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## Book review

**Beth Macy. (Ed.), *Dopesick: Dealers, doctors, and the drug company that addicted America*, Published by Little, Brown and Company, New York (2018). 384 pp., 0316551244, ISBN-978-0316551243**

The fictional law enforcement officer from Cormac McCarthy's novel, *No Country for Old Men*, Sheriff Tom Ed Bell, perhaps best captures our current situation with the illicit use of potent pain relief medications. "I think if you were Satan and you were settin around trying to think up something that would just bring the human race to its knees," Sheriff Bell observes in his folksy way, "what you would probably come up with is narcotics." Beth Macy's recent book on the growth of opioid addiction in the United States and, more specifically, in central Appalachia, is a stark confirmation of this view. Her message is of extreme importance both to health care providers and to anyone involved with assessing the health care system.

As a journalist with more than three decades of experience working in Roanoke, Virginia, Macy is well positioned to discuss the devastating impact of the illicit use of narcotics in her community. She deftly weaves together facts with the stories of individuals and families to demonstrate how what was once thought to be an urban problem became one in rural communities as well. Her story focuses on the prescribing patterns of one drug, OxyContin, that many believe is at the heart of this epidemic. It is an epidemic that will likely pose challenges both for prevention and treatment for years to come.

Several factors created a perfect storm behind this epidemic in central Appalachia. First is the development and aggressive marketing of OxyContin during the 1990s. Introduced at a time when the concern over the treatment of pain was particularly high, many failed to see how quickly the drug could become addictive even as attempts were made to decrease its potency through time-released mechanisms. Macy argues that the drugs developer, Purdue Pharma, overemphasized the drug's safety while providers wrote prescriptions for several days of use. Little training was provided on the prevention of iatrogenic, or doctor-caused, addiction.

This prescribing pattern occurred against an economic situation which is best described as bleak. "In rural counties decimated by globalization, automation, and the decline of coal," Macy writes, "the invisible hand manifested in soaring crime, food insecurity, and disability claims." Young people dreamed not of having successful careers but of becoming a "dawer-er," or someone who draws disability checks to survive. Some laid off factory workers turned to crime, robbing copper wire from the factories where they used to work. Others began selling prescription pain relievers obtained through various illicit means to people who had become addicted.

This situation only worsened when restrictions were finally put into place on the prescription of OxyContin. Addicts turned to other sources, most notably heroin, to avoid experiencing the symptoms of withdrawal associated with being "dopesick." Interstate Highway 81 became a disease vector of sorts for heroin addiction as drug traffickers

traveled to Baltimore to obtain heroin to sell.

It's hard to overestimate the ongoing consequences of this perfect storm. Crime has become the norm in communities where people used to leave their doors unlocked at night. Former high school athletes with once bright futures are now addicted as the result of being prescribed OxyContin for pain due to injuries. Young women have turned to prostitution to support drug habits, and families spend retirement savings sending children to rehab only to have them relapse and die from an overdose. Jails are crowded with those convicted of drug related crimes. Some spend long stretches of time in prison when they are party to a customer or fellow user dying from an overdose. "There is literally not a family in this county that has not been impacted by this drug," one police officer observes. Macy heard this statement in every Appalachian county she visited.

Many societal remedies have failed to ameliorate this situation. Financial penalties levied against Purdue Pharma have been relatively small thanks in part to the efforts of Rudy Giuliani's firm and have not been adequately appropriated to address addiction. Senior officers at Purdue Pharma have escaped serious legal consequences while those addicted to OxyContin are often jailed. And the failure of Virginia to expand Medicaid means that many do not have access to treatment, and often the treatment that is available is ineffective.

The solutions Macy explores involve erasing the stigma of addiction, encouraging evidence based addiction treatment, and increasing skepticism towards supposed pharmaceutical innovations. While we cannot arrest our way out of this epidemic, we can work together to support approaches showing promise. Medically assisted treatment, for example, involving lower dose maintenance narcotics, should be encouraged. This helps the addicted to become functional while avoiding the worst withdrawal symptoms. Unfortunately, many programs continue to be based on abstinence only approaches that many just can't follow.

Macy's work comes at a time when the country is at long last awakening to the fact that we have a serious epidemic when it comes to opioids. Drug overdose has already taken the lives of 300,000 Americans in the past fifteen years, and is poised to take another 300,000 in the next five. This is several times the number of Americans killed in armed conflict over the last 60 years. Unfortunately, simply restricting access to opioids alone will not help those already addicted. That requires serious, ongoing effort. Recognizing that many became addicted not through their own weaknesses or propensity to sin but through prescribing patterns consistent with drug company recommendations might help.

Macy's book should be read by anyone involved with health care delivery. It is a valuable study of how the best of intentions, relieving pain, can go tragically wrong.

Rick Mathis,  
Information Delivery, BlueCross BlueShield of Tennessee, 1 Cameron Hill  
Circle, Chattanooga, TN 37402, USA  
E-mail address: [Richard.Mathis@bcbst.com](mailto:Richard.Mathis@bcbst.com).

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