

Irresponsible Use of Speculative Public Health Estimates to Justify Drug Interdiction in the US

Nicholas Chicoine¹

¹ College of Medicine, California Northstate University

Keywords: drug smuggling, drug trafficking, drug interdiction

<https://doi.org/10.54111/001c.146318>

Boston Congress of Public Health Review (BCPHR, Formerly HPHR)

Vol. March 2025, Issue 90, 2025

As public sentiment for drug interdiction as a means of combatting drug use in America wanes, the US government and its federal law enforcement agencies are turning to statistics to assert the public health benefits of seizing illicit substances. Particularly, these entities are quantifying a hypothetical number of lives saved and new users prevented according to the amount of drugs seized per interdiction. These numbers are striking and appear to show a significant positive public health benefit. However, the methods used to calculate the statistics are never revealed. Additionally, when analyzed based on current publicly available data, the statistics don't seem to be reasonable estimations. This paper focuses on an analysis of some publicly disseminated statistics of lives saved and new users prevented after recent seizures to determine their validity. This analysis is followed by a discussion of the potential harms of spreading false public health statistics related to drug interdiction.

INTRODUCTION

Throughout the late 1900s and the early 2000s, the American public viewed interdiction as an important means of curtailing drug use,¹ and spending on the Drug War has exceeded one trillion dollars.² However, over the past 2 decades, public sentiment has changed; new data shows that Americans support legalizing drugs and eliminating law enforcement efforts in favor of public health approaches to treating drug addiction.³ Despite that change, interdiction continues to be hailed today as an important means of saving lives, most prominently by the US government and its primary operatives of the Drug War. The specific assertion that we are "saving lives" remains prominent in the current discourse, possibly spurred by a need to justify continued law enforcement efforts to a public losing its appetite for drug interdiction. Considering this potential ulterior motive, should we believe the statistics we hear about the number of lives we are saving through massive investments in drug interdiction? After all, according to Alene Kennedy-Hendricks, Johns Hopkins University health policy expert, "We don't have any method I'm aware of for translating drug seizure data into any measure of overdose deaths reported."⁴ Can we even be sure that we are, in fact, saving lives?

In the following paragraphs I will review recent examples of the government and federal law enforcement agencies justifying drug interdiction efforts by attempting to quantify their public health effects. These examples will demonstrate the two main statistical methods utilized to determine this effect: calculating the number of lives saved and the number of new users denied drug access. I will then

discuss why these estimates are inherently inaccurate and misleading. Finally, I will discuss why the dissemination of these fictitious statistics is inherently dangerous to public health and propose remedies to this problem.

THE CURRENT RHETORIC: EXAGGERATED ESTIMATES OF PUBLIC HEALTH EFFECTS OF DRUG INTERDICTION

The Trump Administration has consistently highlighted major wins in the interdiction sphere. In April 2025, Attorney General Pam Bondi touted the success of drug interdiction efforts undergone so far in Trump's second presidency, claiming that Department of Justice agencies seized more than 22 million fentanyl pills during Trump's first 100 days in office. And, according to Bondi, these seizures saved 258 million lives.⁵

The comment by Bondi is far from an isolated example of the government highly exaggerating the public health effect of drug seizures. In February 2025, during a hearing of the Senate Commerce, Science, and Transportation Committee, Shannon Kelly of the Office of National Drug Control Policy stated: "Seized drugs represent lives saved – they are fatal overdoses that never happened, and profits that drug traffickers never received. Seizing dangerous and addictive substances, like fentanyl, cocaine, methamphetamine, and heroin, also is a critical component of preventing illicit drug use and substance use disorder in American citizens."⁶

This rhetoric has also been used perennially by federal law enforcement agencies. The Coast Guard, an agency of

the Department of Homeland Security, began its drug interdiction operations in 1973.⁷ It is considered the “lead federal agency for drug interdiction on the high seas.”⁸ The Coast Guard has conveyed statistics such as these not only to the media but also to Congress. During a hearing on Western Hemisphere Drug Interdiction Operations before the House Coast Guard Maritime Transportation Subcommittee, Vice Admiral Daniel Abel testified that:

Over the past five years, Coast Guard cutters and aircraft have removed more than 871 mt of high-purity cocaine from at sea, with a wholesale value of approximately \$26 billion. That equates to tremendous social and economic impacts, potentially preventing as many as 5,200 to 9,500 cocaine-related overdose deaths, 480,000 to 9.9 million new U.S. cocaine users, and the introduction of up to 67,000 U.S. drug-related offenders to the penal system, saving up to \$2 billion in costs of inmate care, and potentially preventing as many as 33,000 violent murders in Mexico and Central America.⁹

Other federal law enforcement agencies also use similar rhetoric to describe their interdiction operations. This includes the Drug Enforcement Agency (DEA), the organization responsible for the fentanyl seizures that Bondi referenced as having saved millions of lives.⁵ The DEA’s self-proclaimed mission includes “enhancing public health.”¹⁰ Just a month after Bondi made the aforementioned Cabinet meeting remarks, the DEA made a record-breaking seizure of 2.7 million fentanyl pills. Regarding this seizure, DEA Acting Administrator Robert Murphy stated, “Behind the three million fentanyl pills we seized are destructive criminal acts thwarted, and American lives saved. This wasn’t just a bust—it was a battlefield victory against a terrorist-backed network pumping death into our cities.”¹¹

WHY REPORTED STATISTICS ON PUBLIC HEALTH EFFECTS OF DRUG INTERDICTION ARE INACCURATE

As demonstrated by the comments discussed in the previous section, statistics on the public health effects of drug interdiction tend to fall into two major categories: estimates of the number of lives saved and the number of new users denied drug access. There are other statistics used in the public discourse such as healthcare and incarceration costs averted. However, an analysis of these other statistics, although important, is beyond the scope of this paper.

I will now identify estimates from the previous section that fall into the two main categories and analyze why those estimates are inaccurate.

1. ESTIMATES OF THE NUMBERS OF LIVES SAVED

I will first analyze Attorney General Pam Bondi’s claim that 258 million lives were saved because 22 million fentanyl pills were seized before reaching consumers. Although it is unclear if this was definitely her intention, I will assume

that she is referring to overdose deaths prevented when quantifying lives saved. According to the DEA, two milligrams of fentanyl can be a lethal dose depending on body size, with 42% of fentanyl pills containing this amount.¹² Therefore, assuming 42% of the 22 million fentanyl pills seized contained a lethal dose, approximately 9 million deaths would theoretically be prevented – much less than the 258 million deaths predicted. Additionally, tolerance to fentanyl is likely increasing¹³; thus, the assumed lethal dose may be an underestimation for users.

The 9 million calculated here may also be an overestimation because fentanyl is not necessarily consumed in the form in which it is trafficked. For example, fentanyl can be diluted with substances such as baking soda to increase quantity. Alternatively, other drugs may be laced with fentanyl to enhance consumer experience.¹⁴

It is also important to remember that not all overdoses are fatal. In fact, one study looking at CDC data from 2010-2020 estimated that overdoses were 15 times more likely to be non-fatal than fatal.¹⁵ Using this number, we can estimate that the 9 million overdoses calculated would be fatal in just over 1 million cases.

Although 1 million deaths is considerably less than the 258 million identified by Bondi, it is still a significant overestimation considering actual public health data collected by the CDC. Fentanyl-related overdose deaths were 48,422 in 2024.¹⁶ Considering that there were fewer than 1 million overdose fatalities last year, it becomes apparent that using a calculation of the number of lethal doses cannot accurately predict the number of fatal overdoses. This is because a far greater amount of fentanyl is likely consumed each year in the US than the amount of the drug that is interdicted. This assertion is supported by current estimates; for example, it is believed that only 10% of illicit drugs smuggled through official ports of entry are interdicted.¹⁷ Therefore, it is reasonable to expect that far more fentanyl is present within the US than the 22 million pills interdicted in this seizure – which would threaten the entire country.

So, why isn’t the entire population of the United States at risk of a fentanyl fatality? This is because fentanyl pills are consumed by only a small fraction of the population. While estimates of fentanyl use can be difficult to obtain, according to the Substance Abuse and Mental Health Services Administration, the 686,000 people in the US used illegally made fentanyl (IMF) in 2022.¹⁸ If less than 1 million people are using IMF in the first place, Bondi’s estimated 258 million deaths would be impossible.

The Coast Guard has also used estimates of lives saved to support their cocaine interdictions. However, it usually claims to have saved a much more modest and seemingly reasonable number of people than Bondi did. For example, Vice Admiral Abel also claimed that the interdiction of 871 mt of cocaine potentially saved up to 9,500 lives.

Because the lethal dose of cocaine is variable,¹⁹ it can be more difficult to evaluate the potential number of lives saved lived for cocaine interdictions. But, when looking strictly at the ratio of cocaine deaths per year to the amount of cocaine smuggled via non-commercial maritime routes, the Coast Guard’s numbers seem to be plausible. Based

on the assertions of Vice Admiral Abel, the Coast Guard's seizures prevent deaths at a rate of approximately .01 person per kilogram of cocaine interdicted from non-commercial maritime routes. This statistic is different than the ratio of actual cocaine-related overdose deaths to the known amount of cocaine successfully smuggled via non-commercial maritime routes. CDC data from FY 2021 to 2023 shows a total of 82,888 cocaine-related deaths over this period.¹⁶ ²⁰ Because the estimated non-commercial maritime cocaine flow during this period was approximately 7,924 mt of cocaine, and the removal rate of this cocaine flow was estimated at 3.71,²¹ we can calculate that approximately 293,980 kg of cocaine was successfully smuggled via this route. With 82,888 cocaine-related overdose deaths and approximately 293,980 kg of cocaine successfully smuggled we can calculate a rate of .28 deaths per kilogram of cocaine smuggled - a value much greater than the one used by the Coast Guard. Therefore, it seems as though the Coast Guard provides us with an underestimation of the value of its drug interdiction efforts. That the Coast Guard would intentionally use conservative calculations when touting the effectiveness of its services is unlikely, and it is more probably that the Coast Guard is simply using different values or methods than I am here. This highlights the general lack of transparency in statistical methodology.

So, does this mean that the Coast Guard is being more responsible with its calculation of the number of lives saved to justify its drug interdiction efforts? In general, it is likely still misleading to characterize seizures based on lives saved. This is because there may be unforeseen secondary effects of interdiction efforts that lead to an increased number of overdose deaths, even if some cocaine-related deaths are hypothetically prevented. For example, multiple studies have found positive spatiotemporal correlations between drug seizure activity and drug overdose deaths.^{22,23} In other words, the location and timing of drug overdose deaths are correlated with drug seizures. Additionally, researchers have successfully utilized an agent-based model called "NarcoLogic" to help prove that interdiction leads to greater spatial proliferation and resiliency of drug trafficking.²⁴ Therefore, it is possible that the Coast Guard's efforts are aiding in the long-term success of the flow of cocaine towards the US and, thus, contributing to an increase in future cocaine-related overdose deaths.

2. ESTIMATES OF THE NUMBER OF NEW USERS PREVENTED

The Coast Guard has also maintained that cocaine seizures help to prevent new users of the drug from gaining access. I will now revisit Vice Admiral Abel's claim that the seizure of 871 mt potentially prevented the addition of 480,000 to 9.9 million new users. The assertion that nearly 10 million new users were denied access by a seizure of a fractional amount of the cocaine smuggled into the US is implausible when considering that, according to the 2019 National Survey on Drug Use and Health, only 5 million people ages 12 and older reported cocaine use in the past year.²⁵ Is the lower estimate of 480,000 new users a more realistic value?

That estimate would insinuate a rate of approximately 0.6 new users of cocaine per kilogram of cocaine successfully smuggled by non-commercial vessels in maritime transit zones. This rate is also unlikely considering historical data; in 2019 there were a total of 671,000 new users (ages 12 and up) of cocaine.²⁵

That same year, Coast Guard data showed a 9.3 percent removal rate for cocaine from non-commercial vessels in maritime transit zones and a total of 207.9 mt of cocaine removed.²⁶ That means that approximately 2,235 mt of cocaine evaded the Coast Guard. With that information, we can then calculate a 2019 rate of approximately 0.3 new users per kilogram of cocaine successfully smuggled by non-commercial vessels in maritime transit zones - a value that is half the value potentially used by the Coast Guard.

HOW FLAWED STATISTICS ARE SHAPING CURRENT US FOREIGN POLICY

One need look no further than the current lethal strikes on alleged drug smuggling vessels to understand the significance these flawed statistics can have in shaping US foreign policy. After designating drug trafficking organizations as "foreign terrorist organizations," the Trump administration has killed at least 37 people in targeted strikes on alleged drug-smuggling vessels in international waters. The legal justification for these lethal strikes is the same as that used by the Bush administration to initiate the war on terror - we are in a war on drugs, an actual "armed conflict" with cartels.²⁷ In fact, the US Secretary of Defense, Pete Hegseth, recently claimed, "Just as al-Qaida waged war on our homeland, these cartels are waging war on our border and our people."²⁸

In support of these measures, President Trump recently proclaimed, "Every boat that we knock out, we save 25,000 American lives, so every time you see a boat and you feel badly you say, 'Wow, that's rough': It is rough, but if you lose three people and save 25,000 people."²⁹ Again, we are not given any indication as to how 25,000, the number of lives saved, was calculated. Moreover, there has been no evidence disclosed that those killed in these strikes were, in fact, smuggling drugs.²⁹

From a social justice perspective, those from less-privileged Central and South American nations must bear the negative consequences of our irresponsible statistical analysis. They do not have the capability to hide from the wrath of the US military might. Colombia's President Gustavo Petro recently decried the loss of Alejandro Carranza, who he claims was a fisherman executed in one of the recent strikes. This claim was also supported by family and friends.³⁰ To the US, individuals like Carranza are acceptable casualties of our pursuit to prevent drugs from reaching our shores.

DISCUSSION

The effectiveness of drug interdiction has been debated for decades, and the purpose of this paper is not to evaluate

all arguments for or against interdiction operations. Rather, this paper calls into question the validity of data currently being used to support interdiction operations. Quantifying the hypothetical benefit of drug interdiction could be seen as an attempt to counter changing public opinion about the effectiveness of the Drug War. However, the public and our representatives cannot draw truly informed conclusions about drug interdiction without accurate statistics.

It is important to note that a limitation of this paper's analysis is that the assumptions and values that the government uses to calculate the statistics in question are not cited or demonstrated to the public. Additionally, the historical CDC data employed in my calculations may underestimate the true lethality of the drug problem due to underreporting.³¹ However, a review of historical data provides evidence that many of the hypothetical statistics are inaccurate and overstate the contributions of drug interdiction on improving public health. As shown earlier, data has begun to show that drug interdiction may, in fact, lead to more drug-related overdoses. Thus, it is immoral to tout activities as being certainly "life-saving" when they may lead to potential harms that are not yet fully explored. And, it is especially immoral to use shaky estimates to justify taking the lives of alleged drug smugglers.

The true relevancy of this paper is to invoke thoughtful consideration as to the truth and potential motives behind statistics representing the estimated public health benefits of drug seizures. As stewards of the public trust, I would urge the US government and its federal law enforcement agencies to disseminate such statistics responsibly. It is important that we, as a nation, have accurate data to aid in

our quest to find a successful approach to reducing drug-overdose fatalities in America. The success of drug interdiction operations should be measured solely by the quantity of drugs interdicted rather than debatable estimates based on fragile assumptions. It would also be appropriate for the government and its operatives to highlight its hope that the seizures will have a significant public health impact, without quantifying it specifically. However, if those statistics are to be used, the public deserves to know how they are being calculated.

.....

DISCLOSURE STATEMENT

The author has no relevant financial disclosures or conflicts of interest.

ABOUT THE AUTHOR

Nicholas Chicoine, MPH is a fourth-year medical student at California Northstate University seeking residency in emergency medicine. His interests include emergency medical services, drug abuse treatment/policy and alternative crisis response systems. He is a Health Professions Scholarship Program recipient with the US Navy and will serve on Active Duty after graduation from medical school. Prior to medical school, he received his MPH from UC Davis.

Submitted: August 01, 2025 EDT. Accepted: October 25, 2025 EDT. Published: October 26, 2025 EDT.



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-4.0). View this license's legal deed at <http://creativecommons.org/licenses/by/4.0> and legal code at <http://creativecommons.org/licenses/by/4.0/legalcode> for more information.

REFERENCES

1. Pew Research Center. Interdiction and Incarceration Still Top Remedies. [pewresearch.org](https://www.pewresearch.org/politics/2001/03/21/interdiction-and-incarceration-still-top-remedies/). March 21, 2001. Accessed July 31, 2025. <https://www.pewresearch.org/politics/2001/03/21/interdiction-and-incarceration-still-top-remedies/>
2. Cato Institute. Four Decades and Counting: The Continued Failure of the War on Drugs. [cato.org](https://www.cato.org/policy-analysis/four-decades-counting-continued-failure-war-drugs). April 12, 2017. Accessed July 31, 2025. <https://www.cato.org/policy-analysis/four-decades-counting-continued-failure-war-drugs>
3. American Civil Liberties Union. On 50th Anniversary of “War on Drugs,” Poll Shows Majority of Voters Support Ending Criminal Penalties for Drug Possession, Think Drug War is a Failure. [aclu.org](https://www.aclu.org/press-releases/50th-anniversary-war-drugs-poll-shows-majority-voters-support-ending-criminal). Accessed July 31, 2025. <https://www.aclu.org/press-releases/50th-anniversary-war-drugs-poll-shows-majority-voters-support-ending-criminal>
4. Uribe MR. What Pam Bondi’s statement about fentanyl overdoses misses. @politifact. Accessed October 22, 2025. <https://www.politifact.com/factchecks/2025/may/01/pam-bondi/Bondi-Trump-fentanyl-seizures-overdose/>
5. PAM BONDİ Praises Trump’s Historic 100-DAY ACHIEVEMENTS, Revolutionizing the DEA. 2025. Accessed July 31, 2025. <https://www.youtube.com/watch?v=Z-kD4dPCXVg>
6. Interdicting Illicit Drug Trafficking: A View from the Front Lines. February 26, 2025. Accessed July 31, 2025. <https://www.commerce.senate.gov/services/files/E534C933-FC09-4179-A0C5-EFC5F3BF3093>
7. Laliberte D. Origins of drug interdiction. [mycg.uscg.mil](https://www.mycg.uscg.mil/News/Article/4112785/origins-of-drug-interdiction/). March 7, 2025. Accessed July 31, 2025. <https://www.mycg.uscg.mil/News/Article/4112785/origins-of-drug-interdiction/>
8. United States Coast Guard. *United States Coast Guard Annual Performance Report Fiscal Year 2020*. Accessed July 31, 2025. https://www.uscg.mil/Portals/0/documents/budget/FY_2020_USCG_APR.pdf
9. Testimony of Vice Admiral Daniel B. Abel Deputy Commandant for Operations on Western Hemisphere Drug Interdiction Operations. June 4, 2019. Accessed July 31, 2025. <https://www.congress.gov/116/meeting/house/109581/witnesses/HHRG-116-PW07-Wstate-AbelD-20190604.pdf>
10. Drug Enforcement Administration. About. [dea.gov](https://www.dea.gov/who-we-are/about). Accessed July 31, 2025. <https://www.dea.gov/who-we-are/about>
11. Drug Enforcement Administration. DEA Seizes Record-Breaking 2.7 Million Fentanyl Pills. [dea.gov](https://www.dea.gov/press-releases/2025/05/06/dea-seizes-record-breaking-27-million-fentanyl-pills). May 6, 2025. Accessed July 31, 2025. <https://www.dea.gov/press-releases/2025/05/06/dea-seizes-record-breaking-27-million-fentanyl-pills>
12. Drug Enforcement Administration. Facts about Fentanyl. [dea.gov](https://www.dea.gov/resources/facts-about-fentanyl). Accessed July 31, 2025. <https://www.dea.gov/resources/facts-about-fentanyl>
13. McKnight C, Weng CA, Reynoso M, Kimball S, Thompson LM, Jarlais DD. Understanding intentionality of fentanyl use and drug overdose risk: Findings from a mixed methods study of people who inject drugs in New York City. *Int J Drug Policy*. 2023;118:104063. doi:[10.1016/j.drugpo.2023.104063](https://doi.org/10.1016/j.drugpo.2023.104063)
14. Kavita B. What is fentanyl and why is it behind the deadly surge in US drug overdoses? UMass Chan Medical School. May 10, 2022. Accessed October 22, 2025. <https://www.umassmed.edu/news/news-archives/2022/05/what-is-fentanyl-and-why-is-it-behind-the-deadly-surge-in-us-drug-overdoses/>
15. Casillas SM, Pickens CM, Tanz LJ, Vivolo-Kantor AM. Estimating the ratio of fatal to non-fatal overdoses involving all drugs, all opioids, synthetic opioids, heroin or stimulants, USA, 2010–2020. *Inj Prev*. 2024;30(2):114. doi:[10.1136/ip-2023-045091](https://doi.org/10.1136/ip-2023-045091)
16. Centers for Disease Control and Prevention. U.S. Overdose Deaths Decrease Almost 27% in 2024. [cdc.gov](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm). May 9, 2025. Accessed July 31, 2025. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm
17. Keck M, Correa-Cabrera G. U.S. Drug Policy and Supply-Side Strategies: Assessing Effectiveness and Results. *Norteamérica*. 2015;10(2):47-67. doi:[10.20999/nam.2015.b002](https://doi.org/10.20999/nam.2015.b002)
18. Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*. HHS Publ; 2023. Accessed July 31, 2025. <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf>
19. Kaye S, Darke S. *Non-Fatal Cocaine Overdose and Other Adverse Events among Injecting and Non-Injecting Cocaine Users*. National Drug and Alcohol Research Centre, University of New South Wales; 2003. Accessed July 31, 2025. <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.170.pdf>

20. National Center for Health Statistics. *Drug Overdose Deaths in the United States, 2002–2022*. Centers for Disease Control and Prevention; 2024. Accessed July 31, 2025. <https://www.cdc.gov/nchs/data/databriefs/db491-tables.pdf#5>
21. Office of the Inspector General. *The Coast Guard Faces Challenges Interdicting Non-Commercial Vessels Smuggling Drugs into the United States*. U.S. Department of Homeland Security; 2025. Accessed July 31, 2025. <https://www.oig.dhs.gov/sites/default/files/assets/2025-02/OIG-25-17-Feb25.pdf>
22. Ray B, Korzeniewski SJ, Mohler G, et al. Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021. *Am J Public Health*. 2023;113(7):750–758. doi:[10.2105/AJPH.2023.307291](https://doi.org/10.2105/AJPH.2023.307291)
23. Kral AH, Humphrey JL, Schwab C, Lambdin BH, Ray B. Law Enforcement Drug Seizures and Opioid-Involved Overdose Mortality. *JAMA Netw Open*. 2025;8(3):e251158. doi:[10.1001/jamanetworkopen.2025.1158](https://doi.org/10.1001/jamanetworkopen.2025.1158)
24. Magliocca NR, McSweeney K, Sesnie SE, et al. Modeling cocaine traffickers and counterdrug interdiction forces as a complex adaptive system. *Proc Natl Acad Sci*. 2019;116(16):7784–7792. doi:[10.1073/pnas.1812459116](https://doi.org/10.1073/pnas.1812459116)
25. Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*.; 2020. Accessed July 31, 2025. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR090120.htm>
26. United States Coast Guard. *United States Coast Guard Annual Performance Report Fiscal Year 2019*. Accessed July 31, 2025. <https://www.uscg.mil/Portals/0/documents/budget/FY19-USCG-APR.pdf>
27. A timeline of US attacks off South America and what Congress has had to say. AP News. October 21, 2025. Accessed October 22, 2025. <https://apnews.com/article/trump-boat-strikes-caribbean-military-venezuela-timeline-2dd9d16f4f74d9dfa4aca76d3123678d>
28. U.S. strikes 8th alleged drug-carrying boat, this time in the Pacific, Hegseth says. PBS News. October 22, 2025. Accessed October 22, 2025. <https://www.pbs.org/newshour/nation/u-s-strikes-8th-alleged-drug-carrying-boat-this-time-in-the-pacific-hegseth-says>
29. Fact-checking Trump’s claim that each boat strike off Venezuela’s coast saves 25,000 lives. PBS News. October 19, 2025. Accessed October 22, 2025. <https://www.pbs.org/newshour/politics/fact-checking-trumps-claim-that-each-boat-strike-off-venezuelas-coast-saves-25000-lives>
30. Colombian killed in U.S. strike was on a fishing trip, wife claims: “Why did they just take his life like that?” CBS News. October 22, 2025. Accessed October 22, 2025. <https://www.cbsnews.com/news/colombian-killed-us-strike-fisherman-wife-says/>
31. Boslett AJ, Denham A, Hill EL. Using contributing causes of death improves prediction of opioid involvement in unclassified drug overdoses in US death records. *Addiction*. 2020;115(7):1308–1317. doi:[10.1111/add.14943](https://doi.org/10.1111/add.14943)