catch-and-release, end abuse of executive immigration authority, and strengthen and streamline the asylum process.

Senator Braun also believes more can be done to crack down swiftly and aggressively on fentanyl. Senator Braun co-authored the *Felony Murder for Deadly Fentanyl Distribution Act*, which would impose severe penalties on drug trafficking by making fentanyl distribution that results in death punishable by felony murder charges, carrying a minimum life sentence and eligibility for the death penalty. The Controlled Substances Act currently requires a 20-year minimum sentence and no more than a life sentence for distributing drugs that end up killing people, but the law is too weak for fentanyl's deadliness—dealing fentanyl should at least be treated like arson, kidnapping, and other felony murder crimes.

Under current law, fentanyl traffickers face mandatory minimum sentences, or five years in prison, for possession of 40 or more grams of the drug, or ten or more grams of its analogues. But fentanyl is so powerful that much smaller amounts can kill. The *Fairness in Fentanyl Sentencing Act*, supported by Senator Braun, would apply mandatory minimums to possession of 2 grams of fentanyl or 0.5 grams of its analogues. National Fentanyl Awareness Day was May 9, 2023, when Senate Republicans tried to pass the *Fairness in Fentanyl Sentencing Act*. Senate Democrats blocked the bill, arguing that it would increase incarceration when too many people are already in jail.

A current regulation makes fentanyl analogues a Schedule I controlled substance under the *Controlled Substances Act*, which carries stricter penalties and gives law enforcement more tools to crack down on trafficking. This classification lets law enforcement stay ahead of traffickers because it applies to new fentanyl analogues—they can't evade stiffer punishment by tweaking analogue ingredients to meet a lower classification. Senator Braun co-authored the *Stopping Overdoses of Fentanyl Analogues (SOFA) Act*, which would permanently classify fentanyl analogues as Schedule I substances, empowering law enforcement to quickly act against new fentanyl variants and giving them certainty that the policy won't change. Here again, congressional Democrats largely object to the policy over concerns about excessive incarceration.

Senator Braun understands the importance of helping law enforcement engage emerging fentanyl-related threats. In April 2023, he sent a letter to DHS Secretary Alejandro Mayorkas and DEA Administrator Anne Milgram asking for clarity on the status of xylazine-related border countermeasures. Xylazine is a horse tranquilizer, known as “tranq”, that is increasingly being mixed with fentanyl as an illicit and dangerous street drug. It causes fatal poisoning, severe skin wounds, and rots human tissue. Assessing the administration’s approach to this rising threat will help policymakers develop tools to blunt it.

The *Fentanyl Eradication and Narcotics Deterrence (FEND) Off Fentanyl Act* would help the United States fight back against the cartels and their Chinese suppliers. It would impose sanctions on the cartels and key figures involved in international fentanyl trafficking and allow the Treasury to use special measures to go after money-laundering from the fentanyl trade. Taking the fight against fentanyl to China and its partners in the Mexican cartels, the underlying sources of the drug crisis, is one of the best options available for protecting the country.

Conclusion

Reducing stigma, raising awareness, filling gaps in research and data, and tailoring prevention messages in a synthetics crisis won't just help older Americans access needed services. These steps can help save lives. As the Committee has heard repeatedly in conversations and engagement with experts and stakeholders, American society needs to rethink substance use and its implications for older Americans—to reconsider how and why older Americans are at risk, how we approach them about addiction and substance use challenges, and how social systems can respond with speed and sensitivity.

This report also urges policymakers and the public to realize that synthetics alter prior drug policy playbooks, including for older adults. The supply side of the current drug crisis can't be ignored. President Biden has gestured at the severity of the drug crisis, referencing vague commitments to curb fentanyl production. The administration's National Drug Control Strategy does not offer a response suitable to the size of the crisis, nor does it offer new approaches.^[55] Though their convictions may waver at times when shocking statistics or tragic events too painful to ignore capture headlines, administration officials' attachment to minimalist border security policy, and their open defiance of evidence, are a confession of weakness and apathy.

Older Americans are one window into the effects of overlapping crises: soft treatment of foreign adversaries, vicious cartels, and a porous border. Congressional Republicans are pressing for commonsense steps to address these crises, and hope that the Biden administration might start to listen.

The following tips can help you or a loved one avoid overdose:

Know that synthetics like fentanyl are extremely potent, dangerous, and abundant substances. Two milligrams of fentanyl is considered deadly. One pill can kill.

Understand that synthetics like fentanyl are impacting older populations too: synthetics are increasingly infecting drugs like heroin and cocaine.

Avoid illicit markets for prescription access or discounts—there are surging rates of counterfeit pills laced with synthetics like fentanyl.

Trust licensed medical professionals and legitimate pharmacies on prescriptions.

Make sure your doctor is aware of all medication you are taking.

Take only prescribed medication as prescribed, and never take anyone else's medication.

Never mix pain medicines with alcohol, sleeping pills, or illicit substances.

Understand that prior substance misuse and continued substance misuse make individuals more susceptible with age.

Talk to friends and loved ones about the risks of substance misuse and dangers of fentanyl.

Tell friends and loved ones to talk to their doctors if concerned about them.

Be aware of the signs of an overdose in loved ones and friends, including:

- Difficulty breathing and slow heartbeat
- Lips and fingernails changing color (often becoming blue or purple)
- Vomiting
- Loss of consciousness

Seek immediate medical attention for a suspected overdose and call 911 immediately. Timely responses by emergency medical professionals are critical to saving lives.

Know that help is available—naloxone, a medication, can quickly reverse the effects of an opioid overdose and save a life.

Treatment and recovery options are available to older adults and allow them to fight addiction and go on to flourish.

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