

Documentary Unveils America's Pharma-Driven Opioid Crisis and the Heartbreak It's Causing Families

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STORY AT-A-GLANCE

- › Deaths from prescription opioids have quadrupled since 1999
- › OxyContin manufacturer Purdue Pharma paid out one of the largest pharmaceutical settlements in U.S. history after lying about addiction risks
- › Nearly 260 million opioid prescriptions are written in the U.S. each year

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The HBO documentary "Warning: This Drug May Kill You," details the devastating effect America's pharma-driven opioid crisis is having on families and the victims themselves. The film, made by Perri Peltz and Sascha Weiss, features the perspectives of four families whose lives have been ripped apart as a result of opioid and heroin addiction.

Opioid and heroin addiction – which public health officials have described¹ as being the worst drug crisis in American history – affects about 2.5 million Americans, nearly half a million of whom are addicted to heroin,² a dangerous street drug that prescription pill addicts can quickly turn to because the cost is significantly less than that of prescription painkillers.

The term "opioid" is used to describe a class of drugs that includes the illegal drug heroin, as well as the legal prescription painkillers oxycodone, hydrocodone, codeine,

morphine, fentanyl and others. Ironically, the silent but deadly opioid epidemic often starts with some of society's most trusted professionals: doctors.

As noted in the film, a significant number of opioid addictions begin with a trip to the doctor's office or a hospital as a result of an injury or medical problem for which addictive painkillers are carelessly prescribed. It seems no medical problem is too minor for powerful prescription painkillers to be prescribed.

This is depicted in the film, which details the story of a young woman from Beach Park, Illinois, who became addicted to OxyContin after being prescribed the medication for kidney stones. Not only are opioid pain medications (also called narcotic prescription painkillers) wildly overprescribed, but they are also often given without warning of the potential risks for addiction and/or resources to help deal with the possible risk of addiction.

Nearly 260 Million Opioid Prescriptions Are Written in the US Each Year

The number of opioid prescriptions has increased substantially over the last few decades. "In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills," according to the American Society of Addiction Medicine.³

The result? Drug overdose is now our nation's leading cause of accidental death. In 2015, accidental drug overdoses accounted for 52,404 deaths, with 20,101 of those deaths related to prescription pain relievers, and 12,990 linked to heroin. However, 80% of heroin users start out on prescription opioids.⁴

Despite the fact that Americans are dying at unprecedented rates due to Big Pharma's prescription painkillers, the pharmaceutical industry is rarely named by the establishment media for its deadly role in the growing opioid epidemic.

Kidney Stone Pain Morphs Into Deadly Opioid Addiction for Unsuspecting Teen

Stephany Gay should have been getting her license and learning how to drive when she first became addicted to prescription painkillers. It all began when, at the tender age of 16, she started suffering from kidney stones and was prescribed OxyContin and Vicodin. It didn't take long before Stephany, who had never done illegal drugs, developed a full-blown dependency on opioids.

The teen confided in her mom after realizing she had developed an addiction. Her mother urged her to see a doctor, but when she did she came home with another prescription: This time it was for Percocet. Stephany also got her younger sister, Ashley, addicted to opioids after offering her the medication for headaches and a better night's sleep. Stephany's doctor eventually stopped prescribing her opioids, causing the sisters to turn to heroin to get their fix. Stephany says:

"It made me feel like I could do anything. I felt like superwoman. I didn't have anxiety. I didn't feel depressed. I felt happy. I felt warm. I felt like it loved me and I loved it back. I felt like I had a relationship with heroin."

The sisters snorted heroin for a year before experimenting with a needle. Soon after Stephany started injecting, she lost the three-bedroom home she owned and custody of her young daughter. Ashley, who once told her mother she was "too pretty to die," overdosed on heroin and died alone in a hotel room.

Eighty Percent of Heroin Users Start With Prescription Opioids

Part two of the documentary, "Addicted to Pills," details the heartbreaking story of a wife and mother of five children who became addicted to opioids after being prescribed the medication for a Cesarean section. Wynne Doyle, from Mill Valley, California, stopped getting out of bed just one and a half months after giving birth to her third child.

She became addicted fast, says Britt Doyle Sr., who later divorced his wife following years of addiction. Like many opioid addicts, Wynne went in and out of rehab multiple times, only to relapse again. The second rehab she entered was three times as costly as the first, says Britt Sr. But 28 days later his wife returned home with a "whole bunch of pills," and her addiction started all over again, he says.

Wynne's addiction grew so intense that she would purposely injure herself in order to get more pills. "I watched her slam her hand in the car door one time, just so she could go to the emergency room," said Britt Sr., adding that the doctors would always give his wife more pain medication.

At one point, Wynne had shattered both of her wrists, but as soon as they healed she would hurt herself again just to get more pills. My wife became a "totally different person," says Britt Sr. "It was like Jekyll and Hyde."

Seven years into her addiction and on his wife's 11th stint in rehab, Britt Sr. had finally had enough. He moved the children out of the house and filed for divorce. Sometime later, Wynne, suffering from kidney stones, was prescribed more painkillers. She had eight bottles filled to the top sitting on her nightstand when her children found their mother lifeless in her bed.

"When I saw the pills on her bedside table when she had passed, that was probably the most anger I could feel, ever, because she's been to that hospital easily like 50 times," said Britt Doyle Jr., Wynne's daughter. "They've seen her there unconscious and had to like [sic] pump her stomach so many times. And yet she comes in there and they leave her with more?" she asks angrily.

Adolescents Are 33% More Likely to Misuse Opioids as Young Adults

Part three of the documentary tells the story of Brendan Cole from Allendale, New Jersey. The teen was prescribed opioid painkillers after having a cyst surgically removed. Four years later he died of a heroin overdose. Before his death, Cole

overdosed on heroin but was revived with Narcan after his dad woke in the middle of the night to find his son lying in an unnatural position on his bed.

His lips were turning blue and "we heard the air come out of his lungs when we moved him," said his parents tearfully. Narcan, or naloxone, is an overdose-reversal drug. It's made by Amphastar Pharmaceuticals, which began what appears to be a clear case of price gouging, raising the cost of Narcan by as much as 100%.

Cole recovered from the overdose, but the hospital failed to warn his family that patients revived with Narcan may experience intense cravings and withdrawal symptoms. As a result, no plan was put in place to help Cole overcome the cravings that would soon follow. The very next day, Cole overdosed again, and this time he could not be revived.⁵

In people with little drug experience, scientists theorize that "the initial experience of pain relief is pleasurable, and a safe initial experience with opioids may reduce perceived risk."

Synthetic Opioids Sold via 'Dark Web' Implicated in Growing Number of Overdose Deaths

In addition to prescription opioids, another threat looms: synthetic (and illegal) opioids sold through the dark web – the secret underbelly of the internet, initially created by American intelligence agencies for encrypted communication purposes. A report by The New York Times⁶ sheds light on an emerging illicit drug trade involving dangerous synthetic opioids that are being shipped into the U.S. via small packages in the mail.

The report reveals "that most of the illicit supply of synthetic opioids is produced in labs in Asia and especially China, where many of the precursor chemicals are either legal or easier to procure." The synthetic opioids are said to be so potent that they "have become the fastest-growing cause of the overdose epidemic, overtaking heroin in some areas," reports the Times.

Synthetic opioids being shipped overseas include fentanyl, the infamous drug responsible for pop icon Prince's death. Fentanyl is so potent that 2 milligrams is enough to kill and, unlike prescription pills, "enough fentanyl to get nearly 50,000 people high can fit in a standard first-class envelope," the report warns.

Synthetic opioids obtained through the internet are responsible for the deaths of two teenagers from Park City, Utah. Grant Seaver and Ryan Ainsworth, both 13 years old, died after taking a synthetic opioid known as U-47700, or Pinky.

The boys reportedly obtained the drug from another teen who purchased them on the dark web using bitcoin. While synthetic opioids account for a small portion of overall trafficked drugs, law enforcement says "that dark web markets have quickly assumed a more prominent and frightening role."

Opioids Actually Alter Your Brain Structure

Studies also suggest that drugs for physical and emotional pain may change your brain. In a study by researchers at the University of Alabama, people with chronic low back pain received either morphine or a placebo daily for one month. Both groups experienced similar reductions in pain, but there was a major difference among those taking morphine – changes in the brain.

Magnetic resonance imaging (MRI) scans showed the patients taking morphine had a 3% reduction in gray matter volume over the course of the study. The reductions occurred in regions of the brain that regulate emotions, cravings and pain response.⁷

Further, the morphine group had increases in gray matter volume in areas related to learning, memory and executive function. Lead study author Joanne Lin told Reuters,⁸ "Because we are seeing that opioids rapidly change the brain, our take-home message is that opioids should be reserved for cases when most other treatment options have failed."

Millions of Taxpayer Dollars Used for Opioid Prescriptions

The Centers for Medicare and Medicaid Services (CMS) is a branch of the Department of Health and Human Services. CMS runs the Medicare program and monitors Medicaid programs run by the states. According to the Office of the Inspector General (OIG), spending on opioids in the Medicare system, which is funded by U.S. tax dollars through Medicare trust funds, grew at a faster rate than spending for all drugs.

Data from the OIG shows that between 2006 and 2014, the number of Medicare recipients on opioids grew by 92%, compared to 68% for all drugs. Medicare recipients are also receiving multiple prescriptions for opioids for reasons other than cancer pain or terminal illness, the traditional uses for these strong medications.

Medicaid programs, supported by taxpayers but administered by states, also reveal excessive opioid use and probable fraud.⁹ In 2010, 359,368 Medicaid enrollees received an opioid prescription amounting to over 2 million prescriptions, and again suggesting many prescriptions per patient.¹⁰

While Medicaid programs likely provide generic combinations of the active ingredient in OxyContin, hydrocodone, to patients, which costs about \$28 for a 120-day supply (compared with \$632 for the brand name OxyContin),¹¹ taxpayers are still paying at least \$56 million for Medicaid opioid prescriptions. The cost of the opioid prescriptions does not take into consideration state-run drug treatment programs and services that are required if and when enrollees become addicted.

OxyContin Manufacturer Pays One of the Largest Pharma Settlements in US History

In December 2015, Purdue Pharmaceuticals, the maker of OxyContin, settled an ongoing lawsuit brought by the state of Kentucky for \$24 million over presenting OxyContin as "nonaddictive."¹² Purdue contended that the pill slowly releases the drug over 12 hours when swallowed, omitting the fact that, when crushed, OxyContin lost its time release protections and created an instant high.

"State officials said that led to a wave of addiction and increased medical costs across the state, particularly in eastern Kentucky where many injured coal miners were prescribed the drug," reported The Associated Press.

The 2015 settlement is similar to one Purdue agreed to in 2007 with the state of West Virginia, when it agreed to pay out \$634 million because "fraudulent conduct caused a greater amount of OxyContin to be available for illegal use than otherwise would have been available."¹³ Despite the lawsuits, OxyContin remains on the market.

FDA Orders Drugmaker to Stop Selling Opioid Painkiller

Opioid manufacturer Endo Pharmaceuticals hasn't been so lucky, however. In an unprecedented move by the Food and Drug Administration (FDA), health officials have ordered Endo to remove the opioid painkiller Opana ER from the market due to the conclusion that "the drug's risks outweigh its benefits," reported CBS News.¹⁴

"It's the first time the FDA has asked a drugmaker to remove an opioid painkiller from the market," CBS said. "The agency said it has seen a 'significant shift' from people crushing and snorting Opana ER to get high to injecting it." If the drugmaker refuses to comply with the FDA's request to pull the opioid from the market, the agency can begin a "formal process for rescinding its approval."

Drug Companies Try to Cash in on Opioid Epidemic

While an increasing number of Americans suffer the devastating effects of opioid addiction, pharmaceutical companies are battling it out to become the top seller of addiction medications. As was highlighted in an NPR report,¹⁵ rather than working to make various effective treatments for opioid addiction more readily available to those who need it, the pharmaceutical industry is actively trying to stomp out its competitors by restricting access to important addiction medications.

One example of this includes the global biopharmaceutical company Alkermes and its non-opioid addiction medication, Vivitrol, a monthly injection that costs around \$1,000.

Alkermes, based in Waltham, Massachusetts, is working vigorously to promote its drug at the legislative level as a solution to our nation's growing opioid epidemic – and while doing so (in some cases) is restricting access to other opioid addiction medications through policy that makes it harder for doctors to prescribe alternatives to Vivitrol.

"An investigation by NPR and Side Effects Public Media has found that in statehouses across the country, and in Congress, Alkermes is pushing Vivitrol while contributing to misconceptions and stigma about other medications used to treat opioid addiction," NPR reports.

Experts disagree about which opioid addiction medications are most effective. Some argue opioid maintenance drugs like methadone and buprenorphine – both of which contain opioids – are fueling the opioid crisis due to their street value and the idea that offering them to addicts means replacing one opioid for another. Others argue that opioid maintenance medications relieve painful withdrawal symptoms and reduce or eliminate intense cravings.

Federal health agencies and the American Society of Addiction Medicine agree that "opioid abstinence can be dangerous," says NPR. While there are no studies comparing Vivitrol to methadone or buprenorphine, Alkermes touts Vivitrol as the more effective, opioid-free solution.

Alkermes has significantly increased its spending on federal lobbying, spending \$4.4 million in 2016 compared to less than \$200,000 in 2010. "Last year, Vivitrol's sales reached \$209 million – up from just \$30 million in 2011," NPR reports, adding that Alkermes projects sales could reach \$1 billion by 2021.

Treating Your Pain Without Drugs

While opioid painkillers may relieve pain temporarily, the addiction risks can quickly send you spiraling out of control down a dark and dangerous path. As shown in the film, many families touched by opioid addiction end up suffering for years before finally losing a loved one to addiction.

The good news is there are many natural alternatives to treating pain. It's particularly important to avoid opioids when trying to address long-term chronic pain, as your body will create a tolerance to the drug. Over time, you may require greater doses at more frequent intervals to achieve the same pain relief.

This is a recipe for disaster and could have lethal consequences. Following is information about non-drug remedies, dietary changes and bodywork interventions that can help you manage your pain.

Medical cannabis – Medical marijuana has a long history as a natural analgesic and is now legal in 28 states. You can learn more about the laws in your state on medicalmarijuana.procon.org.¹⁶

Kratom – Kratom (*Mitragyna speciosa*) is a plant remedy that has become a popular opioid substitute.¹⁷ In August 2016, the DEA issued a notice saying it was planning to ban kratom, listing it as a Schedule 1 controlled substance. However, following massive outrage from kratom users who say opioids are their only alternative, the agency reversed its decision.¹⁸

Kratom is safer than an opioid for someone in serious and chronic pain. However, it's important to recognize that it is a psychoactive substance and should be used carefully. There's very little research showing how to use it safely and effectively, and it may have a very different effect from one person to the next. The other issue to address is that there are a number of different strains available with different effects.

Also, while it may be useful for weaning people off opioids, kratom is in itself addictive. So, while it appears to be a far safer alternative to opioids, it's still a powerful and potentially addictive substance. So please, do your own research before trying it.

Low-Dose Naltrexone (LDN) – Naltrexone is an opiate antagonist, originally developed in the early 1960s for the treatment of opioid addiction. When taken at very

low doses LDN, available only by prescription, triggers endorphin production, which can boost your immune function and ease pain.

Curcumin – A primary therapeutic compound identified in the spice turmeric, curcumin has been shown in more than 50 clinical studies to have potent anti-inflammatory activity. Curcumin is hard to absorb, so best results are achieved with preparations designed to improve absorption. It is very safe and you can take two to three every hour if you need to.

Astaxanthin – One of the most effective oil-soluble antioxidants known, astaxanthin has very potent anti-inflammatory properties. Higher doses are typically required for pain relief, and you may need 8 milligrams or more per day to achieve results.

Boswellia – Also known as boswellin or "Indian frankincense," this herb contains powerful anti-inflammatory properties, which have been prized for thousands of years. This is one of my personal favorites, as it worked well for many of my former rheumatoid arthritis patients.

Bromelain – This protein-digesting enzyme, found in pineapples, is a natural anti-inflammatory. It can be taken in supplement form, but eating fresh pineapple may also be helpful. Keep in mind most of the bromelain is found within the core of the pineapple, so consider eating some of the pulpy core when you consume the fruit.

Cayenne cream – Also called capsaicin cream, this spice comes from dried hot peppers. It alleviates pain by depleting your body's supply of substance P, a chemical component of nerve cells that transmit pain signals to your brain.

Cetyl myristoleate (CMO) – This oil, found in dairy butter and fish, acts as a joint lubricant and anti-inflammatory. I have used a topical preparation of CMO to relieve ganglion cysts and a mild case of carpal tunnel syndrome.

Evening primrose, black currant and borage oils – These oils contain the fatty acid gamma-linolenic acid, which is useful for treating arthritic pain.

Ginger – This herb is anti-inflammatory and offers pain relief and stomach-settling properties. **Fresh ginger** works well steeped in boiling water as a tea, or incorporated into fresh vegetable juice.

Dietary Changes to Fight Inflammation and Manage Your Pain

Unfortunately, physicians often fall short when attempting to effectively treat chronic pain, resorting to the only treatment they know: prescription drugs. While these drugs may bring some temporary relief, they will do nothing to resolve the underlying causes of your pain. If you suffer from chronic pain, making the following changes to your diet may bring you some relief.

- **Consume more animal-based omega-3 fats** – Similar to the effects of anti-inflammatory pharmaceutical drugs, omega-3 fats from fish and fish oils work to directly or indirectly modulate a number of cellular activities associated with inflammation. While drugs have a powerful ability to inhibit your body's pain signals, omega-3s cause a gentle shift in cell signaling to bring about a lessened reactivity to pain.

Eating healthy seafood like anchovies or sardines, which are low in environmental toxins, or taking a high-quality supplement such as krill oil are your best options for obtaining omega-3s. DHA and EPA, the omega-3 oils contained in krill oil, have been found in many animal and clinical studies to have anti-inflammatory properties, which are beneficial for pain relief.

- **Radically reduce your intake of processed foods** – Processed foods not only contain chemical additives and excessive amounts of sugar, but also are loaded with damaging omega-6 fats. By eating these foods, especially fried foods, you upset your body's ratio of omega-3 to omega-6 fatty-acids, which triggers inflammation. Inflammation is a key factor in most pain.

- **Eliminate or radically reduce your consumption of grains and sugars** – Avoiding grains and sugars, especially fructose, will lower your insulin and leptin levels. Elevated insulin and leptin levels are some of the most profound stimulators of inflammatory prostaglandin production, which contributes to pain.

While healthy individuals are advised to keep their daily fructose consumption below 25 grams from all sources, you'll want to limit your intake to 15 grams per day until your pain is reduced. Eating sugar increases your uric acid levels, which leads to chronic, low-level inflammation.

- **Optimize your production of vitamin D** – As much as possible, regulate your vitamin D levels by regularly exposing large amounts of your skin to sunshine. If you cannot get sufficient sun exposure, taking an oral vitamin D3 supplement, along with vitamin K2 and magnesium, is highly advisable.

Research by GrassrootsHealth suggests adults need about 8,000 IUs per day to achieve a serum level of 40 ng/ml, but you may need even more. It's best to get your blood level tested to be sure you're safely within the therapeutic range.

Bodywork Methods That Reduce Pain

Due to the inherent risks of addiction and the other unpleasant side effects of prescription painkillers, I recommend you pursue one or more of the following bodywork methods before taking a narcotic for pain. Each one has been demonstrated to be an effective treatment for lasting pain relief and management.

- **Acupuncture** – According to The New York Times,¹⁹ an estimated 3 million American adults receive acupuncture annually, most often for the treatment of chronic pain. A study²⁰ published in the Archives of Internal Medicine concluded acupuncture has a definite effect in reducing four types of chronic pain, including back and neck pain, chronic headache, osteoarthritis and shoulder pain – more so than standard pain treatment.

- **Chiropractic adjustments** – While previously used most often to treat back pain, chiropractic treatment addresses many other problems – including asthma, carpal tunnel syndrome, fibromyalgia, headaches, migraines, musculoskeletal pain, neck pain and whiplash.

According to a study²¹ published in the Annals of Internal Medicine, patients with neck pain who used a chiropractor and/or exercise were more than twice as likely to be pain-free in 12 weeks compared to those who took medication.

- **Massage** – Massage releases endorphins, which help induce relaxation, relieve pain and reduce levels of stress chemicals such as cortisol and noradrenaline. A systematic review and meta-analysis²² published in the journal Pain Medicine, included 60 high-quality and seven low-quality studies that looked into the use of massage for various types of pain, including bone and muscle, fibromyalgia, headache and spinal-cord pain.

The study revealed massage therapy relieves pain better than getting no treatment at all. When compared to other pain treatments like acupuncture and physical therapy, massage therapy still proved beneficial and had few side effects. In addition to relieving pain, massage therapy also improved anxiety and health-related quality of life.

- **Emotional Freedom Techniques (EFT)** – **EFT** continues to be one of the easiest and most effective ways to deal with acute and chronic pain. The technique is simple and can be applied in mere minutes, helping you to overcome all kinds of bodily aches and pains. A study²³ published in Energy Psychology examined the levels of pain in a group of 50 people attending a three-day EFT workshop, and found their pain dropped by 43% during the workshop.

Six weeks later, their pain levels were reported to be 42% lower than before the workshop. As a result of applying EFT, participants felt they had an improved sense of control and ability to cope with their chronic pain. In the video featured below, EFT expert Julie Schiffman, teaches you how to use EFT to address chronic pain.

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