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America and Hope in the Time of Fentanyl and Meth: A Fireside Chat with Sam Quinones

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Policy Brief

America and Hope in the Time
of Fentanyl and Meth:
A Fireside Chat with Sam Quinones

Sam Quinones

No. 58/2022

Sam Quinones is a Los Angeles-based freelance journalist, a reporter for 35 years, and author of four acclaimed books of narrative nonfiction. He is a veteran reporter on immigration, gangs, drug trafficking, and the border. His latest book, *The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth*, was published in October 2021. *The Least of Us* chronicles the emergence of a drug-trafficking world producing massive supplies of fentanyl and methamphetamine cheaper and deadlier than ever, marketing to the population of people with addiction created by the nation's opioid epidemic, as the backdrop to tales of Americans' quiet attempts to recover community through simple acts of helping the vulnerable.

In January 2022, *The Least of Us* was nominated for a National Book Critics Circle (NBCC) award for Best Nonfiction Book of 2021. *The Least of Us* follows his landmark *Dreamland: The True Tale of America's Opiate Epidemic* (Bloomsbury, 2015), which ignited awareness of the drug overdose epidemic that has cost the United States hundreds of thousands of lives and become the deadliest drug scourge in the nation's history.

Dreamland won a National Book Critics Circle award for the Best Nonfiction Book of 2015. It was also selected as one of the Best Books of 2015 by Amazon.com, the Daily Beast, BuzzFeed, Seattle Times, Boston Globe, St. Louis Post-Dispatch, Entertainment Weekly, Audible, and in the Wall Street Journal and Bloomberg Business by Nobel economics laureate, Professor Angus Deaton, of Princeton University.

Quinones' first two books grew from his 10 years living and working as a freelance writer in Mexico (1994-2004). *True Tales From Another Mexico: The Lynch Mob, the Popsicle Kings, Cholino and the Bronx* was released in 2001. In 2007, he came out with *Antonio's Gun and Delfino's Dream: True Tales of Mexican Migration*.

The Herbert Lourie Memorial Lecture on Health Policy honors the memory of Herbert Lourie, MD, a distinguished Syracuse neurosurgeon, professor, and community leader for nearly 30 years. Generous contributions from his family, friends and colleagues, and former patients have endowed this series. The Lecture and Policy Brief are jointly sponsored by the Maxwell School of Citizenship and Public Affairs of Syracuse University and the Central New York Community Foundation, Inc., and is administered by the Center for Policy Research and The Lerner Center for Public Health Promotion.

The Policy Brief series is a collection of essays on current public policy issues in aging; urban and regional studies; education finance and accountability; public finance; social welfare, poverty, and income security; and related research done by or on behalf of the Center for Policy Research (CPR) at the Maxwell School of Syracuse University.

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Dr. Shannon Monnat: Sam Quinones is a longtime journalist, former LA Times reporter, author of four acclaimed books, and quite the cosmopolitan. Sam grew up in Claremont, California. He attended UC Berkeley, where he studied Economics and American History, produced punk rock concerts for bands like the Dead Kennedys and The Zeros, and wrote a senior thesis on the bebop jazz revolution of the 1940s. He lived for a year in Europe where he supported himself playing guitar on the streets and teaching English. He lived in Mexico for ten years, where he covered people on the margins of society: drag queens, gang members, narco Menonites, and popsicle vendors. He has had quite a fascinating life, and I think at least part of the reason why he was able to see the U.S. drug overdose crisis unfold long before policy makers and researchers was because of this experience that he's had. Sam's most recent book is *The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth* released in 2021. *The Least of Us* follows his 2015 blockbuster, *Dreamland: The True Tale of America's Opiate Epidemic*. Both books have won numerous awards. The list of which is far too long for me to go through here, so I'll just mention a few. *Dreamland* won the National Book Critic Circle Award for Best Non-fiction in 2015. In 2019, it was selected as one of the best 10 True Crime Books of All Time by goodreads.com. This year, *The Least of Us* was also nominated for a National Book Critic Circle Award. I first became familiar with Sam's work when I read *Dreamland*, right when it first came out. This book was a game changer for me, and I believe it was that for the whole country. Sam was the first to describe the series of overlapping factors that led to the U.S.

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overdose crisis. To many, the epidemics seem to come out of nowhere, but Sam compellingly demonstrates that opioids just didn't appear on our streets overnight. Instead, the contemporary U.S. drug overdose problem was driven by many factors, including globalization, changes to industry and employment, and policies that protect profits over people. He was the first to put these threads together. And now, in *The Least of Us*, he takes us into the world of synthetic drugs, fentanyl and methamphetamine, which are far more potent, far more deadly, and far more profitable to drug traffickers than anything that came before. Throughout the book, he intermingles stories of despair with stories for hope, for how we might emerge from this crisis. In what I see as one of the main takeaways of this book, Sam wrote, "In a time when drug traffickers act like corporations and corporations like traffickers, our best defense, perhaps our only defense, lies in bolstering community." Please join me in welcoming Sam Quinones as the 2022 Herbert Lourie Memorial speaker.

Sam Quinones: Thank you very much. It is a great honor to be here with you all.

Dr. Shannon Monnat: We will begin with a chat between the two of us and then we'll turn it over to the audience to ask some questions. Let's start by going back to the beginning. Big picture. What got you into this story? What was it that said, "I have to write this *Dreamland* book?"

Sam Quinones: I lived in Mexico for ten years, as Shannon said, and I was really focused on Mexico. I didn't really care about anything that didn't have to do with Mexico. Immigration, mainly. While in Mexico for ten years, I decided to leave the drug trafficking stuff to someone else. I was a freelance writer, which was very touch and go. I didn't want to cover stuff that would get me into life and death struggles. So, I covered immigration, and I thought that was a far more interesting and powerful story because there were so many people now coming up from Mexico and going all over the country.

Ten years in Mexico is a long, long time if you're a reporter having to deal with the Mexican government and things like that. So, I came back to LA, where I'm from, and I got a job at the *LA Times*. While I was there, the drug war in Mexico kicked off in a very disturbing, very alarming way that I was not expecting. I had never seen anything like this. *LA Times* put me on a team of reporters where I began to cover how the drugs crossed into the rest of the country once they crossed the border. During this time, I began to understand that we were now seeing enormous seizures of heroin again. I remember this feeling of "What the hell? Who's using heroin again?" I mean, my experience with heroin was all from those great New York movies in 1970s, right? You have to watch the movie *Serpico* if you want to know about this stuff. Also *Prince of the City* or *French Connection*, which is kind of fantasy, but it gives you an idea. That was the heroin story of the 1970s, where I thought we as a country learned our lesson about heroin. Why were we going back to it?

We began seeing more people and more seizures, which reflected an increased market for it. So, I began to look into that, and it was along the way that I really discovered the story in the *Dreamland* book about this village in Mexico where everyone sold heroin like pizza. It was like a pizza delivery service almost, but for heroin, not for pizza. And what struck me was, when I was living in Mexico writing about immigration, it was very, very common to find villages where everyone does the same job. In my first book, there's a story where everyone makes popsicles. One of the great business stories in Mexico and one of the stories that really resulted in people going from poverty to the middle class, was the story of how people in Tocumbo, Michoacan began to make popsicles and start popsicle shops. First in Mexico City, but then it expanded all over the country. And really, an entire generation of people, through popsicles, went from rural poverty to the middle class. If you go around Mexico, you'll see these popsicle shops all over because there are thousands. It's not a franchise; it is a business model that anybody can kind of adopt. But all across the country, you will see in these

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small villages, everyone doing the same job. Why? Because in those villages, they don't have access to an education that would mean a poor kid could go from a rural campesino to a civil engineer, or a lawyer. So, you learn your work from those around you, your uncle, your brother-in-law. And the first example of that is immigrants. You'll find one person in common, then pretty soon, fifty will be there from that one town. So, I was used to this. When I came upon this story about these guys selling heroin like pizza, the DEA agent who first turned me onto the story said, "the craziest thing is, they're all from the same town." And I remember, I was in my office listening to this guy talk about this system that they had. And I remember praying, "Please, please tell me which town this is." And he told me the town of Tepic, Nayarit. Now, I knew that wasn't right because Tepic is the capital city of the state of Nayarit, and that's about a 350,000-population town. The town the DEA agent was referring to had to be small. So, I began to write to people in prison who had been arrested for working in this system in Columbus, and they were the ones who first got me into this whole story. One guy in particular said, "Yeah, we're not from Tepic. We're from a little town called Xalisco, Nayarit," which does not make sense if you know Mexico. It's like saying, "I'm from Nebraska, Arkansas." There's a state named Jalisco, right? And that is really what got me into it. I went down to that town and began to talk to a lot of guys from there who were in prison. I do a lot of my reporting by reaching out to people in prison because I find that people in prison will talk to you if you do it right, and they have unbelievable stories to tell. If you're a sociologist and you're not tapping into jail and prison, you are missing an enormous potential story there. I also realized along the way that in listening to their story, I was focused on the small story, really. The much bigger story was the opioid revolution in American medicine. The claims that prescription opioid painkillers are virtually nonaddictive and the way pharmaceutical companies push these pills to pain patients who then become addicted. How some doctors go along with that idea eagerly, and some not very eagerly. But my easy learning curve was the Mexican

stuff. The stuff I didn't know a damn thing about was pain management and pain pills. I didn't know what an OxyContin was when I started talking with the guy from this small town who wrote to me and called me from prison. Because I had been living in Mexico, I didn't know what a Vicodin was. I'd been given Vicodin in the United States, but I didn't know what it was when I was given it, you know? But that's where the story comes from. You can't explain our new heroin market without the supply inundating the United States from opioid painkillers.

Dr. Shannon Monnat: Right, and now we're in a period where most of the overdoses are not involving prescription opioids. And heroin has virtually disappeared from the streets.

Sam Quinones: I would say so.

Dr. Shannon Monnat: How and why has drug trafficking changed between when you wrote *Dreamland* and when you wrote *The Least of Us* and what the heck happened to heroin?

Sam Quinones: I think we're a few years away from saying there's no heroin on the streets of America anymore. But down in Mexico, the poppy farmers are just in depression. There's no money in it anymore because everyone switched to fentanyl. What happened is that the trafficking world in Mexico began to figure out, initially through methamphetamine, that the way to make a lot of money is not to grow anything because it's arduous. It takes months, you get your farm raided, you have to keep the pests away, et cetera, et cetera. No, the way you make money is by making your own drugs with chemicals, and meth taught them that in the 1990s. But they didn't know about fentanyl. And that's one of the stories I tell in the book, how the Sinaloa group found out about fentanyl through a chemist that they hired in 2005 and 2006 to set up a big lab that they funded. But they wanted him to make an Ephedrine, a principal chemical in one of the ways of making methamphetamine. And they thought the government in Mexico was going to cut down on

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Ephedrine importations, which it eventually did. So, they wanted someone to make Ephedrine for them and allow them to keep producing. But the chemist, a Mexican man who grew up in San Diego and went to prison for fentanyl production in the '90s, learned much more about how to make fentanyl by talking to the chemists he was incarcerated with. After he was released from prison, he was deported. The Sinaloa guys came to him and said, "We're willing to set you up in this lab to make Ephedrine." And he said, "No. Oh, I mean, yes, I'll do whatever you want." However, he quietly began to make fentanyl, which made the Sinaloa guys mad (not a good idea to get the guys from Sinaloa mad). But then he sat them down (and I'm learning all this from the DEA agents who later spent a lot of time with him, debriefing him on how this all happened) and explained to them that fentanyl was the most profitable drug they'd ever find, because it could be made in a lab. This is how potent it is: this fentanyl could be cut fifty times and you'd still have product. A kilo could be cut into fifty kilos, and the product would still be recognizable to opiate users and heroin addicts on the street; it would be prized by heroin addicts on the street. No one in that room believed him, but he insisted, "no, no, I've done studies."

So, they began to ship this fentanyl up to Chicago to test a test market in 2005. There are wire taps of people saying, "it's working, it's working! They love it." Of course, this ends up being the first mass die off to fentanyl. You have over a thousand people or something like that die in Chicago and in St. Louis. It spreads in those areas and then on to Detroit, over to Philadelphia, then Camden, New Jersey. And then they bust his lab in Mexico in 2006 (the DEA that I talked to was one of the folks who busted the lab). There are ten kilos of fentanyl that had just left his lab before the bust. That ten kilos of fentanyl continued to kill people for another three months here in the United States and it became the first example of a mass die off. But the light went on in the minds of the Sinaloa drug cartel from this guy who they then lose because he gets incarcerated. They don't have anyone to really make it for a while so they have

to figure out. Meanwhile, the Chinese chemical companies step in, and they begin to send it primarily to the opioid hit regions like Ohio, Kentucky, West Virginia, places like that, where people are realizing fentanyl is actually a lottery ticket. These companies begin to send fentanyl in small quantities and that's where, for the first time, you begin to see fentanyl hit these areas. The problem is, those dealers, who are small time dealers buying this stuff on the dark web, don't have a clue how to mix it. Fentanyl is too potent to sell alone; a few grains will get you high, a couple more will kill you. But, you can't sell a few grains on the street; you have to mix it with something else to get the lottery winnings. A myth spreads that the best way to mix your fentanyl is with the Magic Bullet blender. You've seen those infomercials on cable TV? It's great for smoothies and we have one. I'm not trying to rag on this product; it's a fantastic product. And you should all make your smoothies and salsa with a Magic Bullet blender, because it is great product. It's just the worst possible product to use to mix your fentanyl. Don't mix your fentanyl with the Magic Bullet blender, okay? But the thing is, for dealers, it's like 29.95 at Target. It has that little plastic bubble cap on top so they do not have to breathe in the fumes. The problem is it doesn't mix powder. It mixes only liquid, right? And so, the mixes that they come up with are catastrophic. And you begin to see in 2014, 2015, in places like Cincinnati, Huntington, West Virginia, and Akron, dozens of overdoses all in the same weekend. And that's why - because these guys don't have a clue what they're doing. But at that point, because it was the Chinese providing it, it was only confined to a few states and they could only send over a certain amount. For example, one guy I talked to bought it on the web and he would get it in a box that held a puzzle, like a puzzle you do on your kitchen table, right? Because he wanted it to blend in with all the millions of packages coming in from China. But you don't cover the entire country, which has happened now, with one-pound boxes coming from China. So anyway, this is kind of the prelude to what begins to happen. We can talk about it in a minute, but it starts because the Mexican trafficking world is alerted to the enor-

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mous market of opioid addicted consumers that we have created through the expansion of the opioid pain killer as a kind of almost a cure for all pain whenever the background of the person doesn't matter, all that kind of stuff. And we created that enormous market. And then they get wise too. When I was living in Mexico, no trafficker ever wanted to deal heroin because it was considered to be a scuzzy drug. Who wants to deal with heroin? They have a lower view of heroin than we do in the United States. But then we create this market, and all of a sudden, the light goes on. And from then on, they discover fentanyl through this one fellow.

Dr. Shannon Monnat: The Magic Bullet blender story is fascinating. It was one of the really cool things about the second book. But presumably now, dealers know what they're doing. They know how to mix better. So, a question that I often get asked is, "If dealers know fentanyl kills people, why do they keep mixing fentanyl into their products?" It seems like a terrible idea to kill off your customers, right? And related to that thought, people who use drugs also know that fentanyl kills people. So, if you know that fentanyl can kill you, why would you keep using those drugs? So, try to tackle both of those.

Sam Quinones: Sure. Both of those make total sense, even though on the surface, they would not. So, from a trafficker or a dealer perspective, and it's unclear to me, I think a lot of the fentanyl that's now coming in may be mixed. On the other hand, it can be also mixed at the lower level - the street dealer level. Why would you mix fentanyl into heroin, or cocaine, or meth? Now you're seeing examples of fentanyl being mixed into marijuana. Because it's a market expansion tool, right? You gain an opioid addicted customer when you put fentanyl into cocaine. Cocaine is a drug that people generally buy a couple times a week. They can take a vacation for a couple weeks and not use it. That is just not possible with the withdrawal symptoms that opioid addiction creates. You have to keep that stuff at bay so you are buying every single day. What's more, it's important to understand that fentanyl is a fantastic drug,

surgically. I had a heart attack five years ago and they gave me fentanyl. It's a workhorse anesthetic and a wonderful drug. It revolutionized anesthesia in many ways; it's potent and it gets you in and out of anesthesia very quickly. That is also true for users - it quickly gets you in and out and then you have to use again and again. That makes it a torment for users. Nobody really wants to be a fentanyl addict. If you're a heroin addict, you do not want to be a fentanyl addict; the high isn't as good, the withdrawals are a beast, and you have to be constantly using. But from a dealer's perspective, it's great because you could sell three times as much to the same person. Fentanyl addicts have to use four or five times, six times a day while most heroin addicts I know have to use two or three times a day. That's all that they need to use to keep the beast away. To keep the withdrawals away. And along the way, if you're a dealer, yes, you will kill people. But on the other hand, the thing that has always been true about opiate addicts, particularly on the street level, was when somebody dies of an overdose, that is not a warning. That's an advertisement. That's like, "Go get that dope. That's a really great dope." And so, that is really what motivates a lot of people right now. And that's what happened in that Chicago case. The authorities in Chicago didn't know what they were dealing with at that moment, they thought it was heroin. So public health puts out a warning: "There's very potent heroin out there that could kill you." And the area where this heroin was primarily sold by this one street gang was deluged. All the addicts in town just began flocking to buy that stuff. It was not a warning; it was an advertisement. And that is what's going on now in America too, all across the country. I think by now, most people know fentanyl. They know what's in whatever they're using. They're addicted to fentanyl, unfortunately, because it is unforgiving. I mean, people are actually saying, I wish for the days of heroin because it was easier to deal with. Fentanyl is just such a beast because it takes you very high. The reason heroin doesn't exist on the street anymore is because it won't deal with the withdrawals. There's no way you could use heroin and do away with the withdrawal symptoms for fentanyl. So that's why there's

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no demand for heroin anymore because it doesn't really do what an addict needs, which is to keep the withdrawals at bay.

I was just in Phoenix speaking at a conference, and I met several people who are counselors, and through them, I met recovering addicts. They're now seeing people smoking these pills that are coming out with fentanyl and counterfeit pills. We could talk about them later. But basically, people are now using 50, 80, or 100 of those pills a day, which means that they must have a tolerance that must be the like the highest any human being has ever achieved on an opioid ever in the history of the planet. You're talking about the equivalent of ten grams of heroin a day or some alarming thing like that. But that's fentanyl for you. It takes you up and up and up. And your life, your entire day is spent just finding and smoking pills. So anyway, if it's happening on the street, what I've learned is there's a good business reason for it. It may be completely twisted, diabolical perhaps, but it all corresponds to the needs and demands of an opioid addict, which is keep the withdrawals at bay and make it easier to find cheap.

Dr. Shannon Monnat: Follow the money.

Sam Quinones: Precisely, yes. And this is all about what benefits traffickers, not about what benefits consumers.

Dr. Shannon Monnat: So, we know that fentanyl has changed the game. Incredibly potent, incredibly deadly. But the methamphetamine thing seems to have skyrocketed again out of nowhere. Meth was around several years ago, and then it's back with a vengeance. And it's a bit different, quite a bit different. But fentanyl is an opioid, so it's a depressant. Methamphetamine is an upper, it's a stimulant. And yet you write about people who are using both on a regular basis. And so, I can imagine confusion about why would somebody want to use an upper and a downer at the same time?

Sam Quinones: Well, first, I think what's interesting is that if you

read the history of drug use in America, you'll see that we as a culture go through cycles. We cycle from stimulant to depressant to stimulant to depressant. But synthetic drugs are made in Mexico with great impunity. Traffickers are able to get all kinds of chemicals through shipping ports. Shipping ports become the main thing that they need because through them they get access to the rest of the world's chemical markets. That's what's happening. They control those ports and get staggering amounts of chemical ingredients. And so they can make just staggering quantities of both these drugs. They have flattened that cycle. That cyclic history doesn't exist anymore, really because we have fentanyl. We have a stimulant and a depressant at the same time all across the country, in Vermont, Skid Row LA, Phoenix, Albuquerque, Reno. I mean, it's just all over. And so those cycles, it seems to me, have been evened out, for the moment anyway. And it's just one thing. Methamphetamine comes, because as I said, the Mexican government put a kibosh on the importation of Ephedrine, which you find in Sudafed pills. They were industrializing methamphetamine with Ephedrine, though even then they couldn't get enough Ephedrine to cover more than just big parts of the west. So you had a lot of people making their own meth, shake-and-bakers as they're called, and they're getting the Sudafed pills and getting the Ephedrine out of the Sudafed pills. But then in 2008, the Mexican government says, "Okay, we're going to really curtail importations." The trafficking world has to switch to a new way (I call it a new way. It's not a new way, it's an old way) of making methamphetamine that involves a chemical known as P2P, a new essential ingredient. This method is a thing called P2P, phenyl-2-propanone. And this was a method that was made by the first manufacturers of illegal methamphetamine, Hell's Angels and biker gangs in California. If you ever want to see the first expression of P2P meth, watch a great documentary called *Gimme Shelter* with The Rolling Stones. In 1969, The Rolling Stones had a concert at Altamont, a speedway at east of San Francisco. They hired, well, there's some debate, but the idea was that they hired the Hell's Angels to do security. Well, these guys were all on P2P meth, and

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you could see what happens. It's nuts. The Angels began beating concert goers near the stage; one man in the crowd brandished a gun and an Angel stabbed him to death. It's an amazing documentary. The end of the '60s happens with the Altamont concert. All of a sudden, hippies are no longer peace and love – the flower power era is over.

Anyway, so the P2P meth stinks. It's very messy. It's very complicated, but it has one benefit. And that benefit is you can make P2P many different ways. There are a lot of chemical hacks for making P2P. And the government can't crack down on all these different ways because frankly, they all use these very common industrial chemicals, right? If you would crack down on this, all these industries would be hurt. So, what this means is that if you have access to the world's chemical markets coming in through those ports, you can now make more methamphetamine than you ever thought possible. And that's what's happened over the last several years. By 2012 and 2013, more and more people are figuring out how to make the P2P meth. Different chemical versions of it, that kind of thing. And it begins to spread. So, in 2013, you begin to see it take over Skid Row LA. It dethroned crack as the drug of choice in Skid Row, which I never, ever thought I'd see. Then you begin to see it move across the country. It hits the Midwest around 2017, then in 2019 it moves up into New England, Massachusetts, and Vermont. They never had any meth at all, now they do. And at the same time, unbelievable but true, the price of meth was dropped 80%. This meth arrived about five years ago. Six years ago, a wholesale pound of meth in Nashville was \$19,000. Now, it's \$2000.

But then there's another part to that story that's very important that I came upon late in the writing of the book. I thought that story I just told you was going to be the story of my book and I thought it was a very powerful one, I was proud of it. Then I talked to this one fellow one night. He was a VA homeless outreach guy who had been addicted to meth for years. And he said the meth changed, it became something different. He told me his story, which began

one night in 2009, when he first started to use. And at first, meth had always been a euphoric thing, a party drug. You're best friends with everyone. You constantly want to be around people all the time. But then, it became this very sinister thing; he became very paranoid and believed his girlfriend had men hidden in the walls, in the mattress, et cetera. For the next several years, until he got sober, he never really felt anything but this paranoia. And I began checking on this. I thought, if this meth is nationwide, maybe these symptoms are nationwide as well. And sure enough, I began calling around, and every place I called, it was like they told me the same story he had just told me. Albuquerque, North Carolina, Southern Virginia, West Virginia, Eastern Tennessee, rural Indiana, Portland, and Skid Row. Skid Row is like an open-air insane asylum right now and it has been for a while. All because, accompanied by this methamphetamine, the symptoms are rapid onset schizophrenia, symptoms of paranoia and delusions and also that kind of retreating to one's interior. A lot of focus on hoarding stuff, particularly bicycles. I don't know if you have encampments around here, but, if you see a lot of bicycles around, you might want to stop in and interview a few of the folks to find out what the story is. My feeling is, in most parts of the country that I've seen, it's methamphetamine that's doing that. But that's a whole other thing. You guys can do your own research on that, I suppose. So anyway, it's the same story, a remarkable story. And it's very difficult to get away from. One of the poignant interviews I had in the book was a woman who was on this meth, barking like a dog at one point. She got sober and she was of the few people I talked to who got sober from this stuff. She told me, "After not using for six months, I still felt like I was a warped person. Like I didn't have the human qualities." And then she said, "One night, I'll never forget, I was in the sober living house with my roommate, and she was watching the movie *Maid in Manhattan*." Remember that movie? Jennifer Lopez, right? Corny rom-com kind of thing. And she begins to sob tears of happiness while watching this movie because, "All of a sudden, for the first time since I began using this crap, I felt empathy for another human being. I felt empa-

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thy for the characters in this corny rom-com.” But I spoke to her two years after her last use and she told me, “I still know that my brain is not the same. Please tell people that they need to do research to find, I’m doing all the yoga and the meditation and all this stuff, but I need more ways of trying to heal my brain, because I can tell that two years in, two years after my last use, my brain is still not right, you know?” But this is the other story and it’s all about synthetics. You can make it then use it later. There are no seasons. If you have access to chemicals, which they do in literal boatloads. It just makes total sense from a trafficker point of view. And so you’re seeing an unprecedented thing. We’ve never in our country had our country covered by one source, the Mexican trafficking world in this case, with not one drug, but two. And again, they’re flattening out that historic cycle that historians and sociologists have noted.

Dr. Shannon Monnat: One of the things we were talking about earlier and that what I really enjoy about your approach is you take this issue of drug use in the U.S., but you turn it into a bigger story about American society. And in this case, you connect the epidemic of drug addiction to consumer marketing of legal products. Sugar, video games, social media, gambling. Can you talk about that? How are those things connected?

Sam Quinones: Well, yes, thank you for asking. I had felt that, for *Dreamland*, I should have done something on that. But my poor little brain was just overwhelmed. I had no more room in my little brain for anything else. Fentanyl was coming out and I was like, “Forget it, I’ll do fentanyl later or something,” because I felt like I was about to keel over, right? So anyway, I began this other book, and I thought to myself, now is the time when I can put together these themes that I thought were emerging at the end of *Dreamland*. And one of them is that we are now in an amazing moment of neuroscience research. It is so fascinating to learn what neuroscience tests are learning about the brain, which is the most complex organ we have, as complex as the universe, right? But we have learned, and like the universe, we’re learning more about it – same with the brain. And

so there's an immense amount of stuff out there, and neuroscience is growing crazily. I think key to the neuroscience effervescence, I don't know if this is true, I just seem to have encountered this anecdotally, is that people who are entering neuroscience are very likely to not have any background in science. They come from working class families. I met four neuroscientists who are the first people to graduate college and their families. Why is that? I think neuroscience is brand new. It's not like cancer research, where you've got like these established hierarchies. It's wide open. Most neuroscience institutes were in the basement of the psychology department fifteen years ago, right? So, it's brand new. All this new stuff, it attracts people for whom hierarchies are daunting, or just not what they're about. Anyway, I talked to a bunch of them, right? Nobody was talking about brain chemistry around the dinner table when they were growing up. But it's like a wide open thing. It's new, and so all kinds of new folks can come. Maybe in fifteen years, there will be all the hierarchies that you find in cancer research, I don't know. But I was able, very luckily, to talk to some very brilliant neuroscientists. Two women, Nicole Avena in particular, she was so great in Princeton. Again, her father was a furniture store owner. That's the thing. Fascinating stuff. I think there's a whole world you could write about neuroscientist about that, really. I may try to do that at some point and we'll see.

Dr. Shannon Monnat: Excellent.

Sam Quinones: I'm a layman; I'm a crime reporter. I don't know a damn thing about any of this stuff. But that's the beauty and the excitement of journalism; you can find out anything you want. The point of journalism is not to write about what you know. The point of journalism is to write about what you don't know, but you're going to devote your entire time to finding out about, right? That's the point. And so, I do that with neuroscience, and I begin to see that the Sinaloa drug cartel is just part of a long continuum of companies and groups and others who have figured out some basic ideas about how our brains work, and they have spent a lot of money de-

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veloping strategies for prodding that. So, a casino. And now you're seeing all these damn casino gambling apps. That's an outrage. I mean, I saw it the first time in the World Series last year. I watch sports a lot, and so I go, "what the hell is this?" Betting on whether a guy hits a double next, that kind of crap. They know that this is addictive stuff, like sugar. In Princeton, they did research on sugar and how it behaves kind of like an opioid. There are several studies that they did, but for one of the studies, they got all these rats dependent on sugar water. That's all they're drinking. They're not drinking the regular water, no, right? Do you guys know what naloxone is? Naloxone is the anti-overdose chemical, and it is very widely used and very good. Now, when you give someone overdosing on heroin naloxone, they quickly go into withdrawal. And sometimes, that's why people start fighting with you after they come out of their comatose state, or their death state basically. In the study, they gave these rats naloxone. And sure enough, all these rats started displaying withdrawal symptoms once they were given naloxone (naloxone kind of frees the opioid receptors from the sugar). Sugar is not heroin, okay? I'm not saying it's heroin. I'm just saying that it hits the same receptors that heroin does (less potently, of course) and there are experiments that show this.

So, all these corporations now are figuring this stuff out. Now, of course, foremost in all this is social media. Obviously, the examples go on and on - Netflix never allowing us to stop watching, they just dovetail into the next episode, because it's all about reducing friction to use because they want to make it addictive. And that's why the soda manufacturers fight over space in the grocery store, because they want to make buying their product as easy as possible. Why don't fast foods companies ever change their logos? Because they're triggers. Oh, there's McDonald down there - I'm going to go and buy one of the little rancid burgers they sell. I can't wait for that. That's so great. I can't wait for that crap to settle in my stomach for four days. Anyway, that kind of thing, to me, shows that all these companies have figured this stuff out. For example, the

Facebook engineers who figured that out - both are on record as going to mass daily to beg forgiveness for having done that. There's this vast continuum, and out here is the Sinaloa drug cartel. But before that comes all this other stuff I just talked about. Pornography, unbelievable. Video games, forget it. To me, that feels like heroin right there. Cable TV news, we're all addicted to outrage. Outrage has always been part of our evolution. Why do we need outrage? Outrage helped us correct people who were harming the community hundreds of thousands of years ago. In order to use outrage properly, you had to stand up and be public. Say, this person is doing something that's harming our community and we're going to correct that as a community. That's where outrage comes from. But today outrage is prodded and prodded. And you can be anonymous on Twitter, or Facebook, or Instagram, or whatever it is. You can say all kinds of nasty things about people. And that's what cable TV news knows all about. Cable TV news, CNN, Fox News, it's like heroin, man. It's like saying, we are all a big group. For example, heroin addicts all kind of find each other and talk to only each other because they don't want to spend time with anyone who doesn't talk like them, or doesn't know where to find dope, how to use dope, et cetera, et cetera. That's what heroin does, or used to do, back when it was around. That's exactly what cable TV news networks like CNN and Fox News do; I don't see too much of a difference between either one of those networks. We don't have cable in my house, because it's just like poison in my opinion. But basically, it feels to me like this is the big continuum. And way out here, you get El Chapo Guzman and all these guys who kind of know some of this stuff, but they don't care because it's all a commercial venture to them. These industries are employing people, I believe, who understand this very, very deeply and are using it. That's why I wanted to say we are in a time, in my lifetime, in our lifetimes, where we have seen this takeover. Thirty years ago, there was not this panoply of crap that we were relentlessly marketed. Have you seen those burger advertisements? Has anybody ever seen a panorama shot of one burger off in the distance? Never. Never. It's all

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pornographic burgers like this big, oozing goo and like the burger just had sex or something. You're like, "Oh, God, yeah." It would be better than sex if I ate this thing. That kind of thing. So, to me, they understand this. The marijuana guys did too, if you used to read the magazine *High Times*, they would show these centerfolds of like buds oozing and big piles of cocaine. Everybody knows why you do that. It's because it prods all this stuff in your brain to say, "Oh, I have to go get me a burger," or a line of cocaine or whatever the hell it is. You know what I mean?

Dr. Shannon Monnat: It's like that video poker.

Sam Quinones: Yes.

Dr. Shannon Monnat: So get your questions ready, because I'm going to ask one more, and then it's your turn. So here we are sitting in the policy school.

Sam Quinones: Yes.

Dr. Shannon Monnat: What policies are going to get us out of this mess, and what can't policy do?

Sam Quinones: Let me talk about a couple of things that I think are essential now. The problems we face now as a country are that the approaches of fentanyl and meth in these vast quantities change everything. There's nothing about drugs – how to deal with them, use, profit, smuggling, addiction, treatment – that remains the same with these two drugs on the street and the quantities that they're out there today. That's my definite, definite feeling. You've never seen anybody addicted to ten grams worth of heroin actually living on the streets of America. Now, you have that kind of tolerance with fentanyl. And the other thing that's very important to understand, again, talking about the neuroscience as you just asked, is that these drugs do a pretty good job of squelching our instincts for survival, making us not want to do the things that have allowed us to survive as a species: eat, have sex, be around other people,

right? And they squelch those basic, very, very powerful, instincts for survival. We lived in New York when I was a kid for a year. I went to the Bowery and saw all these guys addicted to alcohol living on the street in the middle of trash. Why? Because their brain chemistry was controlled by alcohol. So, to me, this squelching of basic survival instincts is done more effectively and more completely the more potent and widespread the supply of that drug is. So alcohol does that, but methamphetamine seems to do it just so much more intensely. By the way, there is no such thing as anyone who survives long term on fentanyl. There's no forty-year fentanyl addict anymore. Everybody dies. The point is, the longer you leave people out there on the street, the more likely they are going to die. The harm reduction idea that we can just revive people and meet them where they are (I'm driven nuts by that phrase: "Meet them where they are." We all know where the hell they are. They're at death's door in every encampment in America). And so my feeling is what this has called upon us to do, one thing I think is very important is we need to rethink jail.

Jail up to now, if you haven't spent time in jail, really spend some time there, okay? If you're a sociologist or a public health worker, go to jail. Understand what jail is and what it's not. Across America, it's been essentially a disaster, adding to the problems that we all face. It's a place where you sit, you play poker, you talk with all these buddies, it's like high school reunion. "Oh, hey man, how have you've been? I haven't seen you for three years." "Yeah, I was doing this." And you watch *Judge Judy* all the damn time. That or *Friends*, because Jennifer Aniston is huge among all the inmates I've ever talked to. They ask me, "Man, do you know Jennifer?" I'm a reporter man, I don't know her. "But, oh my God, I love her, man." Yeah, okay, fine. Anyway, Jennifer Aniston. Oprah, too. Believe it or not, these are all killers and they love Oprah, big time. Anyway, jail is not a place where anything positive happens. I will say this: so many recovering addicts have told me that the reason they are now sober is because they got arrested. The best day of their life was

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the day they got arrested because they got away from the dope; they couldn't get away from it on their own. So, in the book, I write about a county in Kentucky that is experimenting a new way of doing jail. So, jail no longer is the place where you sit and vegetate, it's a place where they have a recovery pod. You opt in, you make your bed every day at eight, you have a day to get rid of any drugs that are on you or in you. And after that, if they find them on you, they boot you. But then you wake up every morning at eight o'clock. Life is filled with not Jennifer Aniston and *Judge Judy*, but with classes: GED classes, criminal victim thinking classes, anger management, parenting, life skills, like how you're going to find your driver's license. Very important things that will be essential to finding work post jail. You have meetings run by the inmates themselves. Most jails have a lot of drugs in them but this pod does not, because it's policed by the inmates themselves who all opt in. This is about you being excited about the opportunity to not just sit around watching *Judge Judy*, but actually move forward in your life. Jail is the first interface every addict has with the criminal justice system. It's not prison. You could go years in and out of jail, but never go to prison in this country. And what you do is you come in, you get arrested, you're strung out, you're emaciated, and you detox. Then you begin to have a clearer view of all the damage you've done to your life. Maybe your baby mama won't talk to you, your Mom won't take your phone calls, on and on and there's all kinds of things. But most of the time what we do when that epiphany happens to people is we put them into this place where you just sit around playing poker, and where if you try to quit drugs, you're known as a "quitter." Or a snitch even, sometimes. Anyway. What it's saying is that we need to make use of this beautiful opportunity we never have made use of. Jail has been this place where we just said, "Okay, it's there. I don't want to be there. I don't want to know much about it. It's a cost, I'm willing to pay for it." But I think it's got an opportunity. And the crucial thing is it's a place where you can put people where they can't leave when the dope tells them to leave, but it's a place where you then have an opportunity to begin recovery. And that

is what jail can be. I've seen it. Now, the other thing that's fascinating about this county, and I don't say this is what happened in other places, but in this county, what it also did, this jail experiment that they put in place, it kind of created or inspired a whole constituency on the outside for things that they need to do. So, there's one large nonprofit that just totally reoriented its entire mission towards helping people leaving that pod, recalibrate when they get back onto the street. They have clothes there, and think about how important that is. You're arrested in August, and you're emaciated but then they release you in February with very different clothes. But also, you're all bulked up on those jailhouse carbs. You need new clothes. This nonprofit also signs people up for Medicaid and medically assisted treatment in jail for when they leave. When have you ever seen a jail in America care about anybody once they left the door? There's a tattoo removal. Very, very important, I think. Medicaid is hugely important for medical health, but also for dental. An addict on the street has got the worst dental work and they need that fixed. You need to be able to feel like, yes, I'm moving forward with my life. I smile and I actually look handsome again. It's really important. All this stuff is happening now because they first experimented with jail, and then it began to create a whole group of people who weren't working in this topic at all before. Now they begin to come together. The university there, Northern Kentucky University, this county is Kenton County (it's right across Ohio River from Cincinnati) and that school there now sends interns to the jail. I had never heard of any jail with an intern program. But man, if you guys could get into that, you do it. That's endlessly fascinating stuff for you in public health, sociology, et cetera. Anyway, all of this is simply to say that fentanyl and meth together do not give us much opportunity. We cannot waste opportunities like jail. We cannot just sit around and go, "Oh, screw 'em. I don't care about 'em." Or, "We've never done this before." I know we haven't done it before. That's why we should do it now. Oh, and some people get all arch and inquisitorial. "Oh no, what you're saying is the mass incarceration and extending the drug war." I'm like, "have you ever

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seen a prison where they care about what happens when you leave a jail? This is the opposite of that." So anyway, to me, I think that is one thing that is extraordinarily important.

When I began writing about this county in 2015, I was there the first day they opened that pod. I thought, "Oh, this is a good idea. I never thought about this, actually." And I watched it, I've watched it ever since, for seven years now. But then fentanyl and meth come along, and I'm like, "It's no longer a good idea. It's essential." Because otherwise, those people are going to die, right? And you need a place where people can go and not be able to leave when the drugs very powerfully tell them they must. It's very common for people in the homeless encampment to tell you, "No, I'm fine. I don't want any help." Well, let me see. You're living in squalor. No sanitation, feces everywhere. You're pimped out, you're beaten, you're robbed. You're using drugs that will kill you at any single moment and you're fine? I don't think so. That's the drugs talking. Once you get those people in a different situation and they have some significant time to move away from all this stuff, all of a sudden, they begin to embrace sobriety. They begin to see what's possible. And when you then have something on the outside, I mean, to me, it sounds like extraordinary radical idea. Very, very powerful. Do I have solutions for every part of the country and everything? No, I just see these things. They seem to make a ton of sense. And so I just repeat them when I'm asked questions like you asked me, you know what I mean? Because I don't know what else to do. It all has to do with supply until the United States and Mexico deal with the very significant issues of Mexican corruption and assault rifles from the United States, arming those people down there who are making this stuff. Think about this, just off topic a little bit. The drug trafficking wars in Mexico began a year after I left in 2004. I never saw anything like this up until I was in LA in 2005, 2006, and all of a sudden, I see a story about six heads rolled onto a disco tech in Michoacan, where I stayed, I'd been to thirty times or something like that. I'm like, "What the hell is this?" Our assault weapon ban

went from 1994 to 2004. It expired in 2004 and in 2005, the violence in Mexico became alarming. And after that, it just amped up every single year, maybe that's a coincidence. I'm not saying I know all the reasons for that. But I can tell you that the assault rifles, AK47s, AR15s, all that ammunition you can get on those clips that carry so much ammunition – they are major guns of choice for the traffickers. And they get them from here, or they're bought here very easily and then smuggled south. There's a great person you should follow on Twitter, Michael Humphreys. He runs the Customs and Border Patrol crossing at Nogales, Arizona. And he puts up that stuff every day. And the other day, they tried to stop this car but the guy stopped and then ran into Mexico. But in the car, they found three or four of these guns. That's the thing - it's not 500 guns at a time. As they say in Spanish, "a la hormiga," ant like. It's a few guns at a time, hundreds of times a day for years. That's how you get to where we're at.

Dr. Shannon Monnat: Fascinating. So many fascinating stories. All right, it's your turn. We've got a couple of folks walking around with microphones. So why don't you say your name and then you can go ahead and ask your question.

Audience Member: My name's Larry Morgan. I'm a Ph.D. student here. Not in Maxwell, I'm in Rhetoric. I come from El Paso, Texas.

Sam Quinones: Great town.

Audience Member: Yeah, it's a great town. And I spend a lot of time in Juárez too. And this is something that I'm kind of shaping my dissertation up to be about. But I know a lot of people, friends, extended members of the community. You meet a lot of people if you socialize in the right places who are involved in the narcotics industry, the illicit narcotics trade on the border. And what's been sort of interesting to me is thinking about the sort of militaristic paradigm that we use when we think about people who are in this trade, because, I mean, there's not a lot of daylight between users

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and sellers, at least in my experience. And oftentimes, I feel that people are treated with a kind of threat response that isn't really proportional or conducive to any kind of social improvement. And in ways that have all the kind of moral nuance of like an episode of *GI Joe*, where in the Patriot Act, right? The public enemy number one is the concept of terrorism. Public enemy number two is methamphetamine. And to put these things on the same level like that; I'm dubious about the way that works when I can legally sell alcohol to somebody who's teetering on the edge of liver failure and not be kind of thought about in the same sort of vampiric terms as we might talk about your average street seller. So, I don't know. I don't know if this is actually leading to a question, I'm improvising. But I guess in your reflection, how does this sort of militaristic paradigm, this kind of national security framework that we kind of treat low level street operations, things like that with like, what impact has it had? And how would you see that shift?

Sam Quinones: Well, thank you. Yeah, I've been to El Paso many, many times, Juárez many times as well. It's a fascinating part of the country. I really love El Paso. I'm not so fond of Juárez, but I love El Paso. It's a great place. I don't know, I mean, we have a number of issues at work. One of the problems that we face is that, and I would talk about Mexico because I lived there a long time, I do not believe we've had really what I would consider to be a drug war, war against drugs, because Mexico has always been involved in promoting drug growth. The early growth of the cartels was all due to elements of the Mexican government. I never felt that Mexico has really cared, or elements of the government were bought off by the profits of this industry. And so, when you have somebody in the boat who's drilling holes while you're trying to bail it out, it could be a problem. And so, it leaves very few other options, it seems to me, once you have that. There's a great book written by historian Ben Smith, just out called *The Dope*. You want to read that. I mean, you could see the corruption going back to the 1950s. There's never been a time in Mexico where they really have set about understand-

ing the deep problems created and then address them in ways that I think are necessary and are absolutely necessary today. So I think sometimes, a lot of what we have tried is because we don't know what else to do, given the reality on the ground. Now, we also don't do enough of this kind of thing that they did in Nogales, where they look for these gun smugglers. This is an essential thing we need to do as country. Now, I hope that law or that series of laws, I think that the Senate passed after Uvalde, Texas will really do something about this, where you can't buy these guns so easily, but we really do need to do these kinds of things. I will say this: what this feels like to me, is partly a drug issue, but it also feels very much like a national poisoning. So, if it's a national poisoning, what do you do about that? I mean, I don't know. I just think that we have all, we have been hamstrung by certain attitudes in this country regarding drugs that I think are changing dramatically. I've seen them change dramatically since the book *Dreamland* came out, I can tell you. When I was writing *Dreamland*, no one knew how to pronounce Naloxone. That kind of thing, you know what I mean? Now, it's just like night and day. It's different world. So, I think that's important. But I still think this is a supply story, in my opinion. One of the things: as a journalist, you change your mind as the facts change. When I was in Mexico, I believed what most Mexicans believed, which was that this was all demand-driven. Yeah, I do not believe that anymore, I'm sorry. The evidence that I've been able to uncover feels to me the opioid epidemic happened because of the pharma companies that promoted this. The doctors pushed it on patients and then the patients grew. And you get this supply of opioids that goes like this for fifteen years. That's a supply creating demand. And with fentanyl and meth, it's the same thing. They're creating through putting fentanyl and cocaine by all kinds of ways. And now, it's with these counterfeit pills that you see all the time, right? And so, to me, it feels like we have tried things that, because of the reality of the situation, have been what we could try. I believe and I hope, that the United States and Mexico can one day collaborate on this because we both need to. The problem is we've never had the attention

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span for Mexico. We need same relationship with Mexico that we have with England. It's a 2000-mile border-free trade. There are all these issues between us, and we occasionally pay attention - that's not good enough. I think most congressmen need to know, okay, name the six Mexican states bordering the United States. That kind of thing. We need that familiarity that allows us to work together. That is possible because that working together has happened. It's just not well known. It comes and goes too easily. I'm not sure I answered your comment or question, whatever it was, but that's kind of what I would say.

Audience Member: I wonder if we can go back to your comment about Fox News and CNN being heroin. Can you tell us a little bit more about what you mean by that and any comments you might have on the 12-step program to get over political polarization?

Sam Quinones: Yeah, I don't have one of those. Well, what I was trying to say was that heroin, and addictive drugs in general, tend to form groups. You tend to form groups of like people; you don't want to be around anyone who doesn't know where to find dope, buy dope, use dope, and talk endlessly about dope. The most boring person you're ever going to meet is a person who's seriously addicted to this stuff. So, it seems to me that that's what Fox News and CNN do. They form us into groups where we talk to only people who think like us, look like us, and talk like us in kind of the same language. And the message of that whole format is to tell your audience: "You're right, they're bad." It's not to say you're partially right, but this person has some ideas that you might want to listen to. That's why I got into journalism. I wanted to be constantly surprised. And I am never ever for a moment surprised by anything I ever hear on either those two stations. And I've stopped listening. I watch them when I'm in hotels a lot and five minutes and I'm like, "Screw this, man." I'll go to infomercials for Magic Bullet blenders rather than watch that shit, you know what I mean? You know what I would go to now? It's ESPN. It's like cotton candy. I can't remember what the hell they're talking about, but it's not

people screaming at me. And pretty soon, it's all going to be about gambling too so I'm going to have to find something else. Korean evangelical preachers or something like that to just like kind of go zone out when I've had a long day. But my feeling is that they are all the same. They have figured out that outrage sells, alarm sells, educating people does not sell. Do not rely on the TV to get news or to educate yourself. You cannot. It's all print that you need to go to, frankly. I'm sorry, that's the way it is. It's hard. But here's the other thing. Our brains respond and get addicted to really quick jolts of fun and easy and happy brain chemistry. Reading doesn't provide a lot of that but it's great for your brain and really helps structure your brain. So, my feeling is, I watch those networks to be titillated and entertained. The same goes for a lot of what I do on Twitter and Instagram. When I really want to learn something, podcasts I would say are fantastic. That's where I go. I also read a lot. You have to stay awake. He who says my message is, you're right, they're bad, that's just like methamphetamine. Methamphetamine takes our empathy for other people and just shreds it. That's what they're doing, so avoid it, please.

Dr. Shannon Monnat: The other thing that makes this kind of news similar to drugs is the outrage activates something in your brain that gets you all wound up. It gets the adrenaline going. The anger gets out there, you're feeling excited. That's exactly what drugs do.

Sam Quinones: Exactly. It's like that narcotic feeling, you know? And to me, that's one reason why we just don't have cable at my house.

Audience Member: My name's Evan. I'm from Atlanta, Georgia, and I'm a master's student in international relations here at Maxwell. Your comment about Mexico is really interesting, and it was actually related to the question I was going to bring up. And that was related to the state complacency and cooperation in producing drugs. So, for example, given the recent events that happened in Iran, I've spoken a lot to the Iranian exile, sort of Emigre community

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here, and there's quite a few in Maxwell. And they adamantly said that everyone in Iran knows that the Iranian government produces drugs and sells them in order to make a profit. Regardless of their supposed religiosity and things like that, they are so complacent because that region of the world is really associated with drugs. And the same thing with other governments around Turkmenistan and like that. And North Korea also, I've heard, produces drugs. So, I was curious, is there any state involvement with this? And what is sort of the trends and the shifting sort of demographics of the drug production? Because I've heard that Peru, for example, is producing a lot of drugs. But now, Mexico is kind of falling behind in terms of drug production and things like that. That's what I've heard, at least.

Sam Quinones: Okay, I would say that there has always been Mexican government complicity with drug production and drug groups. If you want to know, there's a great book called, one of the first I've read, by Elaine Shannon, a journalist back in the '80s. She wrote about a book called *Desperados*, which is a tremendous book to read if you want to understand the beginnings of all this. But there was an organization known as the Dirección Federal de Seguridad (DFS), which is part of the federal government that was formed as kind of a way of rooting out communists. But in the border areas, it became a facilitator of all the major drug cartels, or rather, what became the major drug cartels, because at the time, it was just a bunch of disorganized farmers and ranchers doing this stuff, and they, the DFS, kind of helped organize it. That doesn't mean the entire Mexican government is involved in this, but it doesn't need to be the entire Mexican government. I would say today, there is a distinct apathy towards doing anything about all those chemicals coming in from China and India through those two ports on the western Pacific coast of Mexico. They didn't do anything about it. That's why we have two drugs that have covered the entire country because there's no attempt to question those chemicals. Where are they going? Why are you buying them? Why are there so many of

them? There's complete abandonment of that responsibility.

Audience Member: Well, I was curious about Middle East as well. Like I've heard that Moss and-

Sam Quinones: Yeah, you're going to have to ask that of somebody else. I'm a reporter, but I don't know much about that part of the world. I know a little bit, but not enough to be giving my opinion at a public conference. Journalists need to talk about what they know, and I've never studied the drug world. I would say that fentanyl calls into question whether like Afghanistan can continue to be a heroin producer. I would say that nobody in their right mind would now produce poppies if they could just make fentanyl. But that's a whole other thing. The other countries, I mean, I think other people are going to be better sources of information on that.

Dr. Shannon Monnat: On this topic of government complicity, let's not forget that the United States has been complicit in the manufacture and sale of drugs that addict people. That's in this book, right?

Sam Quinones: Right.

Dr. Shannon Monnat: So when Purdue Pharma created Oxycontin and aggressively marketed it, it was a drug that got through the FDA approval process in a way that no other drug had.

Sam Quinones: Yes.

Dr. Shannon Monnat: It didn't go through proper testing. It didn't have proper evidence that it wasn't addictive. And yet, the U.S. government let it slide right through. And they let it slide through for a very long time before they took any action against it. So, we too are complicit in the sale and manufacture of drugs that kill people.

Audience Member: Hi, Travis Glaser, I'm an alumni. So, the ques-

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tion I have is about local policies. You implied in the book that some of the stories of the recovering addicts, the threat of prison helped them to see a future. Yet, some of the communities, both in our state and in other areas are considering kind of decriminalization of certain drugs. Do you think that threat of prison is an important kind of stick to keep into the equation? Or do you think it's more of a social support structure issue?

Sam Quinones: Yes, I do. I think it's extraordinarily important. We've kind of stepped back from that one tool that now becomes more important than ever, the leverage of law enforcement, the leverage of you might go to prison. I've just heard too many stories of people who say, "the only reason I'm here in treatment is because initially, I was told, it was either go here or go to prison." Just spend time with people, just spend time in jail and talk to people, and you will hear this story over and over and over again. One of the reasons we got into this problem with so many overdose deaths and so on is because decriminalization, this was all coincidental, but decriminalization and COVID and fentanyl and meth all kind of converge. Decriminalization in 2019, 2020. COVID, 2020. Fentanyl's already there. All of these things are happening. I believe decriminalization is a colossal mistake when you are talking about fentanyl. I mean, the sale of fentanyl is like firing a gun into a crowd; you're going to hurt somebody, you're probably going to kill somebody. That's the rule, okay? That's the truth. And so why you would want to say that, well, fentanyl's okay. No, it's not. It's not okay to sell it. And you need ways of getting those people off the street. Even the dealers who are selling to support their habit, that habit's going to be lethal very soon. So, you could say, "Well, he is selling. I don't care what happens." The truth is, it's all part of the mix and you have to take all these folks into account. And my feeling is that decriminalization has been a major mistake in every place they've tried it. Fentanyl and meth have kind of messed with their minds. Now, those are all policies or ideas that were born before complete coverage of fentanyl and meth across the country. In the days of

cocaine and marijuana and heroin, maybe they would've worked, I don't know, but that's not where we are right now. And I just think it's a major mistake, because people are thinking as they used to think. It's the same with marijuana. Should we legalize marijuana? That was a question they asked when I was in high school and junior high and they're still asking it. The marijuana is radically different. So the next question should be, if so, what marijuana do you want to legalize? But we have not moved, and some of these ideas have stayed where they were in the past while the drugs are going crazy. You know what I mean? So to me, it feels like a huge mistake. You can't say that in a lot of areas because people get all arch about it. "Oh, you're going back to the drug war now?" No, just listen, okay, stop being outraged by what I just said. I was at a thing last week, Bloomington, Indiana, and I gave this long talk and a lot of it was about this jail idea and all this kind of thing. And one of the questions written out on a piece of paper was, "When has mass incarceration ever helped with addiction?" I'm like, dude, you spent 50 minutes listening to me, and the only thing you came up with was that I was in favor of mass incarceration? I mean, it's lazy thinking, you know? Anyway, I get all upset about this stuff. We'll move on.

Audience Member: Hi, I'm Vanessa Shera. I'm a policy studies major here at the Maxwell School. I know you talked a lot about fentanyl being the death sentence to people who are, per se, on meth or crack or whatever that is mixed in with their fentanyl. Do you think there's ever going to be a way for these people to get off the death sentence, or is this kind of just the end for drug users?

Sam Quinones: Well, I think you need to be in a place where you can and quickly, because the truth is, like they say on the street, fentanyl changes everything. The other thing they say is there's no such thing as long-term fentanyl user; they all die. Whereas with heroin, I've met people using heroin for thirty or forty years.

Audience Member: So there's a possibility, but it's just not-

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Sam Quinones: Well, I would say with fentanyl, you need to get off the street and you need to be away from it. It's the separation from it that is essential to me. I've been with people going to tent encampments offering, "Do you want housing? Do you want treatment?" And the addicts say, "no, no." Okay, let me get this straight. You're living on a sidewalk in Hollywood, right? There's no place to use the bathroom. There's no running water. You're out of your mind because you're using meth too. And you're talking with your dad who lives in Jamaica through a three-foot mirror. And the doctor comes back and says, "Well, she's not ready." I'm like, "Man, she's never going to be ready. You need to get her someplace else." And I think what this is also showing is that we need to really rethink and come to new approaches for addiction and mental illness together. So often, they've been separated. You can even see it sometimes in some counties: mental illness service is over here, addiction service is over there, homeless over here, foster kids over there. There's no idea that these are all similar problems. They're all connected, you know what I mean? So that's another thing, I think. But the idea that people can just live on the street creating the public health, public safety issues that they create, the tent fires and all that kind of stuff, I just think the idea that we should meet people where they are sounds good, but we need to understand that where they are, because of fentanyl, because of methamphetamine, is right at death's door. And tomorrow, a week from now, two months from now, they're going to be dead. So, harm reduction is not harm reduction. That doesn't sound like compassion much to me.

Audience Member: Hi, my name is Kennedy. I'm a second-year undergrad here at Maxwell. My question for you is, it's a well-known fact that in prisons and jails across this country, we have very lackluster healthcare as well as mental healthcare. And I was just curious, in your opinion, what policy steps should the U.S. government be taking to further implement drug prevention pods as well as dental and Medicaid care for inmates that are newly released and out into society on a state and well as federal level?

Sam Quinones: That's a great question. I would say one of the things about the jail option that I was just discussing is that there are no drugs, so, separation from drugs is a big, big part of this. You need that, and that takes care of a significant part of the mental illness issues that also arise, right? With this though, as you are beginning to kind of work with people on this, jail can then be a place where you advance in both of those realms, it seems to me. Now, we're all figuring it out. Everyone's kind of groping half blind on this. It's an experiment that's moving forward in various counties, importantly, in counties that have been so badly hit by the opioid crisis because they know, they've been through this. We'd be wise to take their lead because they've been through this for so long. But I do believe that what all of this is calling on us do is rethink how to deal with addiction and mental illness together. The idea that they're somehow separate, sometimes that's true. Mostly, I don't think it is. I think they're really connected. And so then, maybe we need to rethink transitional housing. That's what's kind of going on a little bit in Kenton County, what I talked about before, where you have these other kinds of housing. I really believe we need small scale housing, six or eight rooms, where people can go with various gradations of who gets committed. Six months, this guy. Two years, that guy. Maybe more for the other fellow, that kind of thing. My dream is that this would be in every town. This one guy says, "Well, that's not going to work because you can't scale it." I'm like, "Good." Nobody is going to support a project that comes to you and says eighty beds. The whole town's going to rise up and go, no, six beds, eight beds over and over. And it's going to cost a lot because you need nurses, you need doctors sometimes, you need supervision. It cannot be like guys just allowed to hang out on the porch when the girls get out of school kind of thing. You know what I mean? It needs to be really thought out. But it seems to me this whole predicament is really calling us to rethink all this stuff. And it's being rethought little by little. It needs a push, and in my opinion, the federal government needs to push the idea of thinking about jail in a different way. Again, all of you all who are in public

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health, sociology, whatever, spend some time in jail. I don't know what your jail situation is here, or the little towns you have around here, but it's frequently not a pleasant place. You could see that it's not a place where productive positive things are going on. But it can be. And if you ever get in the area of Kenton County right across from Cincinnati, go visit their jail and see. There is a lot of new stuff going on. Severe problems require a whole new way of thinking. I've been saying that since my book *Dreamland* came out, honestly. New ways of thinking: great, keep going. Let's figure out more stuff the way I haven't even figured out yet.

Dr. Shannon Monnat: We're almost out of time. We have time for one more question.

Audience Member: My name is Dominic Buehler. I'm a junior here at the Maxwell School. And you said that you oppose decriminalization, but do you think policies that provide clean syringes for addicts, such as the now famous policy in LA County where drug users can swap dirty syringes for sterilized syringes are good because they prevent deadly bloodborne diseases like HIV, or bad because they give resources to addicts to continue their addiction?

Sam Quinones: No, I think they're good. No, there are some things about harm reduction that actually are very important to continue and have always been. Syringe exchange is absolutely one of them. Now, they need to be actual syringe exchange, right? Not just give them needles out. Anecdotally, I would say, that's what they say happens in a couple places. I don't know. I will say that we painted ourselves into a corner with that. Initially, when I started my book, *Dreamland*, I would've said that's kind of weird. Why would you make a drug illegal and then provide the implements of its use? But we have painted ourselves into a corner in terms of the costs of HIV, Hep C, and endocarditis. I don't know if you know about endocarditis but it's horrible. It's a heart affliction caused by bacteria. Generally, it's very rare. Before all of this, a doctor might see it once every two years. Now, it's very common, or certainly far

more common than it was. All of that is connected to the idea of why we need syringe exchange. It's very important to do, if you do it alongside offering people treatment. Being there is always having that be a gateway towards it. I also think naloxone is an essential thing. Naloxone should be as common as fire extinguishers in a gas station or a restaurant. That kind of thing. Airplanes, buses, public transportation, you know what I mean? There are some parts of harm reduction that seem to me to be at odds with the realities on the streets of America today, given these unrelenting supplies. It's not a wave of drugs, right? It's a new sea level of drugs. That's the point. And these drugs are extraordinarily potent and very difficult to get off of. They're very deadly and damaging to the brain. They're just Narcanning people endlessly. I'm writing a story now in which this will be part of this story, but you guys might want to follow up on this because I think this is very important to what you all are working on, but the endlessly Narcanning people to consciousness does not mean that those people are okay, because an opioid overdose is deprivation of oxygen to the brain. Now, if you do this repeatedly, over a period of time, there's a very good chance that you will achieve brain impairment in people. And so, while reviving a person is an undisputed good, it's also not the case that it should be just simply policy to endlessly revive people. There's a great study going on right now in Pasco County, Florida funded by the Department of Justice, where they're studying 120 women and their experience, and they find that with increasing overdoses, people's reading levels drop. Their ability to focus and understand and follow directions drops as well, because the parts of the brain that are affected by overdose are, first, the hippocampus, the memory part of your brain; then the cerebellum, which governs motor skills; and finally, perhaps most importantly, the prefrontal cortex, which governs planning and consideration of consequences. They believe that an overdose corrodes communication between these parts of the brain. Very much like a concussion, except for in the NFL, you have to stay out for a certain number of weeks, right? But on the street, you get revived then go right back to the street where may-

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be that same day, you will overdose again. We live in a historic time. Never have we seen so many people in one country overdose on opioids, I believe. I don't have a study that says that, but it just feels to me like that's the case. Never has this happened so much, and then never have so many people been revived with naloxone from an opioid – from which most people usually used to die. And so, what that means is that now, we are dealing with another issue. If all you're going to do is Narcan people – without attempting to take that person and find another option and maybe push that person, threaten that person, nudge that person so the dope is no longer speaking for them – then you will very likely end up with a significant population of people who have been brain impaired. That's another thing that grows from a policy that does not understand or reflect the new reality on the streets that these drugs in their massive quantities represent. Thanks for your question.

Dr. Shannon Monnat: Let's thank Sam for being here.

Sam Quinones: Thank you all very much. Thanks a lot.