



Fentanyl is one of the most powerful drugs known to man. It kills street junkies and fraternity brothers alike, and traces of it were reportedly found in the hotel room where Anna Nicole Smith spent her final night. It's as close to weapons-grade as narcotics can get—and that's why people are dying to get their hands on it. *By Adam Higginbotham*



JOSEPH KRECKER WASN'T ANYONE'S IDEA OF A HEROIN ADDICT. AT 16, HE played hockey for 11 months of the year with Northern Express, in Park Ridge, Illinois. When he gave that up, he said it was only so that his grades wouldn't suffer when he took a part-time job cleaning tables in the Terminal Five food court at O'Hare airport. He planned to start college in the fall of 2006.

His father, Jack, says he saw Joseph intoxicated only once, when he was 14; he and some friends had apparently stolen a bottle of vodka from one of the kids' parents. Joseph's fear of needles was so great that when he had his tonsils out, Jack had to hold him in a bear hug before the nurse could take a blood sample.

In his office at the Franklin Park, Illinois, police station, Jack searches his cluttered desk for a photograph, but finds nothing. "Joseph was a good kid," he says, "a kid that knew right from wrong."

Jack Krecker, 50, has been a police officer for more than 20 years; today he is the deputy chief in Franklin Park, a faded Chicago suburb in the shadow of the airport. Shortly after spring break last year, he discovered his oldest son had become addicted to heroin; Joseph told him he'd been using for a few months and wanted to quit. Jack immediately had him committed to rehab—an eight-week residential program in Rockford, Illinois.

Afterward, Joseph took a job as a laborer at Lifesaver's Carpet in Franklin Park, where Jack knew the owner, and attended daily Narcotics Anonymous meetings for two weeks. On June 6, 2006, he took the day off—he'd planned to meet his father for lunch and sign up for outpatient drug counseling. Instead, sometime after ten o'clock that morning, he made a phone call to his former dealer. He drove the short distance from his home in Park Ridge to an address on North Monitor Avenue, on the West Side of Chicago, and bought \$50 worth of heroin.

"I'm sure that once Joe got it into his hand," Jack says, "the temptation was too much for him. He tried it then and there."

Police found Joseph's body at 4:40 that afternoon, slumped face-down in the passenger seat of his Jeep outside 2411 North Monitor.

"He didn't get heroin," his father explains. "He got fentanyl."

A synthetic opiate, fentanyl can be 100 times as potent as morphine; it can be lethal even in infinitesimal doses.

more than 700 drug users across the country were dead.

Denton, 43, is a short man with soft hands and wire-rimmed glasses who has spent 10 years working at the Cook County morgue—a low, ugly building beside Chicago's Eisenhower Expressway. Denton and his colleagues noticed something odd happening in December 2005: A few extra cases appeared on the daily ledger marked as "pending toxicology studies." Typically, these are men between the ages of 20 and 40; the initial autopsy shows no obvious cause of death. Often it turns out to be a heroin overdose. But these bodies were turning up in clusters, two or three in one day, and at first the pathologists simply assumed a new strain of stronger heroin was taking addicts by surprise.

But on the morning of January 21, 2006, the body of a 24-year-old man was discovered on open ground in the south of the Loop area of the city, opposite the Dearborn housing projects—home to the drug-dealing crews of the notorious Mickey Cobras gang. This scene was not that of an ordinary OD.

The man was facedown in the grass in a kneeling position, his arms at his sides. There was a puncture mark in his arm, and a syringe beside him—empty but for a few drops of bloody fluid in the needle hub. Whatever he had taken had killed him almost instantly. "He injected, it shut down his respiratory drive, and he just collapsed face-first—he didn't put his arms out to block himself, his fall—anything," Denton says. "That got the attention of the Chicago police."

Standing at the scene on an icy morning a little over a year later, Sergeant Greg Daly points at the snow-covered ground beneath the elevated railway, which here runs parallel to South State Street. "He was lying that way," he tells me, "in, like, a Muslim prayer position." Daly, 36, oversees the Third Watch of the Chicago Police Department's Heroin Task Force; he wears a tweed flat cap with his flak jacket and calls policemen "coppers." The body was one of many he would see clustered around the Dearborn projects over the coming months, locked in strange poses: crouching, doubled over, in the fetal position, or clutching at their chests. The next one turned up two days later, directly across the street from where we're standing; another was found down the block, sitting upright on a bench in front of the 2901 building, as if waiting for a bus; another was discovered

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"I talked to the medical examiner myself. She said the dosage must have stopped his heart instantaneously," Jack says.

AMONG HEROIN ADDICTS, DEATHS FROM OVERDOSES ARE COMMON. IN MOST major U.S. cities, there are hundreds of fatalities caused by the drug each year. "Give or take a few, we usually average 30 a month—with or without cocaine and other things," says Dr. Scott Denton, interim chief medical examiner for Cook County, which includes Chicago. "Right up there with New York and Los Angeles."

But in 2005, a new phenomenon appeared on the streets of Chicago and Detroit, and soon after in cities and suburbs from New York to Wisconsin. Something began killing drug users faster than ever before. Initially, there were just a few deaths at a time. Then there were dozens. In Detroit, 33 died in a single week in May. By November,

in the nearby Ickes projects, inside a maintenance closet, petrified in a squatting position: "Frozen fuckin' solid," says Daly, hunching down to mimic the pose.

The deaths were baffling: At the morgue, standard tests that screened the dead men's blood for lethal concentrations of poisons—everything from heroin to any one of 50 prescription medicines—came up negative. In the autopsy room there was talk of cyanide in the heroin supply, of bioterrorism. Puzzled detectives sent a sample of the bloody fluid found in the needle beside the body of the first victim to the state crime lab for analysis. "That came back pretty quickly," says Denton. "There was fentanyl in the syringe."

FENTANYL—OR, IN ITS FULL DESIGNATION, N-(1-PHENETHYL-4-PIPERIDYL)-N-phenyl-propanamide—is not a new drug, nor is it that obscure; in its

clinical form, it is legal and FDA-approved. It was first synthesized in Belgium by Janssen Pharmaceutical in 1960, and was developed for use as an intravenous anesthetic, introduced to the U.S. under the brand name Sublimaze in 1968. The first wave of fentanyl abuse began in the mid-seventies, among anesthesiologists, surgeons, and nurses who had access to the drug in hospitals.

Fentanyl is similar in its physical effects to plant-based opiates like morphine and oxycodone—it induces euphoria and relaxation and is highly addictive—but it differs in one important way: its strength. “The usual dose that’s given in the operating theater is 50 micrograms. The usual dose of morphine that you’d give might be 5 milligrams. So there’s a one-hundredfold difference in potency,” says Dr. Frank Vocci of the National Institute on Drug Abuse. “I don’t know if you’ve ever seen a microgram—it’s like a speck of dust.” A presentation last year by Joseph T. Rannazzisi, deputy assistant administrator of the Drug Enforcement Administration’s Office of Diversion Control, included photographs comparing effective doses of powdered fentanyl and heroin. In the pictures, the fentanyl sample, at 125 micrograms—the weight of two fingerprints on a piece of paper—is the size of a pinhead. The narcotic is so powerful that it can cause an overdose simply by making contact with the skin. “You could put a lethal dose on your hand,” says Vocci, “and not know it’s there—easy.”

Abuse of pharmaceutically manufactured fentanyl remained a minor problem throughout the seventies. But in 1979, a rogue chemist somewhere in California figured out how to create fentanyl analogues—subtle alterations of the molecular structure of the chemical—producing even more powerful variants of Janssen’s original drug, which were sold as synthetic heroin. Soon after, the DEA began hearing reports about a new drug being dealt on the street as China White—the name given to high-grade heroin from Burma, Thailand, and Laos. “We haven’t seen a lot of it,” George Halpin, then-acting regional director of the DEA in Los Angeles, said at the time. “But what we have seen scares the hell out of us.”

The first known fentanyl deaths were recorded in December 1979. In 1980, the drug killed another 20 people. In November of that year, the DEA recovered samples of a powder they took to be China White

suffocating them in a matter of minutes—or seconds.

One drug user I speak with, who asked not to be identified, tells me that in 1995, he injected himself with fentanyl stolen from a Chicago hospital. Almost immediately, he says, he started to overdose, acutely conscious of what was happening, filled with panic and yet unable to move. “Your arms are like mattresses . . . it was almost like dreams where you’re trying to run away from an attacker and your legs are wooden and you can’t get anything to work,” he says. The drug quickly began shutting down his respiratory system. No more than 45 seconds after the needle entered his vein, he lost consciousness, falling face-first onto a concrete floor. He woke up later in an emergency room, having been revived with rescue breathing, a sugar solution, and the opiate antidote Narcan.

Illegally manufactured fentanyl remained a rarity in the eighties and nineties, and when it did appear it was often in the form of analogues created by experienced scientists: In 1985, a 33-year-old DuPont research chemist in Wilmington, Delaware, was arrested after selling an ounce of 3-methyl fentanyl to DEA agents. Three years later, a 48-year-old man in Pittsburgh was arrested for producing a batch of fentanyl—made with ingredients he acquired through his job at Calgon Corp.—that killed 18 people. And in 1993, the DEA shut down a lab in Wichita, Kansas—run by George Marquardt, a self-proclaimed genius who won the 1964 Wisconsin State Science Fair on the same day he was expelled from high school—that over a two-year period had produced more than 30 pounds of fentanyl, sold on the street as “Tango and Cash.”

Janssen Pharmaceutical spent the eighties developing fentanyl as a prescription drug to manage the breakthrough pain associated with major surgery and cancer. In 1990 the FDA approved a self-adhesive patch that contained enough fentanyl to provide pain relief for 72 hours. The patch—and later, the fentanyl lollipop, Actiq—was a sophisticated delivery system designed to prevent abuse. But as with time-release OxyContin pills, which opiate addicts learned to crush and snort, it did not take long for imaginative drugstore cowboys across the country to use the fentanyl products for their own purposes. The lollipops are now sold on the street for \$20 each—as Perc-O-Pops. Cut open and dried out, smoked or swallowed, the

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from the bodies of two fatal-overdose victims—and yet its standard tests showed that the powder was 99 percent lactose. It took the DEA’s most experienced forensic chemists nearly two months, using a battery of tests and analysis at an atomic level, to determine what the substance was: alpha-methyl fentanyl, 10 times as powerful as the one patented by Janssen. The chemist who created it has never been identified.

A FENTANYL OVERDOSE IS A TERRIBLE WAY TO DIE. “IF SOMEONE OVERDOSES on heroin, they’ll usually stop breathing slowly,” says Scott Denton. “They’ll go from normal breathing to a light coma, to coma, then their breathing will get very shallow, slow down . . . and then they’ll just stop.” But whereas heroin “relaxes” its victims to death, sometimes over a number of hours, fentanyl takes its victims fully aware,

patches have become a major source of fentanyl abuse; last September, 19-year-old University of Alabama student Jamie Echols was found dead after a night of partying. He had used a single high-dosage patch that a Theta Chi fraternity brother had allegedly stolen from a local Rite Aid. Three months later, the body of 20-year-old Southern Methodist University student Jacob Stiles was discovered at his Sigma Alpha Epsilon fraternity house. An autopsy revealed he had died from a combination of alcohol, cocaine, and fentanyl. In February of this year, Actiq lollipops were reportedly found, along with methadone and Slim-Fast, in the hotel room where Anna Nicole Smith died.

In the meantime, a simpler method of manufacturing fentanyl emerged: a four-step process—using standard laboratory glassware at room temperature—that the DEA calls the Siegfried synthesis. At

some point in the late nineties, this recipe was posted online. For the first time, anyone with a basement lab and a chemistry degree could make his own synthetic heroin.

Since 2000, the DEA has closed down five underground fentanyl labs. In June 2005, agents in California arrested Matthew Finley, a 27-year-old chemistry graduate student who had been manufacturing his own supply right there in the lab at San Diego State University.

CHICAGO DRUG DEALERS RECEIVED THEIR FIRST DELIVERIES OF CLANDESTINELY manufactured fentanyl sometime in the second half of 2005. Frank Limon, chief of the Chicago Police Department's Organized Crime Division, believes that the two mysterious clusters of nonfatal overdoses his men saw that August and September—at the ALBA Homes, on the West Side, and the Dearborn Homes—may have been the result of experimental batches of fentanyl shipped from a Mexican lab. “Dearborn Homes probably had a source in Mexico that was giving them samples to try out,” Limon says. “They wanted to see if they were gonna get customers.”

At the end of 2005, fentanyl began arriving in volume in Chicago. At the time, Greg Scott, 38—an associate professor of sociology at DePaul University who teaches courses on substance abuse and drug markets—was conducting an ethnographic study of Chicago street gangs and drug users and was integrated into five different dealing crews. Since he started his observations, in 2000, he had developed relationships with crews from the Gangster Disciples, the Vice Lords, and the Black P. Stone Nation. He got to know them well. “Well enough,” he explains, “to work at their cut tables and participate in the bagging-up of the drugs. It gives me a good vantage point for how the drugs get distributed and packaged.”

Scott had seen pharmaceutically diverted fentanyl being sold on the street before—dried out from patches and chopped up into powder. But in mid-December, for the first time, he saw the lab-made form of the drug being packaged up by a Gangster Disciples operation four blocks away from the Dearborn Homes. Working at a cut table with a crew run by Jerome, a dealer on the West Side, he saw 15 or 30 grams of fentanyl come in at a time: “That’s an estimate,” Scott explains. “A nice ziplock sandwich bag, probably two-thirds

a quantity of fentanyl larger than two grains of table salt, it can be lethal; diluting it to safe levels requires quality control that’s beyond the means of anyone but a commercial drug manufacturer. “You’ve got to remember—drug dealers are not chemists,” says Frank Limon. “I think it would be fair to say that they didn’t know how dangerous the levels of mix were.” The bodies turning up at the Cook County morgue proved to have wildly varying levels of fentanyl in their blood: “A fatal level is anything from 3 nanograms to 28 nanograms per milliliter of blood,” says Scott Denton. “At 28, you die really quickly. The highest we had is 164: Somebody just got pure, uncut fentanyl.”

The deaths in Chicago started slowly. On January 25, 2006—two days after the second overdose victim was discovered at the Dearborn Homes—the bodies of Galena, Illinois, residents Josh Serpliss, 21, and Justin Jobgen, 23, were found in a car parked off the Eisenhower Expressway, in a lot popular with suburban drug users fixing on their way home after buying in the city. Jobgen was in the driver’s seat, a syringe still in his hand. There were six more deaths before the month was out; in February, nine more. “And then,” says Denton, “it really started accelerating.” In March, there were 12; in April, the Cook County medical examiner attributed 25 deaths to fentanyl.

“April was our tipping point for an epidemic,” says Limon. “We had all these overdoses, fatalities starting to spread everywhere. Not only here in Chicago, but Detroit, Philadelphia, the East Coast.” On April 13, the Chicago superintendent of police convened the Heroin Task Force to investigate. A week later, a flyer was circulated warning that the use of fentanyl “could potentially lead to severe medical consequences . . . and could be fatal.” And yet the death toll continued to climb: In May, the drug killed 47 people—and in June, another 47, including 17-year-old Joseph Krecker, the youngest victim to date. Across the country a similar pattern developed: By the end of July, 110 deaths had been attributed to fentanyl in and around Detroit; more were reported in Delaware, Maryland, Missouri, New Jersey, and Ohio; in Philadelphia, fire-brigade EMS crews were finding the bodies of addicts with half-filled syringes still in their arms, dead before they could finish shooting up. In Chicago, Greg Daly took charge of

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full.” Back in the seventies, Jerome had been a powerful Chicago gang leader. But after years of heroin addiction and stints in jail, the fiftysomething dealer was reduced to running a six-man crew from a group of houses on Cicero Avenue, with a supplier out in the suburb of Maywood. Last December, the supplier was short on heroin and offered fentanyl to Jerome as a substitute—a substitute that could be diluted further and be more profitable than anything from Afghanistan or Colombia. The simple economics of drug dealing make fentanyl a uniquely appealing prospect: It’s so strong, cheap to make, and easy to transport that \$10,000 worth is enough to yield the equivalent of \$60,000 worth of heroin.

The one problem with this bang-for-buck product is that its extraordinary potency makes it impossible to dilute safely for the street. If the cut of a single \$10 bag of synthetic heroin contains

efforts to find those responsible for the death of Joseph Krecker. The investigation was named Operation Broken Heart.

LESS THAN THREE WEEKS AFTER KRECKER DIED, JOE GROM SAT IN HIS CAR and injected himself with fentanyl. Though he’d been a heroin addict for nearly a decade, Grom hadn’t bought drugs on the street for five or six years. He favored Mexican black tar heroin—a thick, sticky form of the drug that’s as hard to adulterate as it is to use. But when his regular connection was arrested, he began visiting the open-air drug markets on the West Side of Chicago. On June 24 he bought two dime bags of powder on the corner of Augusta and Lamon and drove a few blocks to a side street where he could fix. Grom cooked up, but when he heated the heroin, the solution turned blue instead of its usual tan. He assumed it was caused by whatever the heroin had been cut with: Kool-Aid powder or sleeping pills. He licked the

bag to make sure. Bitter, harsh—like crushed aspirin, only stronger: It certainly tasted like heroin. And for a moment after he injected, everything was fine. He cleaned up and put the cooker back in the glove box. He relaxed, settled back in his seat, and took out a cigarette. It never reached his lips.

When he regained consciousness two or three hours later, the pack was still in his hand and the cigarette was on the floor between his feet. He knew immediately that he'd been hit with fentanyl. He'd heard about it on TV back in April, and his friend Kenny had already been killed by it. "I knew when I woke up that's what happened—I said, man, I'm lucky to be alive. Because that was *that* shit."

In the drug markets on the South Side, the dealers wasted no time in capitalizing on the wave of overdoses. For addicts in search of the purest heroin, an OD is the surest mark of quality there is, says Grom: "A lot of people got messed-up thinkin'. If you see somebody die from the dope, you think, 'Oh, they're dyin' because it's so good.'"

"For the gangs," Greg Scott says, "nothing is really better for marketing than an overdose—or a couple of overdoses." After the first rash of deaths, fentanyl was sold in Chicago under a variety of names that advertised the drug's potency in the starkest terms: Suicide Mission, Death Wish, Code Blue, Lethal Injection, and, most literal of all, Drop Dead. In January 2006, the crew Scott was observing at Dearborn Homes sold bags of fentanyl that caused at least two fatal ODs. When he examined the dealers' ledgers at the end of the month, he found that the results of this marketing campaign in the two weeks after the overdoses were startling: "The average increase in profits was 7,000 percent."

As the death toll began to mount and news about fentanyl reached the media, users began showing up brandishing the Police Department's flyer, asking dealers for the drug it described; they formed lines down the block. And many of those who weren't killed by it went back for more; some who suffered nonfatal overdoses and woke up in the emergency room went right back out and bought more the same day. "A couple of people we spoke to at the hospital said it was the best 10 minutes of their life—before they dropped," says Mike Dyra, a detective from the Heroin Task Force.

And those who were reckless or ignorant enough to want the strong

of Toluca, near Mexico City, and found a climate-controlled room containing equipment and the precursor chemicals used to make fentanyl; the police in Chicago now believe that the lab may have supplied 10 kilos of the drug to dealers in Illinois. On June 21, an intelligence operation that began in 1999 culminated in a dawn raid and the arrest of 47 Mickey Cobras allegedly involved in selling fentanyl and heroin.

In late August, Operation Broken Heart came to an end when a 35-year-old heroin dealer named Corey Crump was arrested for the drug-induced homicide of Joseph Krecker. Crump became the first person in Illinois to be charged in connection with a fentanyl-related death. A heroin addict himself, according to police, with three previous drug convictions and others for aggravated battery and armed robbery, Crump is alleged to have supplied Krecker with the six wraps of fentanyl-laced heroin the teenager was holding when he died. If he's convicted, he'll face up to 30 years in prison.

In Cook County, the deaths from fentanyl overdoses never again reached the peaks of May and June. But by the end of December, the clandestinely manufactured synthetic heroin distributed on the streets of the city had killed 314 people. Across the country, the drug was responsible for the deaths of at least a thousand. At a Chicago press conference in June, drug czar John Walters announced that fentanyl would be the focus of a newly formed U.S. Synthetic Drug Control Strategy. He suggested that the laboratory raided in Toluca may have been the principal source of the drug in the United States. Today, the DEA in Washington, D.C., agrees. "The information I've gotten is the number of overdose deaths have decreased dramatically," Joseph Rannazzisi says.

But for Scott Denton and the rest of the staff at the Cook County morgue, the crisis is far from over. He tells me he's still receiving the body of one new fentanyl victim every day or two: "We still have an epidemic. We're still having toxicologists work on just analyzing fentanyl when they should be doing our routine cases. They just arrested 16 gang members for selling what they call fentanyl-laced heroin. So it's still coming in. Wherever it's coming from, it's still coming in."

FOR THE STREET. IF THE CUT OF ONE \$10 BAG OF SYNTHETIC GRAINS OF TABLE SALT, IT CAN BE LETHAL.

stuff had to get it while they could; both users and dealers knew that a wave of overdoses affects more than the laws of supply and demand. "It also leads to a very swift police crackdown," Scott says.

THE FIRST FENTANYL SEIZURE IN CHICAGO TOOK PLACE ON JANUARY 25, 2006, when police at the Dearborn Homes recovered 431 ziplock bags and a larger bag, which together contained approximately 120 grams of the drug. In February, U.S. Customs and Border Protection agents stopped a car with Mexican plates at a checkpoint near Westmoreland, California, just north of the Mexican border; under the floorboards they discovered a wholesale shipment of 2.6 pounds of 83 percent pure fentanyl. On April 25, Chicago police recovered 190 grams of fentanyl from the Dearborn Homes. On May 21, Mexican authorities raided a business park on the outskirts

IN FEBRUARY OF THIS YEAR, WHILE OUT ON BOND AWAITING TRIAL FOR THE murder of Joseph Krecker, Corey Crump was arrested once again.

"As soon as he made bond, he went right back to dealing—same customers, same area. He didn't even change corners," Greg Daly says. "We heard about it, but we didn't believe it till we saw him, right on the corner of Harding and Ferdinand."

When collared for the second time, early on the evening of February 1, the dealer told the sergeant, "Damn, Daly! You know I'm gonna get 30 years—just give me my last six months of freedom!"

Police say Crump was in possession of 108 aluminum-foil packets, wrapped in the same way as the ones found on Krecker's body. When I last see Daly, he tells me the off-white powder inside them hasn't yet been analyzed.

No one is exactly sure what it contained. ■