

## **The narrative on the responsibilities of the opioid crisis in *Dopesick* series**

### **La narrativa sobre las responsabilidades de la crisis de los opioides en *Dopesick***

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#### **Abstract**

*Introduction:* in this article the representation of the responsibilities that the TV series *Dopesick* portrays about the opioid crisis in the United States is analyzed, and those points of the legal framework that the series highlights and that they are part of the specific context in that country, compared to Spain, are analyzed. *Methodology:* a narrative analysis of the eight episodes of *Dopesick* is carried out, in which a total of 458 scenes are analyzed and classified into 4 categories regarding the responsibilities in the use and abuse of opioids. *Results:* The analysis shows how the series focuses on the pharmaceutical industry-society binomial but does not delve into the responsibility of the public administration and the health system in this crisis, while making invisible the current legal framework regarding the control of these substances. *Conclusions:* These specific aspects of the complex network of responsibilities regarding the commercialization of opioids have been the main difference with respect to other countries such as Spain in the use and abuse of opioids.

#### **Keywords**

Opioids; responsibility; pharmaceutical industry; addiction; pain.

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## Resumen

**Introducción:** en este artículo se analiza la representación de las responsabilidades que la serie *Dopesick* retrata sobre la crisis de los opioides en los Estados Unidos, y se exploran aquellos puntos del marco legal que la serie destaca y que forman parte del contexto específico en ese país en comparación con España. **Metodología:** se realiza un análisis narrativo de los ocho episodios de *Dopesick* y se clasifican en 4 categorías sobre las responsabilidades en el uso y abuso de los opioides. **Resultados:** El análisis muestra cómo la serie se centra en el binomio industria farmacéutica-sociedad pero no profundiza en la responsabilidad de la administración pública y del sistema de salud en esta crisis, a la vez que invisibiliza el marco legal vigente respecto del control de estas sustancias. **Conclusiones:** Estos aspectos específicos de la compleja red de responsabilidades respecto de la comercialización de los opioides han sido la principal diferencia respecto a otros países como España en el uso y abuso de los opioides.

## Palabras clave

Opioides; responsabilidad; industria farmacéutica; adicción; dolor.

## INTRODUCTION

The opioid crisis is considered one of the most serious public health emergencies in recent US history (Bonnie et al., 2017; Conrad, 2017; Kirson, 2017; McCarthy, 2017; Roehr, 2017; Volkow & Blanco, 2021), and it is even considered an *epidemic* (Cook, 2002; Jones et al., 2019; Manchikanti et al., 2012). Between 1999 and 2019, nearly 500,000 people died in the United States from an opioid overdose (McCartney, 2022). In the latest World Drug Report (UNODC, 2022), opioids took center stage in the consideration of illegal drug use, and in 2020 alone they were involved in 68,630 overdose deaths in the United States (CDC, 2022).

Multiple factors are linked to the onset and course of the opioid crisis. Its origin can be located in the 1990s, when the prescription of these medications to reduce pain began to increase considerably, which include both oxycodone (under the trade names *OxyCon-*

*tin* or *Percocet*, for example), hydrocodone (*Vicodin*), such as fentanyl (*Actiq*, *Duragesic*).

In principle, it should be noted that various campaigns have focused on the need to control pain, especially chronic pain, indicating that it was not being treated correctly (Morgan, 1985; Zenz, 1993). The proposals to consider pain as the fifth vital sign, in addition to the four classic signs (pulse, body temperature, blood pressure, and respiratory rate), sought to consolidate pain monitoring as one of the essential factors for knowing the health status of patients. patients (Campbell, 1995). This importance of pain as a vital sign implied an adequate evaluation and management, mainly through drugs, and in particular with opioids such as *OxyContin*, which coincidentally had just been launched on the market at that time (Manchikanti et al., 2012). This product was intended to treat moderate pain in the long term but was accompanied by the dubious assumption that the effectiveness/safety ra-



tio was highly favorable and that it had very rare adverse effects, which has been proven wrong on multiple subsequent occasions (Manchikanti et al., 2012).

Quickly, in 1996 doctors began to prescribe *OxyContin* and many patients began to take it. Beyond the initial intention of considering pain as a fundamental aspect of the health status of patients, with the support of professional and patient organizations, the truth is that all these opioids have a rapid physiological impact and lead to dependence or abuse of the substance if taken for long periods of time (Manchikanti et al., 2012). In a large number of cases, symptoms of drug dependence begin to develop (Jones et al., 2018) and derivatives such as heroin (diacetylmorphine) are even consumed because as it is an illegal drug, its availability and market value was more affordable than *OxyContin*.

The consequences of the increase in the consumption of opioids can be seen in the increase in addictions, overdoses and deaths. There are two perspectives on these problems, from the critical perspective regarding the increase in crimes associated with opioids, to the consideration of opioid addiction as a psychosocial disease that has multiple consequences, not only individual and group, but also at the public health level (Knadler, 2021).

Medical care, and particularly the Emergency services, report consultations and patient visits with pain as the only symptom to obtain these drugs and, on the other hand, show the multiplication of opioid or heroin overdoses (Baker, 2017). This is especially important in relation to public health, not only because of the abuse of said drugs, but also because in a health system like the United States -called the liberal model-, each health service implies a payment by each user, which which expands the healthcare

and prescription opioid business to also include treatment and detoxification services.

In 2017, the opioid crisis was declared a Public Health Emergency in the United States and an intervention strategy based on five points was established: (1) improve access to prevention, treatment and support services, (2) facilitate the distribution and availability of drugs that reverse overdose, such as *naloxone*, (3) strengthen the registry of health data, (4) support research on the treatment of pain and addictions, (5) promote the practice of drug treatment chronic pain (US Department of Health and Human Services, 2017).

The inquiry into the responsibilities of this crisis is complex. The pharmaceutical industry has been pointed out as the main cause, due to the economic ambition of the opioid business and the scant or erroneous information that it has provided to health professionals and patients about the addictive component of opioids (National Institute on Drug Abuse, 2021). However, the situation of opioid prescription and abuse is a multifactorial problem with a complex network of responsibilities that also involves the health system and the government (Conrad, 2017; Rummans et al., 2018; Stoicea et al., 2019; Vadivelu, 2018; Volkow & Blanco, 2021).

In Spain, the situation of opioids is different from that in the United States, although their use has increased notably since the 1990s and has doubled in the last decade (AEMPS, 2021). The prevalence of use in 2017 was 6.7% of the population between 15 and 64 years of age according to the latest EDADES 2017 survey (Regueras & Guzman, 2021). A high percentage of this use is associated with tramadol, a less potent drug with less addictive power than oxycodone, although not completely innocuous (Pedro Pérez, 2022).



## REPRESENTATION OF THE OPIOID CRISIS

This complexity in the political, socio-cultural, psychosocial and economic factors that stimulated the use and abuse of these substances and that favored the evolution of the crisis in the United States, has been studied and represented on numerous occasions, as reported by Knadler (2021).

The situation of opioids in the United States has been represented in recent years from different areas; from journalistic literature to the audiovisual format through documentaries and series episodes, especially medical series<sup>1</sup>.

*Dopesick* (Strong et al., 2021) is the first series that deals exclusively with the opioid crisis in its plot and that introduces multiple factors involved in its narration. It is based on the homonymous journalistic book by Beth Macy (2018), and proposes a fiction about this crisis in the United States through

1 The books *Pain killer: an empire of deceit and the origin of America's opioid epidemic* (Barry Meier, 2018) and *Empire of pain. The secret history of the Sackler dynasty* (Radden Keefe, 2021) have become world famous. Some television documentaries of recent years are *Dr. Feelgood: dealer or healer* (Marson, 2016), *Warning: this drug may kill you* (Peltz, 2017), *Heroin(e)* (McMillion Sheldon, 2017), *Recovery boys* (McMillion Sheldon, 2018), *Do no harm: the opioid epidemic* (Wiland and Bell, 2019), *This might hurt* (Bassett and Cunningham, 2019), *The Pharmacist* (Gasparro, 2020), *The crime of the century* (Gibney, 2021) and *7 days: the Opioid Crisis in Arkansas* (PBS, 2021). On the other hand, some series in which the opioid crisis has been included are: *Euphoria* (Levinson et al., 2019-present), and the medical series *Grey's Anatomy* (Rhimes et al., 2005-present), *The Resident* (Holden Jones et al., 2018-present), *Chicago Med* (Brandt et al., 2015-present), *New Amsterdam* (Manheimer, 2018-present), and *The Good Doctor* (Shore et al., 2017-present). All of these series focus on opioid addicts, withdrawal, and overdoses. On the other hand, the fifth season of the *Bosch series* (Overmyer et al., 2014-2021) focuses on crime associated with opioids.

characters involved in the production, sale, regulation and consumption of *OxyContin*.

The series focuses on the daily lives of different groups of characters mainly during the 1990s and early 2000s in Virginia, United States. The story begins with the launch of *OxyContin* in 1996, when Richard Sackler (Michael Stuhlbarg) proposes this new product to his family for the Purdue Pharma company and begins training salespeople, who in turn pass this information on to healthcare professionals. Dr. Samuel Finnix (Michael Keaton) receives a sales representative who recommends *OxyContin* for moderate pain, and ends up addicted to the opioid himself, as are his patients.

The narrative of the series parallels these early years of *OxyContin* distribution along with two investigations from the 2000s. On the one hand, the investigation of Rick Mountcastle (Peter Sarsgaard) and Randy Ramseyer (John Hoogenakker), the Virginia assistant prosecutors who investigate the case and open the legal process against Purdue Pharma for the uncontrolled use of opioids. And on the other hand, the investigation of Bridget Meyer (Rosario Dawson), agent and later deputy director of the Drug Enforcement Administration (DEA) who investigates the diversion of *OxyContin* to illicit channels and which also includes the responsibility of the US Food and Drug Administration (FDA).

In this article we analyze the representation of the responsibilities that the television series *Dopesick* portrays about the opioid crisis in the United States and we explore those points that the series highlights and that are part of the specific context in the United States. In the Discussion of the work, in addition, the differences between the representation of the responsibilities regarding



the consumption of opioids in *Dopesick* and the reality in the Spanish State are located.

## MATERIALS AND METHODS

### Sample

The present study considered the narrative analysis of the eight episodes of *Dopesick*. Each episode lasts approximately 1 hour and has an average of 55 scenes per episode (Table 1). A total of 458 scenes were analyzed.

### Method

A narrative analysis (Freytag & Ramasubramanian, 2019; Wang & Parris, 2021) of

this television series was conducted and then the logic of the stories was analyzed to determine their meanings (Fisher, 1985).

The coding of the narrative analysis was carried out identifying the presence of the protagonists in each scene and the arguments used in each of them regarding the responsibility of the crisis expressed in the scene. Four categories were coded in which agents responsible for the abuse of *OxyContin* were identified: the pharmaceutical industry (including Purdue Pharma and the Sackler family), national public bodies (including FDA and DEA), society or addicts, and the health system (mainly, the scenes regarding medical care). Given that the web of liability for *OxyContin* abuse is complex, some scenes may fall into more than one category.

**Table 1.** Data of the episodes of the series: title, duration, and number of scenes analyzed

Episode	Name of the Episode	Time lapse (hours:minutes)	Number of scenes
1	First Bottle	1:02	57
2	Breakthrough Pain	1:02	65
3	The 5th Vital Sign	0:57	39
4	Pseudo-Addiction	1:01	41
5	The Whistleblower	1:03	61
6	Hammer the Abusers	1:00	64
7	Black Box Warning	1:02	51
8	The People vs. Purdue Pharma	1:05	80
Total		8:12	458



## RESULTS

After carrying out the classification of the scenes of the series, the analysis of the representation of the responsibilities that are identified in each one is carried out. Table 2 distributes the scenes into 4 categories: scenes that show the responsibility of the pharmaceutical industry (Purdue Pharma and the Sackler family); those that indicate the responsibility of national public bodies (FDA and DEA); those that explain the social context and the addicts; and those corresponding to the health system and public agencies in the United States.

As shown in Table 2, the series proposes an argument based on the pairing formed by Purdue Pharma as an instigator of the use of opioids and society as a favorable ground for the consolidation of the use and abuse of these drugs. In 240 (52.4%) scenes of the series reference is made to Purdue Pharma and the Sacklers while in 148 (32.3%) scenes the social characteristics of the areas most

affected by the crisis and of the addicts themselves are shown. as risk factors for the consumption and abuse of opioids, which leads to scenes of violence and illegality.

The scenes referring to the pharmaceutical company Purdue Pharma mainly reflect a corrupt company with a commercial objective that does not take into account the health of its users. In this sense, already in the first scene of the series, Richard Sackler proposes the need to redefine pain to face the epidemic of suffering and has the approval of his uncle Arthur Sackler: “*you don’t respond to a market, you create a market*”. The scenes on the commercial strategy of Purdue Pharma are central in the series and in the representation of the responsibilities regarding the crisis.

This burden of responsibility on the pharmaceutical company is evident above all in the last episode, where 65 scenes related to the pharmaceutical industry and 16 on society (mainly demonstrations against the laboratory) are presented.

**Table 2.** Number of scenes per category

Category	Number of scenes (total)	Number of scenes per episode							
		1	2	3	4	5	6	7	8
Pharmaceutical industry	240	21	38	20	19	22	35	20	65
Society / Addicts	148	24	9	11	14	31	21	22	16
FDA / DEA	25	6	4	1	2	2	4	6	
Health System	25	2	7	6	3	4	2	1	



As for the 148 scenes (33.7%) that explain the social reality that was a propitious ground for the introduction of opioids en masse, throughout the series a type of society prone to the use and abuse of opioids is shown. The first episodes present the social context of a largely rural area, dominated by physically demanding industries - including coal mining, agriculture and lumber - whose workers are susceptible to the promise of pain relief from prescription opioids, as *OxyContin*. In some episodes, to avoid blame being placed on the company, representatives of Purdue Pharma claim that the abuse of *Oxycontin* is the sole responsibility of the addicts. In fact, the indication "Hammer the abusers" (blame the abusers) in the mouth of Richard Sackler gives the title to episode 6 of the series and is central to the Purdue Pharma policy that *Dopesick* shows .

Only 25 scenes in the series (5.5%) make reference to FDA/DEA government agencies (15 FDA scenes and 10 DEA scenes). On the other hand, only 5 of them show a clear and direct responsibility of the control organisms. The thematic centrality in this sense focuses on the approval by the FDA of the *OxyContin* label as a drug with an addiction rate of less than 1%. In the first episode of *Dopesick*, the importance of said approval in the evolution of the crisis is manifested when the deputy director of the DEA, before the visit of the Virginia prosecutors, affirms that "*that damn label caused everything*".

In the search for responsibilities in the approval of that label, 4 scenes referring to the FDA appear in which attention is diverted to the figure of Curtis Wright as the main culprit. Curtis Wright, a former US government official known for his role in the FDA's approval of *OxyContin*, was a

leading advocate of including the "rare addiction" note on the label and is considered one of the key figures in the epidemic of opiates in the United States. Two years after the drug hit the market, Wright was hired by Purdue Pharma as Executive Director of Medical Affairs.

In episode 2 this method of "system revolving doors" is shown in a scene, as explicitly mentioned. Prosecutors turn to the Department of Justice for advice regarding the responsibility of the FDA in the label approval of the drug. Justice Department employees point out that "*the industry is a revolving door with the government*": "*what appears to be corruption is just how it works*". It goes on to explain that the FDA does not have enough employees to adequately monitor all the ads and that the system works "*like an honor system*": drug companies are supposed to be honest. How can the pharmaceutical company be accused of fraud, then? The "solution" comes hand in hand with the proposal to accuse them of the crime of counterfeiting, which avoids proving any death due to the drug, and simply saying that the company put the wrong label.

In reference to the scenes of the approval of the label, in episodes 4 and 6 of the series, the FDA appears hiding behind the supposed evidence of the safety of oxycodone to present itself as guarantor of the scientific evidence. This supposed evidence is based on a study by Porter and Jick (1980) published as a Letter to the Editor of the *New England Journal of Medicine*, which Purdue Pharma uses for the formulation of the *OxyContin* label and which appears mainly in episode 4 of the series. This letter to the editor, which is one paragraph long, states that the extremely low rate of



addiction was found in hospitalized patients and therefore closely monitored. The pertinent question is, why did no one question the weakness of the data provided by this letter at that time? This is where the responsibility of the FDA lies as a control body and of the scientific community as a space for the production of reliable results and, in turn, a critical space for the review of unreliable extrapolations.

With regard to the scenes in which the responsibility of the health system in the United States is presented, these focus on advertising, prescription and dispensing of opioids. Regarding advertising, the focus is on the laboratory's advertising practices but the legislation that allows these practices is not questioned; therefore, only the pharmaceutical company is held responsible. Along these lines, the first episodes show the relationship between healthcare professionals and Purdue Pharma sales agents. Episodes 1 and 2 focus on the relationship between physician Dr. Finnix and the promoter/seller of *OxyContin*, and the business tools Purdue Pharma uses to convince prescribers. In these scenes you can see a practice allowed in the United States such as the delivery of samples of medicines.

Regarding the abusive prescription of drugs, in episode 3 one of the saleswomen explains to another salesperson how to get an economic bonus as Purdue Pharma employees by achieving a high number of prescriptions. The presentation of the figure of the "whale doctor" (professional who prescribes excessively) shows one of the characteristics of the American system that differs from other countries: the lack of control of the prescription that makes the individual prescriber responsible. This lack of control allows the proliferation of pain

clinics that appear in different episodes as legal networks for the prescription of these drugs. In this sense, episodes 4 and 5 focus on the search for the drug in different private clinics, revealing the creation of networks of pain clinics to feed the opioid market.

In another vein, episode 3 highlights the permeability of the healthcare system to the pharmaceutical industry, in the scene in which prosecutor Randy Ramseyer has undergone surgery and experiences first-hand the prescription and advertising of *Oxycontin* in the hospital. Related to this, in a later scene, prosecutor Rick Mountcastle comes to the hospital and asks if there is some kind of institutional policy to promote *Oxycontin*. The doctor counters that the hospital can be sued if the patient feels their pain was not managed properly, or they can write a bad review on the internet and that could get people fired.

Finally, the legal framework of the United States is mentioned only in two aspects or occasions. The first, in the mouth of prosecutor Rick Mountcastle in episode 3, when he warns that the level of narcotics prescription is at a higher level than before the Harrison Act. The prosecutor refers to the Harrison Narcotics Control Law (1914) which had the objective of stopping the abuse of heroin and morphine, discouraging their medical use and criminalizing them.

The second way to mention the legal framework of the United States is in comparison to that of Germany. In episode 3 Richard Sackler insists on opening the market in Germany to enter Europe, but is refused by the company's Steering Committee, who mentions that German legislation is stricter and that Europe does not accept opioids like the United States.





## DISCUSSION

While *Dopesick* reflects the many facets of this multifactorial problem, it focuses on the obvious responsibility of the pharmaceutical industry, taking the case of Purdue Pharma and its *OxyContin* marketing campaign. The series breaks down the economic intentions of a company willing to profit without taking into account the consequences that its products have on the health of the population.

The investigation by the prosecution, which occupies a large part of the narrative of the series, allows us to unravel this responsibility of Purdue Pharma regarding the dissemination of incomplete or erroneous scientific information and the need to take into account the reports that already indicated the potential of opioid addiction in the 1990s. This investigation complements that initiated by the DEA regarding the diversion of drugs to the illegal market, overdose deaths, and the increase in prostitution and violence related to *OxyContin*.

The series emphasizes the representation of addicts as “good people”, workers who start taking *OxyContin* in the face of work accidents and then suffer from withdrawal symptoms, trying to rehabilitate themselves, looking for solutions. Likewise, the geographical representation of the series fits with the stereotype of a rural population, with a low level of education, with great gender inequalities and a high degree of crime generated during the industrial revolution. Many scholars speculate that these stereotypes have been created by economic and political forces to justify the exploitation of Appalachian peoples through industrialization and natural resource extraction (Billings, 1974; Massey, 2007; Oberhauser, 1995).

It should be noted that this representation of the responsibility of Purdue Pharma and the characterization of addicts also excludes the scrutiny of the public administration and the health system, which seem invisible.

Especially from the narrative axis of the research on the letter to the editor by Porter and Jick (1980), the problem of the responsibility of the scientific community and control organizations is exposed. Purdue Pharma, as well as a good part of the scientific community, finds in this letter the source of credibility for the affirmations that it is very unlikely that *OxyContin* is an addictive substance when in fact there were no clinical studies that proved it for sure at that time. In fact, the letter to the editor has been cited 608 times up to 2017: 72.2% of the citations consider it as evidence that opioid addiction is rare and 80.8% do not mention that the sample consisted of hospitalized patients (Sánchez, 2021). This indiscriminate dissemination may have contributed to the opioid epidemic in the United States (Guàrdia, 2018).

Control institutions (FDA / DEA) are poorly represented in the series, shifting responsibility for the crisis mainly to the pharmaceutical industry. It is true that it gives some responsibility to the FDA's approval of the label, but it diverts attention to the individual action of Curtis Wright.

The series allows us to deduce and analyze some peculiarities of the legislative field in relation to opioids. At the international level, the Single Convention on Narcotic Drugs, signed on March 30, 1961 in New York, is the main treaty that forms the legal framework for drug control. of the United Nations against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.



The 1961 Convention defines narcotic drugs as “any of the substances in Schedules I and II, natural or synthetic” and recognizes in its preamble that the medical use of narcotic drugs is essential to alleviate pain. Even with this international homogenization, in the United States the Controlled Substances Act (CSA) was promulgated in 1970 as a tool to regulate the manufacture, importation, possession and distribution of certain drugs such as narcotics and psychotropic drugs. Oxycodone is classified by the CSA in Group II, which includes those drugs for accepted medical use with a high potential for abuse and severe psychological or physical dependence. However, as portrayed in the series, in 1996 the FDA included a note on the drug’s label reporting that addiction was rare, based on the Purdue Pharma speech and Herschel and Jick’s (1980) letter to the editor.

The progressive liberalization of opioid prescription laws for the treatment of chronic pain in the United States has allowed opioid use to increase since the 1990s, leading to a quadrupling of opioid prescriptions (Conrad, 2017; Manchikanti et al., 2012). *Dopesick* represents the failure to control these prescriptions and, in turn, how the United States focuses its drug policy on attention in the criminal field, with the DEA investigation of crimes associated with opioids, rather than that of health.

Faced with the panorama of the opioid crisis, in the United States in 2017 the Substance Use Disorder Prevention Act was approved, which promotes the recovery and treatment of opioids for patients and communities (SUPPORT according to its acronym in English). This law expands existing programs and creates new programs to prevent abuse syndromes and overdoses, expands therapeutic programs, includ-

ing medication-assisted treatment such as methadone; authorizes grants for states to improve their prescription drug monitoring programs, collect public health data, implement evidence-based prevention strategies, encourage data sharing between states, and support other prevention and research activities. However, this government response is not represented in the series. As the current figures for overdose deaths demonstrate, the opioid crisis is far from over in the United States.

Spain, for its part, has control that goes from the manufacture of these substances, distribution, dispensing, to everything related to foreign trade (import and export). The registration of each prescription for controlled substances at the time of selling the drugs allows the pharmaceutical professional to access previous sales and identify potential cases of abuse due to multiple prescriptions or suppliers.

In recent decades there have been legislative changes aimed at facilitating a more rational use of these substances (for example, the Ministerial Order of April 25, 1994, which regulates prescriptions and special requirements for prescription and dispensing of narcotics for human use). Although it can be considered that this has been done with a liberalizing orientation, which has caused a considerable increase in the use of opioids since 1992, the truth is that the policies are focused on health and the health system, rather than on the criminal field. In this way, in Spain the control of prescription and dispensing is carried out in the field of health within the legal market, while in the United States it is part of a policy based on the detection of the illegal market.

The previous point is directly connected to the structure of the national health



system. The differences in health systems are key to understanding the difference in the use and abuse of opioids. In Spain, the National Health Service implies universal access, while in the United States, health services are eminently private and are structured around a complex system of mutual insurance companies.

In this sense, in the field of health in the United States, the laws of the market are applied in which the administrations must refrain from interfering, and in which there are lax and low-demand mechanisms to effectively control the pharmaceutical industry. In this liberal system, the patient becomes a client and the doctor-patient relationship is in jeopardy. In fact, the distribution of opioids also involves large supermarket chains, such as Walmart, and pharmacy chains, such as CVS Health and Walgreen Co., which have recently agreed to pay millions in compensation for their responsibility in the opioid crisis, including its sale and distribution without sufficient medical controls (Pierson, 2022).

The Spanish National Health System, on the other hand, allows control and follow-up mechanisms for the prescription of formal and informal medicines. Among the formal ones, the control systems for the prescription and dispensing of narcotic drugs are very important. In this sense, in Spain the role of the pharmacy as a health center and not exclusively as a store is an important differential factor that can protect against possible crises similar to those of opioids in the United States. On the other hand, Spanish regulations categorically prohibit the advertising of drugs financed by the National Health System. This prohibition works as a protection mechanism, and as long as it continues in force, the possibility of experiencing a crisis is reduced. Among the informal control

mechanisms in Spain, ethics and professional quality are above particular interests such as pressure from the pharmaceutical industry or the demands of patients, which causes some control among professionals through Professional Associations (both doctors and pharmacists). Although the increase in prescriptions for opioids such as tramadol has been increasing, the complexity of the factors associated with the opioid crisis in the United States remains, for now, far removed from the Spanish scenario.

## CONCLUSIONS

*Dopesick* is a complex television series and its narrative involves different sets of characters within the opioid crisis in the United States. The series is based on real events and aims to present the role of different actors (businessmen from the pharmaceutical industry, prosecutors, doctors, patients) in a multifactorial problem.

Even in this complexity, the series introduces the opioid crisis through the binomial industry/addicts as its central axis, and government responsibilities are residual. In this sense, it can be deduced that the series presents the pharmaceutical industry as the main responsible for the crisis and society as a propitious ground for it. The results of the analysis confirm this trend but also show the scant approach that the series takes in the search for responsibilities beyond the industry. Although it presents in a reduced way the roles of the administration and the health system in the United States, *Dopesick* does not delve into the responsibilities of the legislative and control system that, in a country like Spain, have been key to the increase in the consumption of opioids will not lead to a crisis like the one in the United States.



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