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Community, Capitalism, and OxyContin: A Holistic Examination of the Opioid Crisis

Camile Bernard

History of Human Health and Disease

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Since the start of the opioid crisis in 1999, more than 932,000 people have died from drug overdoses.¹ Opioids caused many of those deaths and research suggests that the problem is only worsening. In 2020 alone, a total of 91,799 people died due to the opioid crisis; that is almost

¹ "Death Rate Maps & Graphs | Drug Overdose | CDC Injury Center," October 7, 2022. <https://www.cdc.gov/drugoverdose/deaths/index.html>.

double the mortality rate of the Vietnam war.² Harvested from the poppy plant, opium was used for generations to combat pain and accentuate pleasure. The history of its use dates back to ancient Mesopotamia where it was referred to as the *joy* plant. From the start, this drug held tremendous power evident from its role in the opium wars as well as the foundation of modern pain medicine. Currently, America is drowning in an opioid epidemic, and it is essential that society addresses the drug crisis soon. However, in order to find a solution to the crisis one needs to understand a couple facets to the problem: the history of how we got here, its resurgence into the public eye, the foundational aspects in America's identity that help fuel the problem and its failure to control it, and the contemporary conversations in the political sphere. This paper aims to analyze those aspects and give the reader a holistic understanding to work towards a solution. To the non-scrupulous eye, one might conclude that it was solely Purdue Pharma and heroin traffickers that created the opioid crisis; however, with more insight, it is clear that there are a multitude of other players. Since the creation of the drug, the unequal competitive nature of American life fueled and continues to fuel the opioid crisis.

The crisis originated with Arthur Sackler and the legacy that he left behind. Arthur Sackler, the eldest member of its empire, revolutionized the drug industry with previously unseen marketing strategies. Perhaps some of his most notable methods were “consult[ing] with some of the world's biggest drug companies, helping them define the medical conditions for which their medications would be marked as cures...a biweekly newspaper” and creating the ‘birth of the infomercial.’”³ Arthur pioneered the connection between doctors and medicine while understanding the deep trust that patients have in their medical providers; in accordance with this

² Ibid

³ Barry Meier. *Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic*. Second edition. New York: Random House, 2018. 43

idea he states, “I would rather place myself and my family at the judgment and mercy of fellow physicians than that of the state.”⁴ In 1962, the Senate questioned this seemingly sleazy merger of advertising and drug production by investigating Arthur Sackler’s ties to a small public-relations company that distributed promotional news articles: *Medical and Science Communications Associated*.⁵ The investigation ended without any consequences for him; however, it did expose that his ex-wife, Else Sackler, owned the company.⁶ Purdue—the drug giant—was always kept very close to the family. After Arthur’s death in 1987, his brothers Raymond and Mortimer Sackler took over the company. Since its creation, it was clear to all leading members that their pharmaceuticals were not just drugs that had the potential to help people, but more simply products that needed to be sold at all costs. They were an American business in a capitalist system that rewarded high return rates.

After Arthur's passing, Raymond and Mortimer Sackler used their brothers' tools to sell Purdue’s most infamous drug: OxyContin. In the early years of the drug’s distribution (1996-2001), Purdue conducted more than 40 national pain-management and speaker training conferences at resorts all over the country. Art Van Zee, one of the first doctors to notice the addictive nature of the pill in his patients, states in the *Publication of the American Public Health Association* that, “It is well documented this type of pharmaceutical company symposium influences physicians’ prescribing, even though the physicians who attend such symposia believe that such enticements do not alter their prescribing patterns.”⁷ The marketing of OxyContin was

⁴ Patrick Radden Keefe. “The Family That Built an Empire of Pain.” *The New Yorker*, October 23, 2017. <https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain>.

⁵ Ibid, 43

⁶ Ibid, 43

⁷ Art Van Zee. “The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy.” *American Journal of Public Health* 99, no. 2 (February 2009): 221–27. <https://doi.org/10.2105/AJPH.2007.131714>.

revolutionary. The strategies Purdue used were unseen in the pharmaceutical field until that point. The company created profiles on individual physicians and looked at overall sales patterns nationwide.⁸ With this information they were able to identify the highest and lowest prescription rates from each doctor and target the highest ones. They also created a bonus system that rewarded their top sellers. As described by Van Zee, “In 2001, in addition to the average sales representative’s annual salary of \$55,000, annual bonuses averaged \$71,500...Purdue paid \$40 million in sales incentive bonuses to its sales representatives that year.”⁹ To acknowledge Purdue’s marketing tactics as anything less than a pyramid scheme would be incorrect. From the top all the way down to the bottom people were involved in selling the product. Like any alluring scheme, Purdue created a patient-starter coupon program that could provide patients with a “free limited-time prescription for 7-to-30-day supply.”¹⁰ No wonder the drug became so popular so fast, it was not sold as a drug, it was sold as a commodity: something that has no consequences.

Purdue assured their doctors that this new painkiller was non-addictive, but they were lying. Dr. Herschel Jick, a doctor in Boston, wrote a letter to the editor in the *New England Journal of Medicine* about the treatment of opioids with his patients. The brief letter states that “less than one percent” of the patients got addicted to narcotics after treatment.¹¹ This was everything to Purdue, who needed scientific grounds to sell their product. Whenever someone questioned if their drug was addictive they would point them to this study. However, one crucial fact was lost in their advertising: the participant population in the study only consisted of

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

¹¹ “Addiction Rare in Patients Treated with Narcotics.” *New England Journal of Medicine* 302, no. 2 (January 10, 1980): 123–123. <https://doi.org/10.1056/NEJM198001103020221>.

hospitalized patients. The narcotics that the patients received were highly supervised, unlike how OxyContin was distributed by Purdue. In order to catch this fact, all doctors had to do was look up the study—but most didn't. In fact, in an interview with a previous Purdue sales manager they stated, "They told us to say things like it is 'virtually' non-addicting. That's what we were instructed to do. It's not right, but that's what they told us to say... You'd tell the doctor there is a study, but you wouldn't show it to him."¹² The name became common knowledge in the medical field, a nurse during the 1990's remembers, "Everybody heard it everywhere. It was Porter and Jick. We all used it. We all thought it was gospel."¹³ Nonetheless, even after the study, members of the medical community were still wary of prescribing OxyContin to the general public, and in response to these growing concerns Purdue highlighted an aspect of their drug that made it unique.

Purdue's slow release technology was essential to their marketing campaign and it is what allowed the drug to enter the market. The FDA approved OxyContin for 10, 20, and 40 mg pills in 1995. Then, in later years they approved stronger pills: 80 and 160 mg. As argued by Sam Quinones in *Dreamland*, "The FDA approved a unique warning label for OxyContin. It allowed Purdue to claim that OxyContin had a lower potential for abuse than other oxycodone products because its timed release formula allowed for a delay in absorbing the drug."¹⁴ Prior to the release of OxyContin "no other manufacture of a schedule II narcotic ever got the go-ahead from the FDA to make such a claim." The approval from the FDA marked a monumental

¹² Sam Quinones. *Dreamland: The True Tale of America's Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 12

¹³ Barry Meier. *Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic*. Second edition. New York: Random House, 2018. 107

¹⁴ Sam Quinones. *Dreamland: The True Tale of America's Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 126

moment for the OxyContin campaign, but also the demise of millions in America. Quickly figuring out that taking off the thin coating on the pill would eradicate the slow release technology, addicts all over the country started to abuse the drug—so much so that it was called “hillbilly heroin” on the streets.¹⁵

Even before the drug became a popular high among addicts, it was well perceived by the public. This was because of the ongoing opioid revolution. For much of the 20th century, opioids were only used on cancer patients who were in tremendous pain and likely had shortened life expectancies; however, in the late 80s that started to change. Pain is something that few people understand, if anyone. As explained by Barry Meier in *Pain Killer*, “Physicians like problems that they can diagnose and solve, and there is no pain thermometer, pain gauge, or pain meter. A doctor can’t send out a patient’s blood to find clues about their pain.”¹⁶ The opioid movement found it inhumane to not provide patients with the pain relief that they needed—especially if there was no real way for the doctor to measure pain. It was seen as an “unnecessary epidemic, for medicine that now had the tools to treat it.”¹⁷ In addition, there was an “advanced idea that pain counteracts opiates’ euphoric effect and thus reduced the risk of addiction.”¹⁸ By the time OxyContin was placed on the market, patients were elated to have a supposedly non-addictive drug to subside their pain.

In conjunction, the managed care movement of the 1980’s and 1990’s created an environment that inclined primary care physicians to prescribe opioids. In the managed care movement, insurance companies cut the cost on their end, reduced what services they were

¹⁵ Ibid, 70

¹⁶ Barry Meier. *Pain Killer: An Empire of Deceit and the Origin of America’s Opioid Epidemic*. Second edition. New York: Random House, 2018. 22

¹⁷ Ibid, 95

¹⁸ Ibid, 94

willing to pay for, forced patients who had been with the same doctor for generations to submit a list of their approved providers, and paid doctors less. As a result of this transition, part of the doctor-patient relationship was lost. To compensate for their decreased pay doctors took on more patients: “A Newsweek story claimed that to do a good job a primary care doctor sought to have a roster of eighteen hundred patients. The average load today is twenty-three hundred.”¹⁹ Doctors no longer had the time to properly diagnose patients' pain. Commenting on this a primary care physician remarks, “...if you actually take the time to treat somebody's pain, you'd be out of the business...by the model you're stuck in, you can't do it. The hospital will get rid of you. If you're by yourself you can't pay for your secretary.”²⁰ Patients were no longer the top priority of the healthcare system as expressed through the managed care movement. Their alliances now fell with the systems producing top profits, and opioids single-handedly increased those profits.

Once the pill was released, Purdue was not the only one who profited from addiction: doctors and addicts themselves took advantage of this opportunity. Heightened by Purdue's targeted marketing strategies, *pill mills* popped up all over the country. As described in *Dreamland*, “A pill mill was a pain-management clinic, staffed by a doctor with little more than a prescription pad. A pill mill became a virtual ATM for dope as the doctors issued prescriptions to hundreds of people a day.”²¹ Abusers would drive for miles to sustain their addictions. Quinones argues, “if heroin was the perfect drug for the drug traffickers, OxyContin was the ideal for these pill mill doctors.”²² This was because the drug “had several things going for it, as far as they were concerned: First, it was a pharmaceutically produced pill with a legal medical

¹⁹ Sam Quinones. *Dreamland: The True Tale of America's Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 97

²⁰ *Ibid*, 97

²¹ *Ibid*, 147

²² *Ibid*, 154

use; second, it created addicts, and not just among those who looked to abuse it, but among many who came in search of pain relief.” Not only were doctors able to legally increase revenue by feeding an already high-abuser population, but they were able to lure in new clientele with the promise of a pain-free life for a small price. After the first bottle was emptied, many of those first time customers were back in the waiting room ready for more. Soon addicts needed to find a new job to sustain their habits.

Just like the creators and distributors of the drug, OxyContin addicts found a way to earn money by exploiting others controlled by the drug. Purdue treated OxyContin like a product, and it became one: “...a kind of junkie kingdom and pills became currency, more valuable than cash...a raging, full-blown OxyContin economy developed.”²³ Addicts and dealers would go from pill mill to pill mill. They would pay in cash so there was no receipt, or they would use medicaid which had insurance to pay for any medicine doctors prescribed. Often they would sell some pills and keep the rest for themselves. Through this process OxyContin became their whole lives. Enslaved by the pill, addicts could not keep up with their jobs. Instead of paying for things in cash, junkies now paid with the only thing that they had: OxyContin. A whole market was created around the pill. They generated a kind of "junkie Craigslist" that worked like this: someone would say, “hey, I’m looking for a chainsaw? ... then some guys come by with a chainsaw. You buy the chainsaw for an oxycodone thirty you paid almost nothing for [thanks to your medicaid card], and you call the other guy and sell him the chainsaw for a hundred dollars in cash.”²⁴ It was not only Purdue reaping the payout of the drug, from the top all the way down to the bottom, capitalism controlled its nature.

²³ Ibid, 208

²⁴ Ibid, 213

With similar capitalist intentions, The Xalisco Boys, a black-tar heroin drug trafficking group, spread their product all over the country and fed a growing opioid appetite. Just like the marketing of OxyContin revolutionized the pharmaceutical industry, the black tar heroin of the Xalisco drug traffickers revolutionized the way people sell illegal drugs: “guys from Xalisco have figured out that what white people—especially middle-class white kids—want most is service, convenience. They didn’t want to go to skid row or some sketchy dope house to buy their drugs. Now they didn’t need to. The guys from Xalisco would deliver it to them.”²⁵ Like the marketing strategies used by the Sacklers, it took high levels of innovation to spread their desired product. They fought competitors and worked tirelessly. In the spirit of the American Dream, The Boys made it.

The opioid crisis increasingly impacts the white middle class, and the history of The Xalisco Boys helps explain why it became such a large problem in those areas. Traditionally, hard drugs from Mexico were often found in major cities. This was because dealers could hide under the cover of small Mexican communities who already lived in these highly populated areas. Xalisco traffickers defied this pattern and ventured to uncharted areas of the country: “to find new heroin markets, the Xalisco Boys would have to move where they had no natural family or rancho connection...Like Spanish conquistadors, venturing beyond the comfortable hometown became part of the Xalisco Boys’ DNA.”²⁶ Once the traffickers reached a new location they “supplied these junkies’ habits in exchange for help in moving into new area”, and once they had the junkies hooked they were able to tap into “new markets where almost no Nayartis [a small mexican state] lived, but where thousands [of] middle-class white kids were

²⁵ Ibid, 45

²⁶ Ibid, 62

beginning to dope up on prescription opiate painkillers.”²⁷ In addition, The Xalisco Boys did not sell to black people “who they fear[ed] [would] rob them.”²⁸ Instead, they sold “almost exclusively to white[s].”²⁹ With an already rising opioid appetite from OxyContin, the specific and highly targeted marketing from The Xalisco Boys exacerbated the crisis in white, middle class communities. A doctor in Southern Ohio, a hotspot of opioid addiction, highlights the connection between the two drugs, “I’ve yet to find one who didn’t start with OxyContin...they wouldn’t be selling this quantity of heroin on the street right now if they hadn’t made these decisions in the boardroom.”³⁰ The two drugs worked as a power team to destroy the heartland of small-town America.

However, the blame for the crisis can not solely be put on the producers, it also has to be put on the consumers and the culture that encompassed it. In current exploration of this subject, one is able to find countless stories of loved ones who were taken by the morphine molecule; however, this was not the case in the start of the crisis. Rooted in racism and a place of deep shame, parents kept silent. Quinones explains, “These parents made avoidable mistakes and when a son died or entered rehab for the fourth time they again hid the truth, believing themselves alone, which they were as long as they kept silent.”³¹ The victims of the crisis were *good* kids from *good* families. They were the star quarterback, the homecoming queen. If it was not for their addiction they most likely would have continued to live long healthy lives. During the war on drugs, as projected through the media, being addicted to drugs was a disease that

²⁷ Ibid, 45

²⁸ Ibid, 45

²⁹ Ibid, 45

³⁰ Ibid, 269

³¹ Ibid, 290

infected Black, poor communities. To have a loved one addicted to drugs in a white community meant that they were just as bad as these black communities that they looked down upon. So while blame is certainly placed on the producers and distributors of the drugs, it is also put on the racism that kept white middle-class communities silent. If anything, this crisis made it clear that, for many in America, the image of *family* was more important than family itself.

In addition to keeping families silent, the protection of a perfect image also placed families in the grasp of addiction. It is no secret that “sports are embedded in American school in a way they are not almost anywhere else.”³² To be an all-American family is to be involved in sports. The age long stereotype is that the most popular students in small town America are the head of the cheerleading squad and the captain of the football team. Images of this stereotype are seen in popular culture like their appearance in “Friday Night Lights,” “Glee,” and “High School Musical.” Because to be American is to be on the football team and because to be the highest achieving American is to be the best on the football team, students risked addiction to keep their status. *Dreamland* uses the example of Carter who “had been a high school star in football and baseball. With no break from sports during the year, he battled injuries that never healed. A doctor prescribed Vicodin for him, with no warning on what Vicodin contained, or suggestions for how it would be used.”³³ Since “sports were king in Carter’s town” taking the pills was no question.³⁴ It was simple, “sports were what mattered.”³⁵ Additionally, the athletes getting addicted were not ones that needed a ticket out of their small town. To these athletes, sports was

³² Ripley, Amanda. “The Case Against High-School Sports.” *The Atlantic*, September 19, 2013. <https://www.theatlantic.com/magazine/archive/2013/10/the-case-against-high-school-sports/309447/>.

³³ Sam Quinones. *Dreamland: The True Tale of America’s Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 290

³⁴ *Ibid*, 290

³⁵ *Ibid*, 290

not a job rewarded by money or college scholarships, sports were rewarded by status and respect—the kind of which could last them a lifetime.

Still, not everyone in these upper middle-class towns played sports, so what was it about this demographic that fostered such high levels of opioid addiction? In simple terms these sheltered kids were bored. It seemed that the “spoiled rich kid syndrome” of the upper classes filtered down into the comfortable middle classes. Having grown up in the consumerist boom of the mid-1990’s, teens of the early opioid crisis on average had it better than siblings just years older. Parenting styles had switched to one of positive reinforcement and swaddling: “Parents shielded their kids from complications and hardships, and praised them for minor accomplishments—all as they had less time for their kids.”³⁶ According to a 1982 study conducted by Heese and Cicchetti, “Emotions are defined, in part, by manifestations of heightened arousal, intensity, duration, and appraisal.”³⁷ In the mundanity of suburbia, where life becomes very sheltered, these young addicts were not getting high doses of negative emotions and thus were not as well conditioned as non-sheltered children to deal with strong emotions like pain. They were not getting that ‘heightened arousal.’ Ed Hughes, a doctor that worked with adolescent opioid use explains, “The front of the brain has to develop through mistakes,” and there, because of privilege, mistakes were corrected for them.³⁸ This pattern is seen through a well off white adolescent drug addict, Lindsey, who was highlighted in *Pain Killer*: “Like most teenagers in Pennington Gap, she felt bored. There wasn’t much to do, see, or buy.”³⁹ Using drugs gave them

³⁶ Ibid, 292

³⁷ Kopp, Claire B. “Regulation of Distress and Negative Emotions: A Developmental View.” *Developmental Psychology* 25, no. 3 (May 1989): 343–54. <https://doi.org/10.1037/0012-1649.25.3.343>. 344

³⁸ Sam Quinones. *Dreamland: The True Tale of America’s Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 292.

³⁹ Barry Meier. *Pain Killer: An Empire of Deceit and the Origin of America’s Opioid Epidemic*. Second edition. New York: Random House, 2018. 22

the thrill that they could not find at home: “heroin fulfilled the dream of adventures they’d never had in their quiet town. Part of the heroine’s new appeal was that it kept them at the edge of a hazardous, yet alluring dreamland.”⁴⁰ Martin Adler, a professor of pharmacology states, “Living without pain is a horrible thing. They die young because pain is the greatest signaling mechanism we have.”⁴¹ The revolution to keep these kids and teenagers safe was the very thing that was leading them to drugs.

Kids have been increasingly dying from opioid overdoses for almost 30 years; however, the crisis only came to the forefront of news in recent years. This was largely due to the death of Philip Seymour Hoffman. Popular culture icons have always had tremendous power in American society, and the death of Hoffman was the wake up call that the country needed. In 2014, Hoffman was found dead in his Greenwich Village apartment with a “syringe in his arm and, nearby, an envelope containing what appeared to be heroin.”⁴² Two weeks after his passing, the *LA Times* commented on his death by stating, “The death of Philip Seymour Hoffman last week, apparently of a heroin overdose, says a lot about the epidemic of opiate use gripping the United States.”⁴³ Up to this point the crisis had largely been quiet, which was due to the user population and the suppressant nature of the drug. In the same *Times* article, it highlights that this crisis is unique, “with this opiate epidemic, the private home, like the one where Hoffman died, has

⁴⁰ Sam Quinones. *Dreamland: The True Tale of America’s Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 195.

⁴¹ Ibid, 313

⁴² Bruce Weber. “Philip Seymour Hoffman, Actor of Depth, Dies at 46.” *The New York Times*, February 2, 2014, sec. Movies.
<https://www.nytimes.com/2014/02/03/movies/philip-seymour-hoffman-actor-dies-at-46.html>.

⁴³ Sam Quinones. “Will Philip Seymour Hoffman’s Death Be a Wake-up Call?” *Los Angeles Times*, February 14, 2014.
<https://www.latimes.com/opinion/op-ed/la-oe-quinones-heroin-opiates-20140214-story.html>.

replaced the public crack house. It seems the drug has narcotized public outrage, along with millions of young Americans.”⁴⁴ Just like many crises before this in American history, it took the voice, or in this case, the death, of important figures to bring the problem to light. Aspects of American culture amplified the epidemic; however, there is hope that they could also have a hand in resolving it as seen through its ability to promote awareness.

Unfortunately, since the spike of opioid awareness in 2014, the crisis has only gotten worse, and a new layer of problems are to thank for that; the first of them being fentanyl. All the systems created through OxyContin and heroin bolstered the introduction of fentanyl; however, this drug is far worse than anything America has seen before. Since 2018, “driven by fentanyl, overdose drug deaths are...for the first time killing more Americans under fifty-five than anything else...”⁴⁵ Fentanyl acts similar to heroin as they are both produced from the same morphine derivative; but, fentanyl is much more potent. Simply, fentanyl can be “fifty times stronger than heroin” and one hundred times stronger than OxyContin; “even a tiny amount in the respiratory system, [can cause] users to stop breathing.”⁴⁶ In 2018, the CDC named the drug “the deadliest drug in America.”⁴⁷ Potency of the drug means that it is much easier to overdose on, especially if abusers do not know how much they are taking—like when the drug is delivered in a powder form. Conversely, that line between life and death is what some opioid abusers long for, and this drug has the power to do that with much less: “in the drug addict’s mindset you’re like, ‘this stuff is fucking amazing’ because it’s so much stronger.”⁴⁸ For drug dealers “the appeal

⁴⁴Ibid

⁴⁵ Ben Westhoff. *Fentanyl, Inc: How Rogue Chemists Are Creating the Deadliest Wave of the Opioid Epidemic*. First edition. New York: Atlantic Monthly Press, 2019. 11

⁴⁶ Ibid, 8

⁴⁷ Ibid, 10

⁴⁸ Ibid, 18

of fentanyl is also clear: it is cheaper and more discreet, since it comes in smaller packages than heroin.”⁴⁹ Additionally, another problem with fentanyl is due to the fact that it is so potent, it is used to cut other drugs, which leads to unanticipated fatalities. Fentanyl changed the game, it took a problem that was already bad and pushed it over the edge.

Since the introduction of fentanyl into the market and the awareness of the problem amplified after Hoffman's death, politicians started to enter the conversation including President Trump. Opioid deaths escalated during his presidency and his policy had a guiding hand in current problems. In general, republicans take an interest in the crisis since many of their voters come from the white all-american towns riddled by addiction: “...the fact was that, coincidentally or not this change of heart was happening among conservatives just as opiate addiction was spreading among both rural and middle-class white kids across the country, through perhaps most notably in the deepest red countries and states. Drug enslavement and death, so close at hand, were touching the lives, and softening the hearts of many Republican lawmakers and constituents.”⁵⁰ In October of 2017, Trump directed the Department of Health and Human Services to declare the opioid crisis a public health emergency. Although this was not much more than a fancy statement: “His directive [did] not on its own release any additional funds to deal with a drug crisis that claimed more than 59,000 lives in 2016, and the president did not request any...”⁵¹ Even though the opioid epidemic is like nothing America has ever seen, his solution to this problem was no different than the others: to Trump we were still in the War on Drugs. However, there was a shift in how their republican presidency saw this drug epidemic because it

⁴⁹ Ibid, 18

⁵⁰ Sam Quinones. *Dreamland: The True Tale of America's Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 276.

⁵¹ Davis, Julie Hirschfeld. “Trump Declares Opioid Crisis a ‘Health Emergency’ but Requests No Funds.” *The New York Times*, October 26, 2017, sec. U.S. <https://www.nytimes.com/2017/10/26/us/politics/trump-opioid-crisis.html>.

was no longer Black citizens that they needed to target, it was white citizens. Instead of looking inward to solve the problem like other republican administrations had done in the past, the Trump administration chose to blame the problem on another country. Unlike heroin and OxyContin that are often grown and produced in Mexico, fentanyl is completely synthetic and is manufactured in China. Commenting on the crisis, former New Jersey governor Chris Christie stated, “We need to make very clear to the Chinese, that this is an act of war. You are sending this into our country to kill our people.”⁵² In response, Trump remarked, China is “sending that garbage and killing our people...it’s almost a form of warfare.”⁵³ It is disappointing that even when it is a population that republicans supposedly care about, they are unable to do the deep internal reflection of the country that it takes to resolve this epidemic.

The current administration is doing much better at addressing the crisis; however, until the United States government tackles the societal factors that bolster this problem it will never fully subside. Announced in September of 2022, the Biden administration will award \$1.5 billion for all states and territories in order to help tackle the crisis. Breaking down that number, he plans to invest over \$104 million to “expand substance use treatment...,” “\$20.5 million to increase access to recovery support,” “\$275 million for High Intensity Drug Trafficking Areas,” and “\$12 million for new...public health and safety partnerships.”⁵⁴ The administration's investment in the crisis is a substantial step towards recovery; however, it is damage control. It is

⁵² Ben Westhoff. *Fentanyl, Inc: How Rogue Chemists Are Creating the Deadliest Wave of the Opioid Epidemic*. First edition. New York: Atlantic Monthly Press, 2019. 30

⁵³ Ibid

⁵⁴ House, The White. “FACT SHEET: Biden-Harris Administration Announces New Actions and Funding to Address the Overdose Epidemic and Support Recovery.” The White House, September 23, 2022. <https://www.whitehouse.gov/briefing-room/statements-releases/2022/09/23/fact-sheet-biden-harris-administration-announces-new-actions-and-funding-to-address-the-overdose-epidemic-and-support-recovery/>.

cleaning up a mess that the U.S. government swept under the rug for decades. It is not getting at the aspects of American society that pushed her into this crisis in the first place.

From start to finish, the opioid crisis was fueled by capitalism and the fight to come out on top in a cutthroat society. America, like many other countries around the world, revolves around money. We live off the idea that producing more is better; however, this principle has consequences. Quinones explains,

“By the time I began research for this book in 2012, we had, I believe, spent decades destroying community in America, mocking and clawing at the girdings of government that provide the public assets and infrastructure that we took for granted and that make communal public life possible. Meanwhile, we exalted the private sector. We beat Communism and thus came to believe the free market was some infallible God. Accepting this economic dogma, we allowed, encouraged even, jobs to go overseas. We lavishly rewarded our priests of finance for pushing those jobs offshore. We demanded perfection from government and forgave the private sector its trespasses.”⁵⁵

The gain of very few has led to the destruction of so many, and this crisis is a prime example of this. Since the start of the crisis, Purdue Pharma’s OxyContin generated \$35 billion in revenue while more than 932,000 people died.⁵⁶ The Sackler empire faced their wrongdoings in a court case that was finalized earlier this year. As reparations for the crisis, Purdue reached a \$6 billion deal with the State Attorney General.⁵⁷ In the grand scheme of things, \$6 billion is nothing compared to all the lives lost and families destroyed by the pill. It does not seem right that it was the blindsighted drive behind Purdue to make money that created this mess and it was the very same money that got them out of it. Retrospectively, it is clear that leaders have not learned their

⁵⁵ Sam Quinones. *Dreamland: The True Tale of America’s Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 351.

⁵⁶ PBS NewsHour. “Why a Judge Rejected a Settlement with the Sackler Family for Their Role in Opioid Crisis,” December 24, 2021. <https://www.pbs.org/newshour/show/why-a-judge-rejected-a-settlement-with-the-sackler-family-for-their-role-in-opioid-crisis>.

⁵⁷ Brian Mann, and Martha Bebinger. “Purdue Pharma, Sacklers Reach \$6 Billion Deal with State Attorneys General.” *NPR*, March 3, 2022, sec. Health. <https://www.npr.org/2022/03/03/1084163626/purdue-sacklers-oxycontin-settlement>.

lesson. In order to move towards a brighter future, America needs to re-think what it means to be successful and transition to a system that does not reward the 1% for exploiting everyone beneath them, because even if we move away from a moral argument into a economic one, this crisis was far more expensive than any contribution Purdue gave to the domestic market.

Capitalism preaches the narrative that it is every man for themselves in this country and that is perhaps one of the most dangerous mindsets to have within this crisis because it is in times of solitude where opioid addictions thrive. Bryan Turner in the *Journal of Sociology* highlights, “The connection between seventeenth-century individualism and the rise of capitalism [is] contingent.”⁵⁸ Quinones emphasizes, “in our isolation, heroin thrives; that’s its natural habitat.”⁵⁹ We saw devastating results of this in recent years as the death toll rose. Unlike previous generations, kids are no longer going out on the street to play. They stay in their room on their computer. This greatly impacts their ability to make a community. While it may seem silly, pick-up basketball games and neighborhood play are an important part of community because it fosters natural connections between the youth. Without even putting in much effort, these kinds of interactions create lifetime support systems. This pattern is clearly underlined in the acceleration of overdose deaths during the Covid-19 pandemic: “Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period...”⁶⁰ The illegal drug market is picking up on this connection and now makes it extremely easy to buy all kinds of opioids, like fentanyl,

⁵⁸ Bryan S. Turner “Individualism, Capitalism and the Dominant Culture: A Note on the Debate.” *The Australian and New Zealand Journal of Sociology* 24, no. 1 (March 1988): 47–64. <https://doi.org/10.1177/144078338802400103>.

⁵⁹ Sam Quinones. *Dreamland: The True Tale of America’s Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 352.

⁶⁰ Centers for Disease Control and Prevention. “Coronavirus Disease 2019,” December 21, 2020. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>.

from the comfort of your home. Ben Westhoff in *Fentanyl Inc* explains, “in the past, to obtain illicit drugs, a buyer often had to meet up with a dealer in an alleyway or on a dangerous street corner. But as of the early 2010s one doesn’t even have to leave the bedroom; it’s as easy as booting up a smartphone or laptop.”⁶¹ The issue is that as addicts start abusing, they continue to become more isolated and the process becomes cyclical: “a life that finds opiates turns away from family and community and devotes itself entirely to self-gratification by buying and consuming one product—the drug that makes being alone not just all right, but preferable.”⁶² Especially with the rise of technology, the best way to combat this problem is to invest in the community and stress activities that physically bring young children together. The hope is that one day it will become natural again.

The true solution to the opioid crisis is one that targets the American values that created it; however, that is a laborious and not immediately feasible task. So, how can we aid this crisis now? The band-aid solutions that the Biden Administration is funding are nonetheless important steps in providing immediate help. They work towards pre-existing damage and prevent sectors of the issue from getting worse. It is important to advocate for governmental intervention, so the Biden Administration continues to see the vital importance of resolving the crisis. Perhaps even more importantly, the solution to the crisis is to create community and reinstate those natural support systems that will keep kids away from opioids. That means allowing kids to go out and play and make mistakes for themselves. They will learn that pain is a natural part of life and that their community is there for them when they need support. It also means breaking down the image of the perfect family by creating a community where families feel connected enough to be

⁶¹ Ben Westhoff. *Fentanyl, Inc: How Rogue Chemists Are Creating the Deadliest Wave of the Opioid Epidemic*. First edition. New York: Atlantic Monthly Press, 2019. 16

⁶² Sam Quinones. *Dreamland: The True Tale of America’s Opiate Epidemic*. Paperback edition. New York: Bloomsbury Press, 2016. 353.

vulnerable about their struggles with addiction. Isolation will keep us in the opioid crisis and it is the community that will help us out of it. It is also important to educate ourselves on the history of the epidemic so that we do not repeat it. If we want to avoid a similar crisis, we need to increase the transparency of new drugs, improve FDA regulations, and the medical systems that reward client-facing roles so that a pyramid scheme is not built once again.

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