



Awareness and Perceptions of Fentanyl Criminalization Policies: A Survey Report

SCHOOL OF PHARMACY

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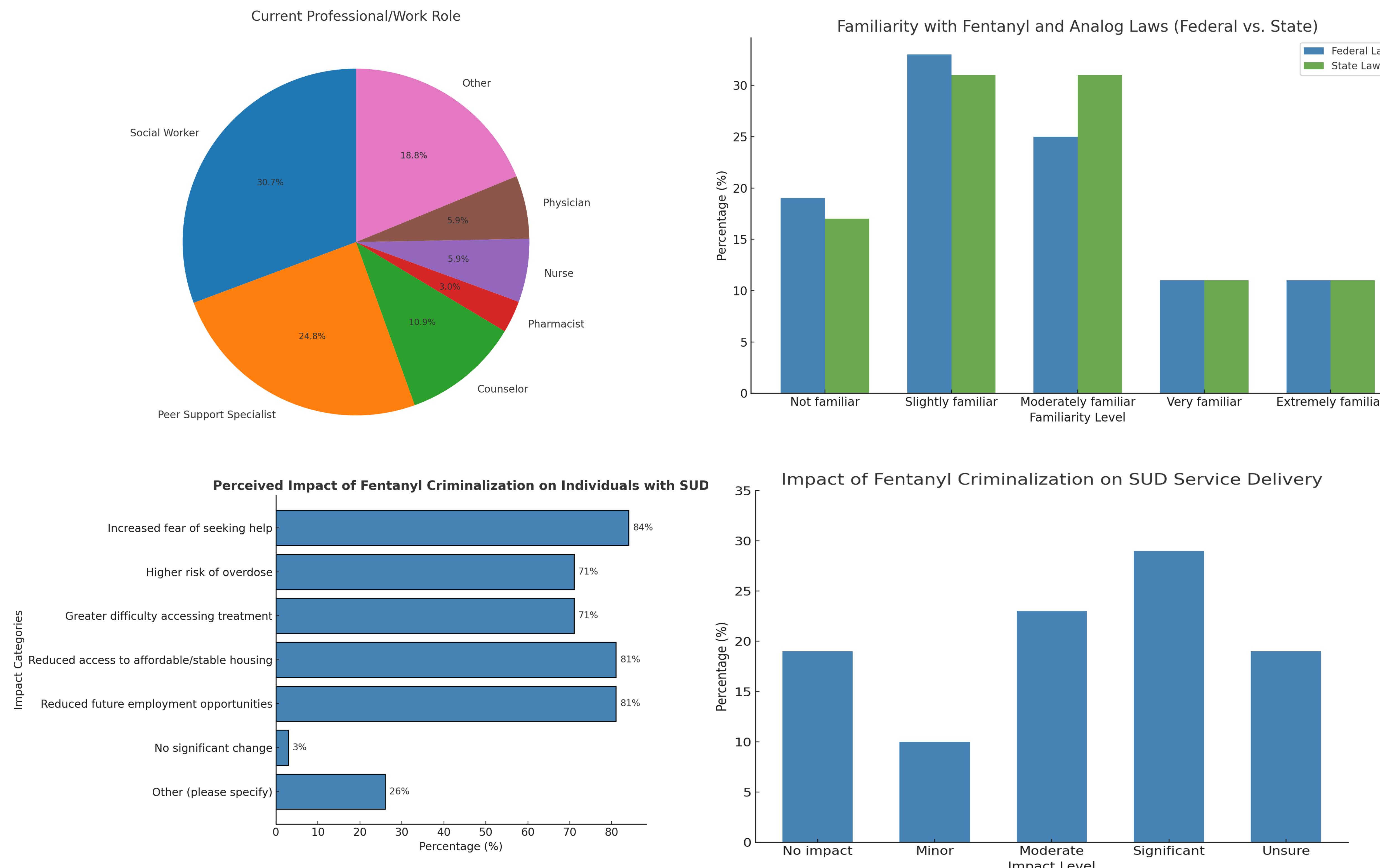
BACKGROUND

- Fentanyl and its analogs are highly potent opioids contributing significantly to the ongoing opioid crisis.
- Recent criminalization policies aim to reduce supply by imposing severe legal penalties for possession, use, and distribution.
- Past criminalization policies have disproportionately affected individuals with substance use disorders (SUDs), who are often criminalized rather than treated.
- Understanding how clinicians perceive these policies is crucial to identifying gaps within care and ultimately developing more effective and compassionate care models.

METHODS

- An online survey was administered through Qualtrics in the Fall of 2024.
- Target Audience: a Midwest opioid learning community listserv (800+ members).
- Primary Endpoint: Awareness of recent fentanyl and related analogs (FRA) policies.
- Secondary Endpoints: Perceived impact of FRA policies on patient care and public health.

RESULTS



DISCUSSION

Key Findings:

- Limited clinician awareness and training on FRA policies.
- Strong perception that criminalization negatively affects patient care and public health.

Implications:

- Fear and stigma deter patients from seeking SUD treatment.
- Criminalization may worsen health disparities and limit access to essential resources.

RECOMMENDATIONS

- **Policy Reform:** Shift focus from punitive measures to harm reduction.
- **Clinician Training:** Implement programs to improve clinician preparedness on legal changes.
- **Resource Allocation:** Focus on expanding treatment access and prevention initiatives.

PERSONAL STATEMENTS FROM CLINICIANS

“If we spent half the money we now spend on law enforcement, my clients might not have to wait more than a month to enter treatment.”

“... illicit drugs should be decriminalized so that SUD becomes a public health issue and not a punitive issue.”

“Let's start treating OUS/SUD as a public health matter like heart disease or diabetes.”

“Define SUD as a disease not a crime.”

CONCLUSION

- Criminalization policies hinder SUD treatment and recovery.
- Collaborative efforts between policymakers, clinicians, and community organizations are crucial to developing more effective, patient-centered approaches.