

US citizens source of most fentanyl smuggling

November 9, 2022

An NPR-Ipsos poll in mid-September found that 39% of Americans and 60% of Republicans believe that “Most of the fentanyl entering the U.S. is smuggled in by unauthorized migrants crossing the border illegally.”

A more accurate summary is that fentanyl is overwhelmingly smuggled by U.S. citizens almost entirely for U.S. citizen consumers, the Cato Institute stated.

In order to fully understand the situation all of the facts must be considered, not just those that fit a political narrative.

Consider the following statistics:

- Fentanyl smuggling is ultimately funded by U.S. consumers who pay for illicit opioids, nearly 99% of whom are U.S. citizens, according to the National Library of Medicine.
- More than 86% of convicted fentanyl drug traffickers are U.S. citizens, reported the U.S. Sentencing Commission.
- More than 90% of fentanyl seizures occur at legal crossing points or interior vehicle checkpoints, not on illegal migration routes, according to U.S. Customs and Border Patrol statistics.
- Just 0.02% of people arrested by Border Patrol agents for crossing illegally possessed fentanyl, according to the Government Accountability Office.

Assuming that the problem is being created by outside forces is simply a convenient way to ignore our culpability in the rise of fentanyl coming into America while further scapegoating migrants. Closing the border will not address the fentanyl crisis.

CHRIS BIZZELL

Folly Beach

No to BAR change

I write in response to the Oct. 21 article, “Charleston architectural review changes would make some historic renovations less costly.”

As a historic window restoration specialist and carpenter, I always advocate for homeowners taking an interest in their homes. After reading this article, it seems the homeowner interviewed could have been forced into her position by an inflated proposal from a window restorer, which is a separate issue from the BAR requirements.

I believe the new guidelines would accelerate the removal of historic fabric, as homeowners and contractors realize that if the BAR would compromise on windows, it could compromise on other matters. Who would oversee these guidelines and ensure that the homeowner or contractor is not exceeding the new relaxed standards?

I frequently see historic millwork replaced by generic millwork, especially in window sashes. Historic sashes are worth preserving because they are typically made of old-growth durable wood, and many sashes still retain early glass.

Homeowners need to be more proactive with getting competitive prices, and if the work is expensive, perhaps consider doing it in phases or possibly with sweat equity.

There is a lack of education as to why keeping historic fabric is important for the history and character of the house as well as the neighborhood. Unfortunately, sash and windows seem to be the present bogeymen.

These proposed changes should be thought through carefully before implementation, or soon we may end up with a restored building where the only original materials left could be a couple of beams in the floor.

DAVID DICK

North Charleston

Johns Is. traffic

I write in response to The Post and Courier article concerning the "pitchfork" road project at Maybank Highway and River Road on Johns Island.

Uncontrolled, rampant growth on Johns Island is creating traffic nightmares all along River Road, which was not designed for this volume of traffic.

In the meantime, there is no progress in creating a better environment for bicycles or pedestrians along a road with a county park and an elementary school.

We must start including projects that provide these spaces as we plan any other improvements.

It is frustrating to watch this shortsighted planning continue.

REBECCA BOHN

Charleston

Gender care

I am grateful for Friday's thoughtful, fact-filled letter by Dr. Elizabeth Mack and Dr. Martha Edwards on behalf of transgender people.

Last November, my 26-year-old son confided that he is transgender. She is so incredibly happy now, but it wasn't always this way. She suffered from severe depression from the age of 13, and we worried we would lose her.

She nor my husband nor I knew the root cause of her depression, yet we sought help for her through therapy and medication.

We are thankful that a few years ago she learned about gender dysphoria through a therapist in Charleston. She is now living out of state and working in a community that supports her physically, emotionally and spiritually.

The doctors ended their letter with this statement about gender care: “It is well understood by most major medical organizations to be lifesaving.”

I can attest to this important fact. My child is no longer a harm to herself and is now living her best life.

I thank the doctors for making the Charleston community aware of these distinctions in light of misinformation spread by people who are not in the medical field.

KIM TROTTER

Charleston