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On October 26, 2017, the opioid crisis was declared a public health emergency, coming as no shock to the families and friends of the more than 350,000 Americans who had died of opioid overdose from 1999 to the previous year (Centers for Disease Control and Prevention). Having first hit hardest in Appalachia with OxyContin, the epidemic spread silently throughout the United States, leaving many to wonder just when and how it took hold in the first place. From OxyContin, many had transitioned to heroin or more dangerous synthetic opioids. Though there are many contributing factors, a major cause of the current opioid crisis is the focus on capitalizing off of prescription medication, despite its risks. If you access the official website for OxyContin today, you'll be immediately met with "WARNING: ADDICTION, ABUSE AND MISUSE; RISK EVALUATION AND MITIGATION STRATEGY (REMS)" (Purdue Pharma L.P.) followed by a list of possible adverse reactions and a reference to use for assessing how likely a patient would be to meet with them. Today this seems like common sense, with OxyContin and most other opioids being well-known for their addictive properties and disastrous results when misused, but it took years for Purdue Pharma, who developed the drug, to acknowledge its seemingly obvious dangers.

Early on in the development and marketing of the now infamous OxyContin, Purdue Pharma had hailed it as having less of a liability than other opioids on the market due to its extended release delivery. It was claimed that the extended release allowed for the drug to work for 12 hours, and would prevent the sort of euphoria that was sought after by drug abusers. All this was advertised confidently, with the risk of addiction being cited as 0.5% when taken as prescribed. The high praise and claims were eerily similar to the early days of morphine and opium pills, which *Dopesick* author Beth Macy says were "available at the nearest drugstore counter, no prescription necessary" (Macy 22). OxyContin was similarly used as pain relief for a variety of issues; end of life care, chronic pain, and post operation were all accompanied by OxyContin prescriptions. Doctors were prescribing OxyContin for a myriad of issues with the belief that it was safe for their patients.

But behind the claims that were helping Purdue Pharma make so much money off the drug – sales had increased from $48 million to $1.1 billion in the first 4 years since OxyContin was introduced (Van Zee 221-227) – was an early study signed off by Purdue itself that had damnable implications. The 1995 article, signed off by Purdue Pharma's top examiner, Curtis Wright, had "spelled out how crushing the tablets would lead to immediate, rather than controlled, release of the drug; that withdrawal symptoms had been witnessed in several patients during clinical trials; and that 68 percent of the oxycodone was in fact recoverable from one single, crushed-up pill when liquefied and injected" (Macy 63). This made OxyContin far less difficult to misuse or abuse than the company had initially claimed.

For years, the Purdue sponsored study was the only one published about how OxyContin could be possibly be abused, and failed to differentiate between abuse rates in patients receiving end of life care and patients suffering with chronic or post-operative pain. Dr. Art Van Zee has since collected a multitude of later studies that suggest that abuse rates are higher for patients with chronic pain, being anywhere from 3%-18% to even 45% (Van Zee 221-227). Unfortunately for many, these studies are too late, with countless addictions to OxyContin and other opioids having already formed. Purdue Pharma, having done little research to begin with and everything to gain from a drug that was claimed to be highly abuse-resistant, sponsored none of the further studies cited by Dr. Van Zee.

In addition to their initial claims of OxyContin being difficult to abuse or develop dependencies on despite their own research indicating otherwise, Purdue Pharma had also implemented marketing techniques for OxyContin more aggressive than any ever done before for medication. Sales representatives were hired to spread the message that "Prescribing OxyContin for pain was the moral, responsible, and compassionate thing to do—and not just for dying people with stage-four cancer but also for folks with moderate back injuries, wisdom-tooth surgery, bronchitis, and temporomandibular joint disorder, or TMJ" (Macy 27). These sales reps, incentivized by enormous bonuses, would give out free gifts to doctors with OxyContin written on them, buy doctors lunches while giving a pitch, and even fill up their gas tanks for an opportunity to talk the doctors into prescribing more of their drug. During their pitches they would echo their home-run advertisement: OxyContin was addictive to only about 0.5% of patients.

This marketing was highly effective, and many doctors were now liberally prescribing OxyContin to patients who would soon form dependencies. In 2002, a Florida pain doctor was the first doctor convicted of manslaughter for 4 of his patients who had overdosed on OxyContin that he had prescribed; he had been recklessly prescribing "to as many as ninety patients a day, after only a short office visit" (Romanow). Though there were doctors who refused to accept gifts and meals from sales representatives and attempted to convince their colleagues that doing so was wrong, they were most often met with dismissal. In the meantime, studies would find that among patients taking OxyContin, only 45% were actually taking the drug as directed, with the rest of patients sharing with other patients or selling their prescription on the black market (Bates). Purdue Pharma continued with this marketing, which had been warned against in, again, their own 1995 study.

When concerned doctors, patients, and friends and families of patients started bringing up the issues they had seen or experienced with OxyContin, Purdue Pharma denied that their drug was the cause of any danger; that instead, it was individuals misusing the drug that was the problem. Legal case after legal case stacked up against Purdue Pharma, each with their own stories of somebody losing control of their life, or losing their life itself after overdosing. However, Purdue was repeatedly found not liable; by winter of 2003 they had won all 65 civil suits brought against them without settling a single case. Two years earlier, Purdue had attempted to donate $100,000 to programs for drug treatment and police in Lee County, Virginia in hopes of quieting concerns for OxyContin, which had torn apart the area. The offer was turned down, and members of the community continued to speak out and seek legal sanctions.

Despite suggestions to reformulate OxyContin with blockers to prevent abusers from getting a euphoric rush or to limit its prescription to patients receiving end of life care only, Purdue Pharma had kept on marketing as before. The only progress made had been the FDA putting a black-box warning, "the strongest type of prescription-drug caution" (Macy 51), on the product. Purdue themselves said the change would not affect distribution in any significant way. Patients who had begun taking OxyContin as legitimate pain relief would find themselves desperately addicted or selling their prescription for money or different drugs; the crisis would go on and Purdue Pharma would keep making money.

In a courthouse in Abingdon, Virginia in 2007, Purdue Pharma president Michael Friedman, ex chief medical officer Paul D. Goldenheim, and lead lawyer Howard R. Udell would all plead guilty to the misdemeanor of misbranding OxyContin. The three had admitted, as individuals, that the advertising of the drug had downplayed its potential for abuse and addiction. None of the men received jail time, but instead had to complete 400 hours of drug treatment related community service and pay $634 million in fines, a miniscule amount compared to their profits. OxyContin would change its warning labels and marketing, and in 2010 even its formula, but too much damage had already been done.

In the loss of OxyContin's easy availability, many of those suffering from its addiction would turn to other pills, heroin, or fentanyl, the strongest opioid available to date. In spite of all the efforts

put forth from countless doctors, family members, friends, organizations, and people who have struggled or are still struggling with addiction, the opioid crisis largely sparked by the marketing of OxyContin has continued to rise in casualties, and shows no signs of slowing down with fentanyl now the leading cause of opioid overdose deaths (Centers for Disease Control and Prevention). There is no doubt that OxyContin had improved the lives of certain people, mainly those with terminal illnesses that were in the final stages of disease, however, an extreme amount of lives outside of that small group were lost. In the wake of this national public health emergency, we must reexamine whether the risks of marketing a dangerous drug is worth the opportunity for companies to capitalize off of medication, or if we are ready for a different system.

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