

## Big Pharma and the Opioid Crisis: Who's at Fault?

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### Introduction

The United States is a nation that has long struggled with the adverse effects of illicit drugs—whether it be the unheralded morphine epidemic of the Civil War or the infamous “War on Drugs” initiated by President Nixon—American society’s Achilles heel seems to be most exposed to arrows of mind-altering concoctions. Since the beginning of the 1990’s, America’s drug problem has quickly and frighteningly transformed into a national crisis that has taken the lives of over 700,000 people (CDC). So, what is it that is causing drug-related death numbers to equal entire populations of medium-sized cities? Is the problem the drug-mongering cartels of the southern border? Partially. Or what about the archetypal, hooded, street corner drug dealer so readily apparent in the movies? Maybe so. While it is easy to attribute the great harms of society to those who live on the fringe, the current opioid crisis is perpetuated by those who are in plain sight—individuals such as John Hammergren or Dr. Craig Landau who get to greedily operate behind facades of large corporation names such as McKesson and Purdue Pharma. The white-collar nature of this perpetuation is what has made stopping the opioid crisis such an enigmatic issue; however, this article will strive to uncover big pharma’s majority role in an unprecedented drug crisis that has killed hundreds of thousands of Americans. Specifically, this piece will look at the histories of pharmaceutical companies such as McKesson and Purdue Pharma, the emblematic role of oxycontin in the crisis, the plight of rural communities due to prescribed opioids, and the efforts of a Southern born lawyer to end the decimating reign of big pharma.

### McKesson

The primary goal of most pharmaceutical companies is ultimately to help people. However, for some companies, this goal can sometimes be constricted and suffocated simply by greed. McKesson, a company founded in 1833 and ranked sixth in the Fortune 500, provides services ranging from medical supplies to pharmaceutical distribution as described by their comprehensive mission statement provided on their website:

McKesson delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals

and health systems throughout North America and internationally. We also provide specialty pharmaceutical solutions for biotech and pharmaceutical manufacturers, as well as practice management, technology and clinical support to oncology and other specialty practices. Additionally, we deliver a comprehensive offering of healthcare products, technology, equipment and related services to the non-hospital market—including physician offices, surgery centers, long-term care facilities and home healthcare businesses (McKesson We Stand).

From this quote it can be seen that McKesson does, in fact, benefit Americans in many ways—they expediently supply pharmacies with life saving medications, they are major consultants for large healthcare groups, and they manufacture advanced treatments and medications (McKesson We Stand). While the majority of McKesson’s practices are for the betterment of American citizens, the do-good nature of the company has provided a veil for greed-fueled practices that have directly contributed to the proliferation of the opioid crisis.

### McKesson’s Hidden Mission

The covert distribution of massive amounts of opioids is perhaps the greatest contributor to McKesson’s hundreds of billions of dollars in revenue. One way that they have been able to carry this mass distribution out is the negligence of due diligence, in other words, putting capitalistic gain over the plight of American citizens. This lack of due diligence has, however, begun to be noticed by states such as Missouri, Kentucky, and New York who have all filed lawsuits against McKesson for the dangers caused by negligent influx of opioids into at-risk areas. In a Bloomberg article by columnist Jef Feeley, Feeley points out the “deceptive acts” carried out by McKesson as well as the jarring statistics highlighted by congresswoman Claire McCaskill of Missouri: “U.S. Senator Claire McCaskill said last week pharma companies and drug distributors shipped 1.6 billion doses of opioids to the state of Missouri over a six-year period, enough to provide every man, woman and child in the state 260 doses” (Feeley). The problem with this statistic is two-fold:

McKesson is deceptively overmarketing opioids to doctors in a way that undermines the effects of the highly addictive drugs, and once these prescriptions are subsequently filled, there is no collective cognizance on McKesson's part to monitor where the drugs are going and how they affect the communities they enter. This intentional lack of awareness by McKesson can be seen again in a lawsuit filed by the state of Kentucky against McKesson. In a NBC News article titled: "Suit accuses drug distributor McKesson of fueling Kentucky's opioid epidemic," columnist Jonathan Sperling highlights the grievances held by Kentucky Attorney General Andy Beshear as seen in the specifics of the lawsuit: "The suit alleges that from January 2010 through December 2016, McKesson distributed 18,434,834 doses of prescription opioids in Floyd County alone, amounting to 477 opioid pills for every person living in the county" (Sperling). The article goes on to talk about McKesson's mindless filling of large and/or suspicious orders, inadequate monitoring policies, as well as executives' failure to report such errors (Sperling). The excessive harm done to states such as Missouri and Kentucky shows that companies such as McKesson are at fault for problems usually attributed to doctors and other medical professionals. Yes, there may be cases of doctors who overprescribe addictive painkillers, but who is ultimately incentivizing and quite literally fueling these practices? Companies such as McKesson. While McKesson serves as a primary tap root, there are other, equally prominent, fibrous groups who contribute to the fertilized growth of the invasive opioid crisis.

### **Purdue Pharma**

If McKesson is Amazon, Purdue Pharma is the family owned convenience store across the street. Given the relatively small revenue of Purdue Pharma, \$3 billion compared to McKesson's \$153.8 billion, the function of the company is markedly different and hyper specialized compared to the broad spectrum provided by McKesson. Whereas McKesson provides services such as healthcare consultation and widespread drug distribution, Purdue Pharma focuses on one thing: developing the drugs. According to Purdue Pharma's product page, the company's primary goal is simply making new drugs: "Purdue is a pioneer in medical science with a patient-first approach in developing prescription and non-prescription medication" (Purdue Pharma For Healthcare). The list of prescription opioids pioneered by Purdue Pharma is perhaps more recognizable than the company itself. Prescription opioids such as oxycodone, morphine, buprenorphine, and hydrocodone all originated in Purdue's labs, and continue to be major components of the opioid crisis. Much like McKesson, it is important to note that Purdue's contributions to medicine have done more

good than bad. The development of these prescription opioids has helped medical patients cope with the excruciating pain induced by treatments of cancer, invasive surgery, as well as chronic diseases. The harm carried out by Purdue, again much like McKesson, comes from greed's interference with the initial goal of medically bettering society. Unlike McKesson, Purdue's role in the opioid crisis deals primarily with the development and marketing of drugs themselves rather than errant distribution.

### **Purdue Pharma's Intentional Misguiding**

The process of marketing drugs is fairly simple—pharmaceutical reps make pitches to doctors in which the reps tell of the drug's efficacies, case and clinical studies to prove those efficacies, and potential side effects. The doctor, whose main job is to see and care for patients, has an implied good faith in these pharmaceutical reps, because after all, the doctor does not have the time or resources to conduct extensive, case-study level research on every drug on the market. Purdue Pharma's false marketing of prescription opioids such as OxyContin misled doctors to overprescribe a drug whose highly addictive qualities were largely unbeknownst. While doctors were being force fed the breakthrough powers of OxyContin, Purdue Pharma knew of its adverse effects and continued to conceal them from doctors as well as society as a whole. This misbranding and concealing of OxyContin's addictive qualities and potential to be abused led to a significant felony charge against Purdue Pharma in 2007 (Meier). Barry Meier, a columnist for the *New York Times*, elaborates on the ill-will of Purdue Pharma in his article titled "Origins of an Epidemic: Purdue Pharma Knew Its Opioids Were Widely Abused." In his article, Meier writes that the initial push for OxyContin by Purdue Pharma was because the long-acting formula of the drug was believed to be less appealing to drug abusers who frequently used drugs such as Percocet and Vicodin (Meier). However, Meier goes on to state that this belief was not proven by case studies or clinical trials, but rather by "theory." "The FDA decision was not based on findings from clinical trials, but a theory that drug abusers favored shorter-acting painkillers because the narcotic they contained was released faster and so produced a quicker 'hit'" (Meier). Basing a widely distributed drug addictiveness off of loose theory is troublesome, but it is Purdue's response to the falsehood of this theory that is truly immoral. Rather than taking OxyContin off the shelves to alter its highly addictive formula, Purdue realized the value of physically dependent consumer and continued to push OxyContin as "less addictive." "The drugmaker admitted in 2007, when confronted with evidence gathered by prosecutors, that it trained sales representatives to tell doctors that OxyContin was

less addictive and prone to abuse than competing opioids, claims beyond the one approved by the FDA" (Meier). This promotion of OxyContin in the late 1990's and early 2000's can be seen as a catalyst for the beginning of a true opioid crisis. Purdue Pharma's role in this mass marketing for highly addictive opioids again shows that the root of the crisis is not the cartels of the southern border or doctors—it's some of America's largest corporations who willingly conceal the truth in exchange for capital gain.

### **Purdue Pharma's Response**

The allegations against Purdue Pharma were severe. At the time of the allegations, OxyContin had taken the lives of thousands of Americans, and Purdue was solely to blame. Purdue's reparations for their egregious acts resulted in handing over half a billion in cash (twenty percent of the company's worth), and the removal of three top executives. A quick Google search of "Purdue Pharma opioid crisis;" however, shows that one of the company's top priorities has become apologizing for their past actions as well as implementing memoranda to prevent such atrocities from happening again. The company's website boasts a section titled "Strong Track Record" with a sub-heading at the top of the page that states: "The nation's opioid crisis is a significant and urgent public health challenge, and Purdue Pharma is deeply concerned about the toll it is having on communities. Here are some of the steps we have taken to address the crisis:" (Purdue Pharma Strong Track Record). The page then goes on to describe partnerships with institutions such as the NIH, the Prescription Drug Safety Network, and the Governor's Prevention Partnership of Connecticut; in addition, the web page states that the company has given millions to groups such as the National Association of Boards of Pharmacy, the Commonwealth of Virginia, and RxPATROL—a company that serves as a database for pharmaceutical networks and reports of theft (Purdue Pharma Strong Track Record). The large strides taken by Purdue Pharma to prevent the proliferation of the opioid crisis may seem in earnest; however, new allegations, as recent as 2019, show that the millions poured into opioid addiction prevention may be a hasty desperation heave to stave off the company's inevitable ruin. In a January 2019 CNN article titled: "Purdue Pharma sought secret plan to become 'end-to-end pain provider,' lawsuit alleges," columnist Erica Orden highlights the immoral practices that Purdue Pharma continued to carry out even after the felony charges of 2007. In the article, Orden points out that Purdue saw value in fueling an addiction to opioids, because not only were the opioids highly profitable, medicinal treatment for addiction to opioids was a lucrative field that had not yet been claimed. Purdue Pharma's solution to

garnering control of the opioid and counter-opioid markets? Project Tango. The details and capital benefits of "Project Tango" are explained by Orden in her January 2019 CNN article: "Pharmaceutical giant Purdue Pharma LP secretly pursued a plan, dubbed 'Project Tango,' to become an 'end-to-end pain provider' by selling both opioids and drugs to treat opioid addiction, all while owners on the board—members of one of America's richest families—reaped more than \$4 billion in opioid profits" (Orden). The allegations put forth by the details of this CNN article mark Purdue Pharma's self-proclaimed "Strong Track Record" with an ineffaceable, dark blemish. Purdue's response to the crisis they spearheaded is characteristic of big pharma's role in the opioid crisis: pursue economic reward, even at the expense of others, so long as it is under righteous guise of American white-collar corporations.

### **The Unspoken Plight of Rural America at the hands of Big Pharma**

The term "opioid crisis" conjures up many images for many different people. Some may think of the crisis's effect on big cities, the upper-middle class, or maybe even the effects on the working class. Whatever the case may be, one group that is often left out in the conversation about the opioid crisis is rural America. According to the USDA, the opioid death rate of those in rural areas is now higher than the death rate in urban communities: "In October 2017, the Centers for Disease Control and Prevention announced that the rates of drug overdose deaths are rising in rural areas, surpassing rates in urban areas" (USDA). So how do areas with less resources have access to massive amounts of opioids? Because they are big pharma's primary target. Perhaps the most evident example of big pharma's targeting of rural communities can be seen in drug company McKesson's negligent distribution. Aforementioned, one of the biggest claims against McKesson was the company's inability to practice "due diligence" when delivering millions of opioids to counties with just tens of thousands of people. This negligence is highlighted in a CBS News article titled: "Whistleblowers: DEA attorneys went easy on McKesson, the country's largest drug distributor." In this article, journalist Bill Whitaker points out yet another case of lacking due diligence in Colorado: "In one case, DEA investigators discovered that McKesson was shipping the same quantities of opioid pills to small-town pharmacies in Colorado's San Luis Valley as it would typically ship to large drug stores next to big city medical centers" (Whitaker Whistleblowers). The article goes on to state that these large orders to small areas in the San Luis Valley were "...Enough to give every man woman and child in that community a monthly dose of 30 to 60 tablets" (Whitaker Whistleblowers). This lack of

provision by large corporations greatly affects rural communities because it allows smaller, independent pharmacies to go “rogue,” a process in which the pharmacy realizes the economic benefit of addictive opioids and proceeds to sell them at disproportionately high rate.

### A Southern Lawyer’s fight against Big Pharma

While it may seem as though Big Pharma has a never-ending grip on the opioid crisis, some lawyers have taken it upon themselves to challenge these companies’ goliath status. Mike Moore, Mississippi’s Attorney General, is one of them. Mr. Moore’s southern drawl and self-proclaimed status as “just a country lawyer from Mississippi” may make him an unlikely opponent to some of the nation’s largest companies; however, his track record shows that his “David vs. Goliath” attitude is largely effective (Whitaker Opioid Crisis). This unheralded persona has allowed Mr. Moore to win some of the biggest lawsuits in the nation’s history: the 1998 “Big Tobacco” lawsuit in which tobacco companies were forced to pay billions to the federal government, and the 2015 BP oil settlement that saw the company hand over billions to the communities affected (Whitaker Opioid Crisis). In a CBS New article, “Opioid Crisis: The lawsuits that could bankrupt manufacturers and distributors,” columnist Bill Whitaker describes the legal plan of attack put forth by Attorney General Moore: “Now, going after the opioid industry, Mike Moore is using the same playbook he used against tobacco and more recently against BP for Gulf Oil Spill: build legal and public pressure until the companies see no choice but to settle, and fork over billions” (Whitaker Opioid Crisis). While Attorney General Moore’s intrepid lawsuit may end in defeat, his campaign has nevertheless garnered vast amounts of awareness surrounding Big Pharma’s role in the opioid crisis. In fact, his explosive interview with *60 Minutes* in December of 2018 forced McKesson’s hand to address some of the grievances put forth by Mr. Moore:

The plaintiff attorneys profiled by 60 minutes simplified the evolution of the crisis. They made no mention of the other groups that play a significant role in the supply chain of prescription medicines—the physicians who prescribe the medicine, the pharmacists who fill the subscription, the government agencies that license the pharmacists, the insurers who determine which medicines to reimburse and in what doses/quantities, and the DEA, which sets the quotas for how many

opioids are produced in any given year (McKesson 60 Minutes).

McKesson’s “but look at what everyone else is doing” is an increasingly worrisome response from a Fortune 500 company who already has multiple felonies to its name. This lawsuit and its accompanying awareness raised by Moore has been vital in exposing a previously untouchable industry.

### In Closing

The American opioid crisis is an epidemic that has already claimed more lives than the entirety of the Vietnam War. Because of the harm inflicted by this crisis, it is important to pinpoint the roots of the epidemic, and reprimand those who have allowed it to endure. While many would assign the blame to overprescribing doctors or an influx of drugs crossing the border, the true causes of the crisis are those who manufacture and distribute—white collar companies such as Purdue Pharma and McKesson corporation. These companies’ harms are exemplified in their negligence of due diligence, their intentional misleading of doctors and the public, and their creation of “end-to-end” care that proliferates the crisis while providing counteracting drugs to help with addiction. The harms inflicted by Big Pharma are egregious; however, their initial mission to help society through the creation of new medicines and medical services can still be salvaged through in an increase in public awareness and support—in the words of Mike Moore: “A case in court is a case in court. But there’s also the court of public opinion. And the court of public opinion is sometimes the most powerful court.”

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