

Dreamland



INTRODUCTION

BRIEF BIOGRAPHY OF SAM QUINONES

Sam Quinones is an American journalist. He was born in Claremont, California and graduated from the University of California at Berkeley with degrees in economics and American history. Quinones moved to Mexico in 1994 and worked there as a freelance reporter from 1994 to 2004. From 2004 to 2014 he worked as a reporter for the *Los Angeles Times*. He has written for the *Orange County Register*, the *Stockton Record* in California, as well as the *Tacoma News-Tribune*. Quinones took a break from reporting in 2013 to write *Dreamland*. His other books are *True Tales from Another Mexico* (2001), *Antonio's Gun and Delfino's Dream* (2007), and *The Virgin of the American Dream* (2019), which is a book of photo journalism. In 2015, he won the 2015 National Book Critics Circle Award for *Dreamland*.

HISTORICAL CONTEXT

In 1996, Purdue Pharma released OxyContin, a time-release formula pill containing the opioid oxycodone. Purdue used aggressive sales techniques to market the pill to primary care physicians, and it was largely advertised as an effective treatment for chronic pain. The release of OxyContin coincided with a growing movement in the medical world to destigmatize opiate painkillers and rethink the way pain was treated in a variety of ailments from terminal illnesses to chronic conditions. The result was a medical community and public sphere that believed pain could and should be prevented at all costs. Thus, when OxyContin hit the market, America's doctors were primed and eager to accept this apparent "miracle" solution to pain. In reality, OxyContin was not as harmless as the pharmaceutical industry claimed—it was in fact highly addictive, and molecularly similar to heroin. However, citing erroneous studies, Purdue misbranded OxyContin as virtually nonaddictive, and in the following decades, doctors across America overprescribed the drug, subsequently producing a new generation of addicts in the poorest, most vulnerable regions of America. Many of these painkiller addicts would eventually transition to heroin as an innovative network of Mexican dealers spread across the country, and the result was a massive increase in addiction and overdose deaths.

RELATED LITERARY WORKS

Dreamland is a nonfiction work that explores the historical, social, and political elements at play in the origins of America's opiate epidemic. Other recent works of nonfiction to explore

the opiate epidemic are *Drug Dealer, MD* by Anna Lembke (2016), *Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic* by Barry Meier (2018), and *Dopesick: Dealers, Doctors, and the Drug Company That Addicted America* by Beth Macy (2018). Of peripheral relevance to *Dreamland's* focus on addicts is *Junky* (1953) by American beat writer William S. Burroughs. *Junky*, which Quinones reference in *Dreamland*, is a semi-autobiographical account of Burroughs's life as a heroin addict and dealer and lends insight into some of the stigmas attached to drug dealers and drug users. Other notable fictional depictions of addicts and addiction are Denis Johnson's *Jesus' Son* (1992) and Irvine Welsh's *Trainspotting* (1993).

KEY FACTS

- **Full Title:** *Dreamland: The True Tale of America's Opiate Epidemic*
- **When Written:** 2013-2015
- **Where Written:** Unknown
- **When Published:** 2015
- **Literary Period:** Contemporary
- **Genre:** Nonfiction
- **Setting:** The United States and Mexico
- **Climax:** The Man starts a Xalisco cell in Columbus, Ohio, and introduces black tar heroin into the region of the U.S. most affected by the opiate epidemic. A massive wave of heroin abuse and overdose attacks the American heartland.
- **Antagonist:** Arthur Sackler, Purdue Pharma, Pfizer, Dr. David Proctor
- **Point of View:** Third Person, First Person

EXTRA CREDIT

Undercover. Sam Quinones traveled to Xalisco, Mexico during the Feria del Elote as part of his research for *Dreamland*, which, he writes, "remains the only time in my career when I've lied when asked what I did for a living."

Big Business. According to Vox.com, "As of 2016, Purdue [has] made more than \$31 billion in revenue from OxyContin."



PLOT SUMMARY

Dreamland: The True Tale of America's Opiate Epidemic by Sam Quinones tells the story of two powerful drug industries—that of prescription opiates and that of black tar heroin—driven by capitalism and greed, and the cultural and medical institutions

that allowed these industries to prosper. The book begins with an anecdote about **Dreamland**, a community pool in Portsmouth, Ohio. Dreamland served as a central meeting place of the community where people connected, socialized, and had fun with one another. Today, however, there is no Dreamland—it exists only in the memories of the generations who grew up visiting it. Whereas Portsmouth, Ohio was once a bustling, tight-knight All-American City, today the town has been largely abandoned.

Quinones's research on the opiate epidemic is fueled by anecdotal accounts of addiction relayed by addicts and their families. The first of these accounts comes from the Schoonover family, of Columbus, Ohio. Matt, the Schoonovers' youngest son, began using prescription painkillers in college before switching to heroin. In 2012, at age 21, Matt died of an overdose. The Schoonovers' response to Matt's death was one of shock and disbelief. When they first learned that Matt was abusing pills, they were worried but not overly concerned for their son: doctors prescribed pills, so they couldn't be that dangerous. It never occurred to them that Matt's drug abuse would lead to heroin addiction and death. Tragically, the Schoonovers' misplaced trust in the medical industry and their shock that something as sinister as heroin could enter into their ordinary, middle-class lives become sentiments that are shared among the families that the reader encounters throughout *Dreamland*.

The introduction of OxyContin into the American medical industry might have been the literal cause of addiction, but the origins of the American opiate epidemic are based in a drastic transformation of the way the medical industry viewed and treated pain. Prior to the 1970s, opiates were highly stigmatized in America. Doctors who prescribed opiate painkillers were seen as “outlaws,” as opiate painkillers were highly addictive. The stigmatization of opiates, though somewhat warranted, resulted in the suffering of many patients in legitimate need of pain relief. For decades, researchers and medical professionals searched, in vain, for a “Holy Grail,” a drug that would allow for pain relief without the undesirable side effect of addiction. In the latter half of the 20th century, attitudes toward pain and its treatment began to change with the introduction of palliative care, or “treating the pain and stress of the seriously ill.” One influence of palliative care was the work of Cicely Saunders. Saunders, an English nurse and researcher, treated cancer patients with opiates. Saunders believed “that death should be dignified,” and that patients were entitled to pain relief in their final days.

This revolutionary notion that patients were “entitled” to pain relief factored heavily into the work of Russell Portenoy and Kathleen Foley, American doctors who introduced Palliative care into mainstream American medicine. In 1986, Foley and Portenoy published a paper in the medical journal *Pain* advocating for wider use of opiate painkillers. These

philosophical shifts in the way American doctors and their patients viewed pain and pain treatment created an American medical community whose new trust in opiates was quickly exploited by big pharmaceutical companies like Purdue and Pfizer.

In 1996, Purdue released OxyContin and, using aggressive sales tactics invented by the adman Arthur Sackler, marketed the highly addictive opiate painkiller as a treatment for chronic pain. Salespeople advertised the pill as “virtually non-addicting,” and doctors in whom the pain movement had instilled a blind faith in opiates prescribed the pills frequently and without discretion. Unwitting patients soon found themselves addicted to the drug, and underground markets developed in which people scammed willing doctors, like David Procter, for phony prescriptions they would sell on the streets for profit. The increase in opiate painkiller prescriptions created a new class of addicts in parts of the country that had never before seen such rates of addiction. Many patients were under the false assumption that painkillers were risk-free because their doctors—informed by pain advocates and the pharmaceutical giants like Purdue and Pfizer—told them so. Increasingly, America's addicts became white and middle-class.

Driven by astute business sensibilities and the seduction of social advancement, an innovative, illegal heroin distribution group known as the Xalisco Boys recognized and pounced on this new, largely untapped market of opiate addicts. Beginning in the early 1990s, Xalisco Boys established small cells of heroin distribution groups that resembled small businesses. Unlike big drug cartels, the Xalisco operations were small and decentralized. These attributes allowed them to evade law enforcement for many years. The Xalisco Boys were successful because they were able to recognize what America's new class of addicts wanted and adjust their business to meet those needs: customers wanted convenience, so the Xalisco Boys distributed their heroin via a delivery service. To keep customers returning, they offered free samples and special deals. Quinones documents the life of a young Mexican man known as Enrique who worked his way up in the drug trade to show how, just like other legitimate businesses, the Xalisco system provided the opportunity for its workers to rise in the ranks from humble origins to respected business owners.

Throughout *Dreamland*, Quinones demonstrates the parallel ways the Xalisco Boys and the modern pharmaceutical industry took advantage of an American population desperate to be rid of pain, drawing comparisons between the Xalisco Boys' system of heroin trafficking and the Purdue's “trafficking” of OxyContin in order to show how heavily the opiate epidemic was driven by exploitative forces of capitalism run amok by corruption and greed. Both the Xalisco Boys and Purdue Pharma provided America with a product that delivered, conveniently and effectively, the simple and complete pain relief America was conditioned to believe it was entitled to.

Ironically, opiate addiction inflicted as much pain on America's small towns and cities as the pills themselves were promised to keep at bay. Still, *Dreamland's* ultimate conclusions are optimistic. In the end, Quinones revisits Portsmouth, Ohio, one of the towns most affected by the epidemic, and finds promising signs of recovery and renewal. Throughout *Dreamland*, he positions America's opiate obsession as a haphazard attempt to find a convenient, easy answer to the pains and fears that are an unavoidable part of life. He sees addiction and the epidemic as both a symptom and a result of America's growing sense of fear, despair, and aversion to pain and discomfort. Ultimately, he sees "community" as the antidote. Towns like Portsmouth have started to recover, Quinones believes, because its residents have chosen to open themselves up to their neighbors and address problems and pains together—not with the isolating, numbing aid of pills. In this way, *Dreamland* is ultimately an analysis of the economic and cultural conditions of mainstream America that made the opiate epidemic logistically and philosophically possible.



CHARACTERS

MAJOR CHARACTERS

Sam Quinones – The author of *Dreamland*, and a freelance journalist. In his research for the book, Quinones traveled across the country to areas most affected by the opiate epidemic. His research is most concerned with the cultural and economic factors that allowed the opiate epidemic to happen. Quinones is critical of the pain movement in American medicine that ushered forth the notion that patients have a "right" to painlessness, as well as the pharmaceutical companies and underground drug trades that capitalized on this normalization of narcotic painkillers. Quinones ultimately ties the epidemic to what he sees as a larger issue in the contemporary American culture: he thinks that Americans have become unable or unwilling to feel pain and discomfort in all aspects of life, and he believes this is what made the prospect of a "miracle" cure like OxyContin (and later, heroin) so appealing. Based on his comprehensive research on the opiate epidemic, Quinones proposes a potential remedy to addiction in the US: the revival of tight-knit social circles and community support networks. Quinones is cautiously optimistic about America's capacity to recover from the opiate epidemic, suggesting that the social cure for addiction is to start investing more trust and energy into community and public life.

Dr. David Procter – A flashy, flamboyant doctor from Canada. In the beginning of his medical career, Procter appeared legitimately interested in giving pain patients the relief they needed. Whatever sense of ethics Procter possessed at the beginning of his medical career, however, was swiftly eroded over the course of the 1980s and 1990s as opiates were normalized and as increasing numbers of patients demanded

what they saw as their "right" to painlessness. Procter opened his Plaza Health Center, a pain clinic, in South Shore, Kentucky in 1979. Appointments at Procter's clinic were quick, and as the years went on, increasingly lacked any legitimate attempts at diagnoses. Procter was an early advocate of newly destigmatized opiate painkillers, and he prescribed these addictive pills for pains of all sorts, including leg pains and arthritis. An underground business soon developed of obtaining pills from Procter and selling them for a profit. By 1996, the Plaza Health Center was considered to be America's first pill mill. Patients from out of state drove for hours to be prescribed painkillers by Procter. His waiting room was always packed, and lines of patients regularly spilled out into the street. After a car accident rendered him unable to practice medicine, Procter hired doctors to continue running clinics throughout the region. In 2002, he pled guilty to drug trafficking and conspiracy and was incarcerated in federal prison.

Enrique – Enrique is the son of a family from a rancho in Xalisco, Nayarit, Mexico. Over the course of the book, he follows in his uncles' footsteps and becomes a successful heroin trafficker in the Xalisco Boys distribution group, which he starts working for at 14 years old. *Dreamland* features a narrative that charts the arc of Enrique's journey from extreme poverty to wealth and renown. Quinones repeatedly depicts Enrique as a determined young man whose primary goals in life are social advancement and the accumulation of personal wealth. The moment after Enrique decides to enter into the drug trade, his uncle opens his closet to reveal rows upon rows of **Levi's 501s**, jeans that were considered the gold standard of luxury clothing items among young ranchero men, and that were regarded as a visible sign of economic prosperity and used to signify wealth. As Enrique becomes successful, he recalls with great pride the moment he was able to buy his own first pair of Levi's 501s. Enrique occasionally has reservations about the ethics of his job as a drug dealer, but he counters these doubts with the realities that living in poverty has taught him: the world is unfair, hard work doesn't always pay off, and only people with money and power will get ahead. For Enrique, drug trafficking is a means to an end: it is a way out of poverty, and a way to become powerful. In many ways, Enrique's narrative arc mirrors that of "legitimate" drug dealers like giant drug companies peddling painkillers: both cases involve the goal of wealth and a disregard for what rules or morals must be broken to get there. Yet, in the end, Enrique is sent to prison for his drug dealing while pharmaceutical companies are for the most part allowed to go on unchecked. *Dreamland* parallels Enrique's heroin trafficking with pharmaceutical companies' opiate sales to point to the double standards at play in the way that America stigmatizes different drugs.

Arthur Sackler – An adman who transformed the pharmaceutical advertising industry. In 1951, while working for

the ad firm William Douglas McAdams, Sackler created a massive advertising campaign for Terramycin, a synthetic antibiotic created by Charles Pfizer and Company. Sackler's goal for the campaign was to make Pfizer a household name, and he succeeded. Sackler's innovative campaign was focused on frequent, in-person contact with doctors. Sackler sent doctors postcards advertising the drug and sent sales representatives to doctors' offices. The campaign was successful: in 1952, Terramycin generated \$45 million in sales. Sackler went on to buy William Douglas McAdams, as well as the then-unknown drug company Purdue Frederick. Sackler would use similar advertising strategies in his later campaign for Valium in the 1960s, this time going so far as to send salespeople into doctors' offices bearing free samples of the drug. Sackler's work in advertising showed the pharmaceutical industry "that amazing things can be achieved with direct selling and intensive direct advertising," a philosophy that, after his death, Purdue would employ in their OxyContin campaign.

Xalisco Boys – The Xalisco Boys are an innovative heroin distribution group formed in the early 1990s. Throughout the book, they are considered by law enforcement to be unique as far underground drug trades go because they operate not as a large-scale cartel, but as a network of small cells—franchises, essentially. Throughout *Dreamland*, the Xalisco Boys supply black tar heroin to the new communities of addicts produced by the American opiate epidemic. Many of these "markets" of addicts existed in small towns and cities for which heroin had never entered into the mainstream. One Xalisco trafficker, known only as "the Man" is credited with bringing black tar heroin east of the Mississippi River for the first time in history when he established a distribution cell in Columbus, Ohio. Quinones frequently describes the Xalisco Boys with language that evokes their business sensibilities, emphasizing their commitment to providing quality customer service and their ability to adapt to the free market. In doing so, he illustrates how similar the Xalisco system of drug dealing was to the systems employed by major pharmaceutical companies like Purdue and Pfizer.

Dr. Russell Portenoy – Dr. Russell Portenoy and his mentor Dr. Kathleen Foley were important figures in America's pain revolution in the latter half of the 20th century. Portenoy believed Palliative care—the treatment of pain in the seriously ill—to be "guided by moral issues of patient autonomy and respect for cultural and individual differences." Throughout Portenoy's career, his acceptance of opiates came from a place of well-intentioned moral integrity. He believed he was part of a revolution made possible by the technological advancements of the pharmaceutical industry. In 1986, Portenoy and Foley published a paper in the medical journal *Pain* that argued in favor of the normalization of opiates in pain medicine. Portenoy and Foley claimed that opiates weren't inherently addicting, arguing instead that addiction was more dependent on the

patients to whom opiates were prescribed. The paper would be used regularly by doctors and drug companies to defend the expanded use opiates in medicine. Portenoy was also one of the pain researchers who received funding from Purdue Pharma, and he would come to regard the company as an ally. He spoke regularly at conferences, urging doctors to explore innovative approaches to pain management, including the use of time-release opiates like OxyContin. Quinones portrays Portenoy as a complicated figure throughout *Dreamland*: his reasons for embracing OxyContin and other drugs like it were not inherently nefarious, but he allowed his message to be exploited and inflated by Purdue and may thus be seen as complicit in the effects of the opiate epidemic.

Dr. Kathleen Foley – Dr. Kathleen Foley worked with cancer patients at Memorial Sloan Kettering Cancer Center. There, she was also a mentor to Dr. Russell Portenoy. Foley began her medicine career in the 1970s, in a time when opiate use was extremely limited, and she became an advocate for using opiates to treat pain in the terminally ill. Eventually, she extended this philosophy to encompass more types of pain, asserting that opiates could be used to treat chronic pain, as well. Like Portenoy, Foley viewed pharmaceutical companies favorably.

Dr. Phillip Prior – Prior was a family physician in Chillicothe, Ohio before devoting himself to addiction medicine. He was aware of Purdue's complicity in the opiate epidemic from early on. He died of liver cancer in 2013, and, ironically, spent his last days addicted to the opiates he was given to alleviate pain. Prior's narrative illustrates the complex but legitimate place opiates have in modern medicine.

Matt Schoonover – Matt Schoonover is the son of Paul and Ellen Schoonover and the brother of Myles Schoonover. Matt grew up in a middle class family in Columbus, Ohio. When he goes to college in Tennessee, a painkiller prescription turns him into an opiate addict, beginning with OxyContin and ending in heroin. Matt drops out of college and returns home to Columbus, where he continues to use drugs. The day after returning from a stint in rehab, Matt overdoses on heroin and dies. His death inspires his parents to advocate for reform.

Myles Schoonover – Myles Schoonover is the son of Paul and Ellen Schoonover and the brother of Matt Schoonover. Having grown up in a middle-class family in Columbus, Ohio, he and Matt attend college together in Tennessee. There, he discovers that Matt is addicted to opiates, which is preventing him from succeeding at school. While Myles tries to help his brother, Matt ultimately dies of an overdose.

Dr. Herschel Jick – A doctor at the Boston University School of Medicine. With his graduate assistant Jane Porter, Jick wrote a letter to the editor that was published in the *New England Journal of Medicine* titled "Addiction Rare in Patients Treated with Narcotics." Often misconstrued as a report, the letter was

used by pain advocates and Purdue Pharma to sell and justify the use of opiate painkillers.

Herrera Clan – A Mexican drug-trafficking family who became an important source of heroin in the US in the 1970s after police dismantled Turkish and European heroin networks. Like the Xalisco Boys, the Herreras were from a rancho. They operated more like “an old-time organized crime family” than a cartel, working as a system of “independent entrepreneur[s].”

Alan Levine – A heroin addict from Portland. Levine was a customer of the Xalisco Boys. He lost his legs to frostbite in his forties, so he especially valued the convenience of the Xalisco Boys’ delivery system. Levine eventually got sober and joined the Recovery Association Project (RAP), an advocacy group for recovering addicts. When opiate painkillers became more prevalent, however, he began abusing again.

Toviy Sinyayev – The son of Russian Pentecostals, Sinyayev died of a heroin overdose in a town outside of Portland, Oregon. Sinyayev’s death was investigated and a Xalisco trafficker was sentenced for his death. This is an example of Lens Bias case, where a chain of custody is established in order for drug suppliers to be charged with “conspiracy that results in death.”

MINOR CHARACTERS

Paul and Ellen Schoonover – Paul and Ellen Schoonover are the parents of Myles and Matt. They are a middle-class family from Columbus, Ohio. When their son Matt dies of a heroin overdose in 2012, Paul and Ellen turn to addiction advocacy work in response to their tragedy.

Jane Porter – Dr. Herschel Jick’s assistant.

Randy – A prison guard in Lucasville, Ohio who was prescribed painkillers by Dr. David Procter and became addicted.

Teddy and Adam Johnson – Adam Johnson died of an overdose in Huntington, West Virginia in 2007. He was discovered by his father, Teddy.

Enrique’s Uncles – Enrique’s uncles are Xalisco traffickers who operated out of Canoga Park in the San Fernando Valley in Los Angeles. Enrique aspired to be as successful as his uncles growing up, though he didn’t know how they made their money until he visited them in the US.

Andy Coop – An English chemist who studies the morphine molecule at the University of Bristol.

Dennis Chavez – A cop with the Denver Police Department. Chavez coined the term “Xalisco Boys” and was involved in Operation Tar Pit.

Friedrich Sertürner – A German pharmacist’s apprentice who isolated opium’s “sleep-inducing” element in the 1800s. He called it “morphine” for the Greek god of sleep, Morpheus.

Alexander Wood – A doctor from Edinburgh who invented the

hypodermic needle in 1853.

Dr. Adler Wright – A doctor from London. In an attempt to find a nonaddictive form of morphine, Wright synthesized diacetylmorphine in 1874.

Heinrich Dresser – Dresser was a Bayer Laboratory chemist who, in 1898, reproduced Dr. Adler Wright’s “diacetylmorphine” and called it heroin for the German word *heroisch*, or “heroic.”

David Tejada – The son of a wealthy sugarcane farmer, Tejada was one of the first men from Xalisco to sell heroin out of the San Fernando Valley in Los Angeles. He was shot to death in Xalisco in 1996 over a money dispute.

Sinaloans – Mexican drug cartel from the state of Sinaloa. The cartel is known for their violence

Dr. Vincent Dole – An addiction specialist at the Rockefeller Institute in New York City. He opened the first methadone clinic in New York City in 1970. He also emphasized the importance of therapy and human relationships in recovery.

Wayne Baldassare – A cop with the Portland Police Drugs and Vice Division. Part of his job involved watching the Xalisco Boys deliver drugs with Portland Police’s aerial force.

El Gato – A Xalisco trafficker operating out of Portland. Before expanding his business, he sold out of the San Fernando Valley, where he was admired by Enrique.

Cicely Saunders – A nurse and researcher from England. Saunders opened a hospice in the 1970s and treated her cancer patients with opiates. Her belief that “death should be dignified” fueled crusaders of the pain revolution in America like Dr. Russell Portenoy and Dr. Kathleen Foley, among others.

Jan Stjernsward – Stjernsward became the president of the World Health Organization (WHO) in the 1980 and helped devise the WHO Ladder of pain treatment along with Vittorio Ventafridda.

Vittorio Ventafridda – Ventafridda was a doctor who worked with the terminally ill. He met Jan Stjernsward through WHO and helped devise the WHO Ladder of pain treatment.

John Bonica – A former professional wrestler turned pain specialist. Bonica founded the Center for Pain Relief, America’s first pain clinic, at the University of Washington School of Medicine in 1960. Bonica advocated for a “multidisciplinary approach” to pain treatment.

John Loeser – Dr. John Bonica’s successor at the Center for Pain Relief. Loeser expanded on Bonica’s multidisciplinary approaches to pain treatment.

The Man – The Man is the Xalisco trafficker responsible for bringing black tar heroin east of the Mississippi River for the first time when he started a Xalisco cell in Columbus, Ohio.

Donna Wong and Connie Baker – Nurses from Tulsa who created the Wong-Baker FACES scale, a chart of faces on a

scale of smiling to grimacing that helps gauge pain levels in children.

Polla – A Xalisco trafficker operating out of Boise, Idaho.

Ed Ruplinger – A narcotics investigator in Boise, Idaho, who investigated the Xalisco Boys.

Dr. J David Haddox and Dr. David Weissman – Doctors who coined the term “pseudoaddiction” in a 1989 publication of *Pain*. Haddox went on to work for Purdue Pharma.

Dr. Gary Oxman – A doctor at the Multnomah County Health Department. In 1999, Oxman researched and reported on the county’s heroin-related death and overdose statistics.

Sharron Kelley – A Multnomah County, Oregon commissioner.

Ed Blackburn – The director of Central City Concern (CCC), a nonprofit based in Portland that provides detox facilities for addicts.

Paul “Rock” Stone – An FBI agent who investigated the Xalisco Boys in Portland. Stone was involved in Operation Tar Pit.

Dr. Curtis Wright – FDA examiner who supervised the examination of Purdue’s application for OxyContin. Wright would later work for Purdue.

Ed Hughes – Hughes runs the Counseling Center in Portsmouth, Ohio. Purdue Pharma threatened to sue the Counselor Center after a local newspaper published a story about addicts at the Center addicted to OxyContin.

Jim Kuykendall – A DEA agent working out of Albuquerque, New Mexico. Kuykendall was involved in Operation Tar Pit.

Jeremy Wilder – An addict from Aberdeen, Ohio. Wilder made an illegitimate business out of collecting OxyContin prescriptions from doctors around Ohio and Kentucky and selling them for profit.

Felix Barela – One of the main drug dealers in Chimayo, New Mexico.

Robert Berardinelli – An addict and customer of the Xalisco Boys in Santa Fe who eventually started working for them. Berardinelli was arrested in Operation Tar Pit and turned to advocacy and counseling after his release.

Dr. Nathaniel Katz – A pain specialist who prescribed many opiates.

Joe Hale – A defense attorney from Scioto County, Ohio. Hale filed the first OxyContin wrongful-death suit against Purdue in 2001. Intimidated by Purdue, he later dropped the case.

Jaymie Mai – A pharmacist and employee at Washington State’s Department of Labor & Industries (L&I). Mai and her boss, Gary Franklin, noticed an increase in worker’s comp employees dying from overdoses and issued a set of prescription guidelines for opiates for state doctors in 2008.

Gary Franklin – Jaymie Mai’s boss at Washington State’s Department of Labor and Industries (L&I). Franklin and Mai

issued a set of prescription guidelines for opiates for state doctors in 2008.

Jennifer Sabel – An epidemiologist with the Washington State Department of Health. Sabel’s research confirmed that Washington State saw an increase in opiate overdoses between 1994-2005.

Mary Ann Henson – A former addict from Portsmouth. Henson used to sell prescription opiates. By the end of *Dreamland*, she has gotten sober and now manages the Clubhouse, a place for Portsmouth residents to gather in a sober environment.

John Brownlee – Brownlee became U.S. attorney for the western district of Virginia. He filed a case of criminal misbranding against Purdue Pharma in 2006.

Jarrett Withrow – An addict from Kentucky. He made a business out of selling opiates he procured from Florida, where there were fewer regulations on prescriptions.

Ed Socie – An epidemiologist from Ohio’s Department of Health. His research revealed the extent of the state’s overdose deaths.

Christy Beeghly – Supervisor at the Department of Health’s Violence and Injury Prevention unit in Ohio.

Alex Cahana – A pain specialist inspired by Dr. John Loeser. In 2008, Cahana resurrected John Bonica’s Center for Pain Relief at the University of Washington.

Judge Seth Norman – A judge in Tennessee who runs a drug court attached to a treatment center. Norman believes rehab is more beneficial to addicts than prison.

Officer Jes Sandoval – A Denver cop who drove up Xalisco traffickers’ cost of doing business by arresting more low-lever dealers.

Jo Anna Krohn – A Portsmouth woman whose son died of an overdose. She later turned to advocacy and founded SOLACE, a support group.

Brad Belcher – A recovering addict from Marion, Ohio. Belcher was frustrated by Marion’s inaction in response to the opiate epidemic and placed signs with the message “HEROIN IS MARION’S ECONOMY” around town. The signs were removed but started an important local conversation.

Wayne Campbell – Wayne Campbell’s son Tyler was a football player for the University of Akron. Tyler was prescribed painkillers for a sports injury, became addicted, and died of an overdose. After his son’s death, Campbell formed a nonprofit called Tyler’s Life.

Martin Adler – A pharmacology professor at Temple University. Adler is doubtful humanity will find a “Holy Grail” drug and believes pain is part of life.

Scott VanDerKarr – A judge in Columbus, Ohio, and former prosecutor.

Dr. Orman Hall – Hall was the director a drug rehab clinic in Fairfield County, near Columbus, Ohio. By the end of *Dreamland*, he directs Ohio’s substance abuse program.

Dr. David Tauben The director of the Multidisciplinary Pain Center in Seattle, who took over from Alex Cahana as director in 2013. Tauben used to be a proponent of opiates, but later changed his mind as he saw their ineffectiveness.



THEMES

In LitCharts literature guides, each theme gets its own color-coded icon. These icons make it easy to track where the themes occur most prominently throughout the work. If you don’t have a color printer, you can still use the icons to track themes in black and white.



PAIN MANAGEMENT AND THE NORMALIZATION OF NARCOTICS

Pharmaceutical companies did not cause the painkiller addiction crisis in a vacuum, but took advantage of a well-intentioned desire amongst doctors for a “Holy Grail” of pain treatment: a pill that could end suffering simply and free of addictive side effects. American patients wanted painkillers because they were in pain, and their doctors wanted to prescribe painkillers because they felt it was their moral obligation to help those who had suffered for so long. Prior to what Sam Quinones deems a “revolution” on attitudes toward pain that unfolded over the 20th century, morphine was highly stigmatized; doctors who prescribed painkillers were regarded as “virtual outlaws.” Thus, when researchers published documents claiming that very few patients fell into addiction from being treated with narcotics, many well-intentioned doctors leapt at the opportunity to finally be able to help patients suffering with chronic or acute pain. In reality, however, pain is multifaceted and difficult to treat—no single pill can cure it. Ultimately, posits Quinones, America’s pain revolution failed because it rested on the false premise that pain can be treated with a single, uncomplicated solution.

America’s search for the “Holy Grail” began, in earnest, in 1928, when the Committee on Problems of Drug Dependence (CPDD) brought together researchers to find a nonaddictive painkiller to replace the addictive, stigmatized drugs (such as heroin and cocaine) that had previously been overprescribed and were now rejected by respectable doctors. The idea of a “Holy Grail” drug was so appealing because it was simple and effective: it provided patients with instantaneous relief, came without the negative side effect of addiction, and was efficient for doctors—nonaddictive pills didn’t require time and energy in the form of constant monitoring and countless follow-up appointments, for example. This search for a “Holy Grail” drug to treat pain informed future drug researchers and inspired “a

cadre of revolutionaries seeking a better way to treat pain in America.” Thus, what Quinones refers to as a “revolution,” was born.

Attitudes toward pain changed significantly in the 1970s, and pain relief began to be seen as a “right.” Originally, the “right” to pain relief was limited to the chronically ill (such as cancer patients), but the notion painlessness as an unalienable right was extended to a broader range of patients. In 1980, Swedish cancer physician Jan Stjernsward was named chief of the cancer program for World Health Organization (WHO). Stjernsward had experience working with dying cancer patients in Kenya and had witnessed firsthand the relief that morphine granted these patients in their final days. Stjernsward met Vittorio Ventafridda, whose clinic treated cancer patients in Milan. Ventafridda showed him a set of principles he referred to as a “ladder of treatment” for pain patients. The ladder proposed that “increasingly powerful drugs, including opiates” should be used on dying patients “if pain did not subside.” Such a notion was previously unheard of. Stjernsward endorsed the “ladder of treatment,” and the WHO published a book that promoted this new, narcotic-heavy approach to pain management.

Another critical moment in the pain revolution was the advent of palliative care, which cancer doctors Dr. Russell Portenoy and his mentor Kathleen Foley “helped midwife.” Palliative care, or “treating the pain and stress of the seriously ill,” first developed in the 1970s out of the philosophies of hospice nurse Cecily Saunders who believed “that death should be dignified.” Saunders believed that dying patients were entitled to pain relief in their last days. Over the following decades, the philosophies of palliative care were applied to more medical disciplines, such as the treatment of chronic pain, and the notion that all patients were entitled to painlessness took hold across the medical community. Though well-intentioned, this new idea that patients were entitled to pain relief led to the extreme (and often dishonest) normalization of opiate painkillers. Like the WHO’s ladder of treatment, palliative care was founded on the well-intentioned idea that death should be dignified. Portenoy saw his philosophy as “guided by the moral issues of patient autonomy and respect of cultural and individual differences.” Portenoy believed in the power of pain relief: “I believe in drugs,” he stated. “I think pharmaceuticals are a great gift to humankind.” In 1986, Portenoy and Foley published a paper in *Pain* medical journal. The paper would “bec[ome] a declaration of independence for the vanguard of pain specialists interested in using opiates for chronic pain.” It posited that addiction and abuse of narcotics was rare.

One critical source of Kathy Foley and Russell Portenoy’s belief in the non-addictive nature of narcotics came from a letter to the editor published in the *New England Journal of Medicine* in 1980, known familiarly as “Porter and Jick.” Curious about whether patients treated with narcotics tended to become

addicts, Dr. Herschel Jick, of Boston University, consulted what is known today as the Boston Collaborative Drug Surveillance Program, a database that keeps track of the effects of drugs on patients. Jick's findings revealed that of nearly 12,000 patients treated with narcotics, only four would become addicts. These findings were problematic because the non-addicts were studied while they were *in the hospital*, and thus largely unable to develop abusive relationships to the drugs, as they were administered to them in a controlled environment. To his credit, Jick never intended for his study, titled "Addiction Rare in Patients Treated with Narcotics," to become as widely read as it would go on to be. Still, the study informed many doctors and gave them a false confidence in the opiate drugs they were prescribing with greater frequency to their patients.

Pharmaceutical companies like Purdue seized on studies like Jick's and took advantage of the well-intentioned zeal of pain researchers like Portenoy and Foley to assuage the fears of doctors who for so many years had been warned on the dangers of narcotics. Purdue funded pain researchers, who in turn began to see Purdue "as an innovator and ally." Purdue inflated its findings to propose that the drugs they patented and pushed on medical professionals—OxyContin, most notably—were safe, effective treatments for pain. Former Purdue sales manager William Gergely revealed that Purdue salespeople were instructed to claim that OxyContin was "virtually" non-addicting, when this was not at all the case. The 20th century's shift in attitude toward pain management and the minimization of narcotics' addictive potential allowed Purdue to capitalize on the medical community's long-fought struggle to find the perfect solution for pain relief. Thus, America's pain revolution came to be centered around the false premise of a cure-all, nonaddictive "Holy Grail" and narcotics became normalized among doctor and patients alike.



THE DRUG BUSINESS

Dreamland details the rise of black tar heroin in the United States as the result of a distribution group consisting of business-savvy Mexican immigrants

alongside Americans' growing addiction to OxyContin.

Quinones creates a parallel between the Mexican distribution group's heroin trade and the United States pharmaceutical industry, suggesting that the opiate epidemic was the result of both organizations' innovative and successful business ventures. His decision to focus on the business side of the opiate epidemic shifts society's judgment away from drug users (who are often seen as morally corrupt or deficient) and onto the larger system that supports and facilitates addiction. In Quinones's assessment, capitalism is the largest driving force of addiction—not the shortcomings or flaws of the addict.

Quinones shows how the advent of pharmaceutical advertising in the mid-20th century allowed prescription painkillers like OxyContin to become so widespread. In 1951, Arthur Sackler,

an adman with the firm William Douglas McAdams, took on Charles Pfizer and Company as a client. Charles Pfizer and Co. (which would later become Pfizer) had developed a new drug called Terramycin, a "synthetic antibiotic." Instead of licensing Terramycin to a drug company, as was standard practice, "Pfizer wanted to sell the antibiotic itself." Sackler insisted "that with a large enough advertising budget [...] he could turn Charles Pfizer and Company into a household name among doctors." Sackler's Terramycin campaign was successful, "aim[ing] at frequent contact with individual doctors," which was unheard of at the time. Sackler's firm sent postcards advertising Terramycin to doctors, and sales representatives visited doctors in person. The advertising campaign generated "forty-five million dollars in sales in 1952." Pfizer flourished. Sackler's Terramycin campaign "marked the emergence of modern pharmaceutical advertising." Sackler and his brothers went on to purchase a drug company that was unknown at the time: Purdue Fredrick (later Purdue Pharma). He acquired the right to sell Valium, which was new at the time, and employed the same method of direct sales approaches. In his quest to sell Valium, Sackler went so far as to have sales representatives go to doctors' offices bearing free samples of Valium, further breaking down the boundaries between pharmaceutical companies and doctors and revolutionizing how those companies could advertise to the medical community.

The revolutionary, aggressive marketing campaigns of Terramycin and Valium served the model for Purdue when, years later, it put OxyContin on the market. Other pharmaceutical companies like Pfizer followed suit, and the 1990s resembled something of an arms race, with pharmaceutical companies competing with each other to create, market, and sell their own "blockbuster" drug. The pharmaceutical industry's business model was to create a medication "and then promoting it with growing number of salespeople." Between 1995 and 2005, the number of American pharmaceutical representatives increased from 35,000 to 110,000. These sales representatives "crowded into doctors' offices" and employed aggressive sales tactics and presented misleading, faulty information to doctors to get them to buy the drugs. Purdue, in particular, created incentive for sales representatives to sell so aggressively by "increase[ing] the sales quota of OxyContin needed to make bonuses." Still, the fervor for prescription painkillers (created by transformed attitudes toward pain and narcotics in the medical community) among patients and doctors caused sales representatives to surpass these raised quotas. The bonuses earned by sales representatives during this time were outrageous. Quinones writes that "some Purdue reps [...] were reported to have made as much as a hundred thousand dollars in bonuses in one quarter" in the early years of OxyContin. Quinones posits that these bonuses "bore [...] a striking similarity to the kinds of profits made in the drug underworld." In making this comparison, Quinones draws an explicit parallel between the

business successes of the condoned, legitimate pharmaceutical industry and the black-market drug world.

Although it was not sanctioned by any legitimate institutions, the Xalisco Boys heroin distribution group possessed a similar business sensibility as pharmaceutical companies like Purdue and Pfizer. Specifically, the Xalisco Boys business model relied on dependable customer service and the “feet on the street” style of relentless, in-person direct sales that was also employed by pharmaceutical sales representatives. The Xalisco Boys were successful heroin traffickers because, like Arthur Sackler, their business model was innovative and efficient. Quinones often compares it to a fast food franchise or pizza delivery service. The heroin cells, or “franchises” that operate in the United States have an “owner” in Xalisco, who supplied the heroin. He didn’t come to the U.S., so he relied on a network of telephone operators and drivers. The operators fielded orders placed by addicts, who then passed along these orders to the drivers who delivered the orders of heroin to addicts around town. The reader should note Quinones’s purposeful inclusion of words evocative of business and finance, such as “owner” and “franchise,” to describe the Xalisco Boys. Similar to pharmaceutical sales representatives bringing free samples of Valium to doctors’ offices, Xalisco drivers were encouraged to incentivize potential buyers (addicts) by “offer[ing] special deals to addicts [...]: fifteen dollars per balloon [of heroin] or seven for a hundred dollars.” Just like Purdue and Pfizer, who catered to and took advantage of the medical industry’s newfound trust and demand for narcotics, the Xalisco Boys identified and oriented their business around the needs of their clientele. The growing addiction to painkillers among white, middle-class Americans created a new market for heroin. Xalisco Boys responded to the needs of this new market: “Guys from Xalisco had figured out that what white people—especially middle-class white kids—want most is service, convenience. They didn’t want to go to skid row or some seedy dope house to buy their drugs.” The Xalisco delivery system meant this new wave of opiate addicts could get what they wanted.

In Quinones’s formulation, the successes of drug traffickers—legitimate and illegitimate alike—stem from their innovative and customer-oriented business tactics. In emphasizing the shared business logistics of both sanctioned pharmaceutical companies like Pfizer and Purdue, as well as underground drug organizations like the Xalisco Boys, Quinones positions monetary profit as a driving force behind America’s opiate epidemic.



STIGMA, SHAME, AND THE OPIATE EPIDEMIC

One significant aspect of the opiate epidemic Quinones highlights is how, unlike other drug epidemics that had come before it, it involved many middle- and upper-class white Americans, a good number of them young

people. Introduced to opiates through liberally prescribed painkillers, this new group of addicts would often resort to cheaper, readily accessible black tar heroin when they were strapped for cash. According to Quinones, this addiction model resulted from a *lack* of stigma associated with prescription drug use as opposed to hard street drugs. It was comparatively easy for this demographic to become addicted to prescription drugs, particularly if the drugs were prescribed to them by a trusted family physician. Quinones’s analysis shows first how this new class of addicts (often white, privileged, and suburban) was created by virtue of their biased assumption that opiates prescribed to them by a doctor were legitimate and could do them no harm. Then, when these new addicts eventually turned to heroin to fuel their addiction (as so many did), the social stigma surrounding black market drugs forced these new addicts into shame and silence, which allowed the opiate epidemic allowed to grow more powerful and far-reaching without much public notice. In this way, both the lack of stigma associated prescribed narcotics like OxyContin and the substantial stigma associated with underground narcotics like black tar heroin perpetuated the opiate epidemic.

The lack of stigma attached to prescription drugs allowed opiates to affect a new demographic of Americans, and for “heroin [to] enter[] the mainstream” through pill abuse. In particular, Quinones emphasizes the large number of suburban high school students who developed opiate addictions after being prescribed painkillers for shockingly innocuous ailments. To emphasize this, he writes, “the new addicts were football players and cheerleaders.” The first case study Quinones explores in *Dreamland*’s preface involves the death of Matt Schoonover, a young man from a middle-class neighborhood in Columbus, Ohio. Matt began experimenting with alcohol and various drugs, including the prescription pills OxyContin and Percocet, as a young adult. By the time he returned home after his first year of college, “he had become a functional addict.” When Matt’s parents found out about the pills, “they were worried, but the pills [he] had been abusing were pharmaceuticals prescribed by a doctor. They weren’t some street drug you could die from, or so they believed.” The Schoonovers were concerned for their son, but the lack of stigma attached to prescription drugs and the doctors who prescribed them caused them to doubt the legitimacy of their concerns. Unable to afford prescription drugs, Matt turned to black tar heroin and eventually died of an overdose. “Across America,” writes Quinones, “thousands of people like Matt Schoonover were dying.” Suburban America’s trust in the medical and pharmaceutical industries caused it to downplay the seriousness of their children’s prescription drug addictions.

Compared to prescription painkillers, heroin—and the people who sold and used it—was perceived in a different, more judgmental light, despite the similar chemical makeup of the drugs (they are both opiates) and despite the similar markets

that sell and promote them. The true extent of the opiate epidemic didn't largely come to light until those addicted to painkillers, like Matt Schoonover, turned to black tar heroin when they could no longer afford prescription drugs. Quinones reinforces America's stigma against underground drugs by putting himself in the mindset of parents of this new demographic of opiate addicts: "Most of these parents," writes Quinones, were products [...] of the 1970s, when heroin was considered the most vile, back-alley drug. How could they now tell their neighbors that the child to whom they had given everything was a prostitute who expired while shooting up in a car outside a Burger King?" Quinones's language borders on the hyperbolic, but it accurately expresses the hysterical fear and biased conceptions these parents held toward underground drugs, and the preconceived notions they had about the supposed types of people who used them.

Ultimately, many addicts' parents were shocked and full of shame when their children died of heroin overdoses. Quinones sees silence as a quintessential feature of the opiate epidemic, particularly when compared to the "blight, violence, and outrage [that] accompanied" the rampant cocaine and crack usage in the 1980s, or the later appearance of methamphetamine. These prior epidemics were visual and noticeable: the Colombians who brought in cocaine "shot up Miami strip malls," and meth "[was] made in labs that exploded." In comparison, the opiate epidemic that ravaged so much of Middle America grew largely without notice. Quinones writes that "most grieving families retreated in shame and never said a public word about how a son died in a halfway house with a needle in his arm." Fearing the stigma attached to illegal narcotics, these families kept silent, and "opiates quietly killed unprecedented numbers of kids." Quinones believes, in part, that the silence of these parents and of so many others allowed opiate addiction to swell to monstrous, uncontrollable numbers. If these parents could manage to share their children's supposedly shameful, fateful ends, they might use their grief for "something good," as Ellen Schoonover (Matt Schoonover's mother) puts it. According to Quinones, silence and stigma made the opiate epidemic possible in the first place. The best that victims' surviving relatives can do, he argues, is to push back against stigma and provide honest, helpful information to others who may be suffering in shame and silence.



COMMUNITY AS A REMEDY TO ADDICTION

The title of Quinones's book alludes to his position that a strengthened sense of community can correct the ills inflicted on individuals and society at large by the American opiate epidemic. *Dreamland* refers to the now-demolished community swimming pool in Portsmouth, Ohio, a town located on the Ohio River that the epidemic hit

particularly hard. Prior to the pool's demolition in the mid-1990s—and in happier and more prosperous times—**Dreamland** served as a place of gathering for the community of Portsmouth and provided the town with a center and a sense of togetherness. For Portsmouth and for other towns across America impacted by the opiate epidemic, Quinones sees community as an "antidote" to heroin and opiates in general. He identifies the opiate epidemic as both a symptom and a cause of America's increased sense of isolation and alienation.

Quinones begins his book with a history of Portsmouth's Dreamland swimming pool, emphasizing how it brought the town's people together and gave them a space to commune and engage with one another. First opened in 1929, the pool was the place where "generations of the town grew up." The pool's importance to the community cannot be overstated. Quinones writes: "California had its beaches. Heartland America spent its summers at swimming pools." Portsmouth's children grew up at the pool, and when they had children of their own, they brought them there to continue in the tradition: "the cycle of life was repeated over and over at Dreamland." In other words, Portsmouth's "cycle of life" revolved around community. Dreamland was never quite able to eradicate racial prejudice, but it did "wash away class distinctions." In this way (for those privileged enough to feel welcome there) Dreamland served as a place of community. People left the alienating confines of their homes and jobs and came together in Dreamland. Dreamland was symptomatic of Portsmouth's great sense of community as a whole. Quinones writes that, "in 1979 and 1980, Portsmouth felt worthy to be selected an All-American City." Nobody in Portsmouth was particularly wealthy—most were blue-collar workers—but "its industry supported a community for all." Because nobody could afford backyard pools, the town came together at public parks, tennis courts, and at Dreamland.

To Quinones, the American opiate epidemic embodies the antipathy of community. It follows, thus, that Dreamland eventually closed around the same time that economic disaster, pill mills, and opiate abuse contributed to the town's slow demise. Quinones ultimately decides that "in our isolation, heroin thrives; that's its natural habitat." He determines that humanity's gradual shift from life in the public sphere to the private sphere both embodies and explains the opiate epidemic. Quinones points to the connection between what he calls the "search for painlessness" that motivated the pain revolution of the late 20th century and America's current opiate epidemic. "Heroin is," Quinones states, "the final expression of values we have fostered for thirty-five years." He extends his definition of "painlessness" to include not only the chronic pains opiates were prescribed to treat, but also to what he sees as America's current inability to take on pains of any kind. He cites an article from the *Atlantic* titled "The Coddling of the American Mind,"

which suggests that children raised “in the era of hyper-protection from physical pain” grew up to be college students unable to cope with “painful ideas.” To Quinones, the increase of helicopter parenting and the “neediness” of college students it produces results in a society of people stuck *inside* themselves and unable to engage with their community. Ironically, thus, it was in humanity’s quest for painlessness that it uncovered a pain much worse: the misery of isolation, and the numbing pain of addiction. To Quinones—and to the people who remembered Portsmouth as it was before economic hardship and drugs—Dreamland is something of a paradise lost. It harkens back to a time when people knew their neighbors helped one another. With Dreamland and all that it represented gone, people didn’t have a place to gather, so they became withdrawn and alienated in their pain. They turned to drugs for escape when they would have before turned to other people for support.

To begin to recover from the opiate epidemic, Quinones believes, America must strengthen its sense of community and sympathy. Towns most ravaged by opiates, such Portsmouth, must care about one another’s social and psychological well-being—in other words, they must regain the sense of togetherness that Dreamland embodied. “I believe more strongly than ever that the antidote to heroin is community,” writes Quinones. Addiction cannot be fought alone, and there is no simple fix. Humanity must look beyond itself and consciously reject the alienation and isolation that addiction perpetuates. Quinones proposes that America “form [its] own Dreamland and break down those barriers that keep people isolated.” He sees addiction and its cause—the coveting of opiates as a quick, uncomplicated method to rid oneself of their pain—as actively building these “barriers” that keep people blocked off from the rest of the world. It might not be simple work to create and maintain relationships and a sense of community, but Quinones posits that this is the only lasting solution to the opiate epidemic. In more recent years, Quinones has observed Portsmouth’s gradual return to community living: new restaurants have gone up downtown, the city has introduced a monthly public event downtown, and its Counseling Center (an addiction treatment center) has expanded its outreach. In reviving their sense of community, Portsmouth has begun to regain some of the prosperity it once had in the long-ago days of Dreamland.



DREAMLAND

Dreamland was Portsmouth, Ohio’s local swimming pool from 1929 until its demolition in 1993. To the community of Portsmouth, memories of Dreamland represent happier, more prosperous, and more community-oriented times, an ideal that Quinones deems important enough to name the book after. Portsmouth, along with the rest of the American heartland, was hit particularly hard by deindustrialization and the opiate epidemic that developed in its wake. The demolition of the Dreamland swimming pool resulted from and was reflective of the town’s (and America’s) trend toward depression and isolation. When America’s industrial workers lost their jobs, they indirectly turned away from their communities and toward isolating coping mechanisms like drug use to help numb the pain. To Portsmouth’s residents, the pool symbolizes a moment in history when their town and its people were thriving. The Dreamland swimming pool evokes similar ideas to Quinones, who believes that community and compassion are “antidotes” to heroin use, which he considers to be both a cause and a symptom of American culture’s increasingly isolated, anti-community culture. Dreamland represents community and togetherness, both of which Quinones believes are essential for America to recover from the opiate epidemic.



LEVI’S 501S

Levi’s 501 jeans were a status symbol for the Xalisco Boys heroin dealers of the 1990s, and the ability for the dealers to acquire these high-quality pants represents the broader profit-driven drug market that propelled America’s opiate epidemic. Many of the Xalisco Boys were attracted to heroin dealing because of the opportunities for wealth and social advancement it offered. More important than the wealth itself was the ability to return home to Xalisco and showcase that wealth to the approving, admiring eyes of their friends and neighbors. One of the most significant and sought-after displays of wealth were Levi’s 501s, which were considered the “gold standard for men in Mexico’s ranchos in the 1990s.” Throughout *Dreamland*, Quinones emphasizes that capitalism was a major driving force behind addiction. Illegitimate and “legitimate” drug dealers—the Xalisco Boys and Purdue Pharma, respectively—systematically identified and sold their products to markets that would support their business and maximize profit. Levi’s 501s, the commodity most revered by the Xalisco Boys drug dealers, are therefore a symbol of the capitalism, business, and excess that fueled the opiate epidemic.



SYMBOLS

Symbols appear in **teal text** throughout the Summary and Analysis sections of this LitChart.



QUOTES

Note: all page numbers for the quotes below refer to the

Bloomsbury edition of *Dreamland* published in 2015.

Introduction Quotes

☛ In the months after Matt died, Paul and Ellen Schoonover were struck by all they didn't know. First, the pills: Doctors prescribed them, so how could they lead to heroin and death? And *what* was black tar heroin? People who lived in tents under overpasses used heroin. Matt grew up in the best neighborhoods, attended a Christian private school and a prominent church. He'd admitted his addiction, sought help, and received the best residential drug treatment in Columbus. Why wasn't that enough?

Related Characters: Sam Quinones (speaker), Paul and Ellen Schoonover, Matt Schoonover

Related Themes: 

Page Number: 7

Explanation and Analysis

Quinones introduces the reader to the Schoonovers, a middle-class family from Columbus, Ohio. Paul and Ellen Schoonover's 21-year-old son, Matt, has just died of a heroin overdose, and they struggle to understand how and why this tragedy happened to their family. When the Schoonovers question why all the privileges Matt had access to growing up couldn't spare him from an overdose, they reveal how alien heroin was to their lives before their son became an addict, and how unprepared and ashamed they were to deal with the aftermath of his death.

Matt's heroin addiction developed out of his earlier abuse of prescription painkillers. The Schoonovers, however, were ignorant to the dangers of pills; "doctors prescribed them," so they viewed the pills as safe and free of the stigma associated with heroin. The Schoonovers' concerns and confusions are shared by many parents Quinones encounters throughout *Dreamland*.

Quinones frequently relies on the stories of addicts and their families to drive forward *Dreamland's* narrative of addiction, as he believes that part of what allowed the opiate epidemic to rage on virtually unnoticed is the shame and stigma associated with drug abuse. Over the years, the opiate epidemic has affected many families like the Schoonovers who never assumed that heroin would be their privileged children's drug of choice. Fearing shame and ostracization from their communities, many of these parents stayed silent, and the opiate epidemic continued to claim the lives of other unsuspecting families' loved ones. The Schoonovers' story is important because it shows how shame and stigma perpetuated the opiate epidemic, and

how speaking out about the reach and effects of opiates has helped to combat addiction.

Part 1: The Molecule Quotes

☛ Like no other particle on earth, the morphine molecule seemed to possess heaven and hell. It allowed for modern surgery, saving and improving too many lives to count. It stunted and ended too many lives to count with addiction and overdose. Discussing it, you could invoke some of humankind's greatest cultural creations and deepest questions: Faust, Dr. Jekyll and Mr. Hyde, discussions of the fundamental nature of man and human behavior, of free will and slavery, of God and evolution. Studying the molecule you naturally wandered into questions like, Can mankind achieve happiness without pain? Would that happiness even be worth it? Can we have it all?

Related Characters: Sam Quinones (speaker), Andy Coop

Related Themes: 

Page Number: 36

Explanation and Analysis

Quinones tracks down Andy Coop, a chemist, to learn more about the morphine molecule. Morphine is significant to *Dreamland* because it is the sleep-inducing compound in opium and the active ingredient in heroin and OxyContin, the two opiates around which *Dreamland* is centered.


Quinones speaks poetically of the morphine molecule, drawing on its chemical makeup to raise some of *Dreamland's* central questions: "Can mankind achieve happiness without pain? Would that happiness even be worth it? Can we have it all?" Morphine inspires such questions because it "seem[s] to possess heaven and hell." On the one hand, morphine—an opiate painkiller—is "heaven," as it allows the medical world to perform modern, life-saving surgeries and it makes individual patients feel blissfully free of pain. On the other hand, however, morphine may be seen as "hell" because it is a highly addictive drug: by making addicts of its users, morphine "end[s]" as many lives as it saves. Morphine comes with as many risks as it does benefits, and it forces humanity to consider whether these sought-after benefits are worth the risks involved to get there. In this way, morphine was vastly important, but vastly flawed, and Quinones seriously doubts whether morphine can allow people to "have it all."

It was humanity's pursuit to "have it all" that pushed researchers to search for a nonaddictive form of morphine.

Dreamland unpacks the flawed idealism of these researchers, the ideas they promoted, and the corporations that exploited them for financial gain to determine that, perhaps, “happiness without pain” is an unachievable goal. During the pain revolution, researchers would speculate that pain relief and convenience was worth the cost of addiction—a speculation that was later exploited by Purdue Pharma in their campaign for OxyContin.

☛ In heroin addicts, I have seen the debasement that comes from the loss of free will and enslavement to what amounts to an idea: permanent pleasure, numbness, and the avoidance of pain. But man’s decay has always begun as soon as he has it all, and is free of friction, pain, and the deprivation that temper his behavior.

Related Characters: Sam Quinones (speaker)

Related Themes: 

Page Number: 37

Explanation and Analysis

Quinones has just explained the paradox at the heart of the morphine molecule: it provides humanity with pain relief (heaven) at the cost of addiction (hell). He then proposes that heroin is a metaphor for this paradox. While heroin’s high allows the user to experience “permanent pleasure, numbness, and the avoidance of pain,” such heavenly euphoria inevitably comes with a grim trade-off. In exchange for euphoria, heroin users also experience the “loss of free will and enslavement” of addiction. With heroin, there is no possibility of heaven without hell.

Quinones believes that humanity has tried, in vain, to achieve painlessness without considering its costs. Researchers who crusaded for the destigmatization of opiates, for example, wanted absolute pain relief for their patients without considering the cost of addiction. In turn, the pain revolution fostered a culture in patients who believed it was their right to feel “permanent pleasure,” and that it was their doctors’ job to alleviate their pain.

But just as heroin’s euphoria comes with the “debasement” of addiction, humanity’s quest to live in perpetual comfort came with a massive trade-off. Quinones observes: “But man’s decay has always begun as soon as he has it all, and is free of friction, pain, and the deprivation that temper his behavior.” Quinones views the pain revolution and the destigmatization of opiates as humanity’s quest to “[have] it all.” The exploitation of this quest by pharmaceutical

industries and the resultant opiate epidemic, thus, are the “decay.”

Part 1: Delivered Like Pizza Quotes

☛ All these guys running around Denver selling black tar heroin are from this town of Xalisco, or a few small villages near there, the informant told Chavez. Their success is based on a system they’ve learned. It’s a system for selling heroin retail. Their system is a simple thing, really, and relies on cheap, illegal Mexican labor, just the way any fast-food joint does.

Related Characters: Dennis Chavez, Sam Quinones, Xalisco Boys

Related Themes: 

Page Number: 43

Explanation and Analysis



Dennis Chavez is a cop with the Denver Police Department. In the 1990s, he met with an informant who filled him in on the intricacies of a new system of heroin distributors who’d been operating in Denver since the late 1980s. Chavez would later come to call these traffickers by a name of his own creation, “Xalisco Boys.”

On the surface, these traffickers seemed scattered and disorganized, but the informant assured Chavez that this couldn’t be further from the truth. In reality, their system is precisely structured, “their success” the product of a business structure more akin to that of a “retail” system or a “fast-food joint” than a conventional drug cartel. Chavez’s conversation with the informant is important in the larger scheme of *Dreamland* because it is the first time law enforcement gains a real sense of how business-oriented the traffickers are. Of particular importance is the informant’s use of terminology more readily associated with legitimate businesses. Quinones frequently cites law enforcement, traffickers, and customers who describe the Xalisco Boys with similar vocabulary. In this way, he builds a case to show how the drug trade is not so different from other businesses.

Part 1: The Poppy Quotes

☞☞ But heroin was never about the romantic subversion of societal norms. It was instead about the squarest of American things: business—dull, cold commerce. Heroin lent itself to structured underworld businesses. Addicts had no free will to choose one day *not* to buy the product. They were slaves to a take-no-prisoners molecule. Dealers could thus organize heroin distribution almost according to principles taught in business schools, providing they didn't use the product. And providing they marketed.

Related Characters: Sam Quinones (speaker)

Related Themes:  

Page Number: 55

Explanation and Analysis

Quinones provides a brief history of the opium poppy, the plant from which opiates are derived. Heroin was first synthesized in the late 1900s in an attempt to create a nonaddictive form of morphine, the sleep-inducing element of opium.

Throughout *Dreamland*, Quinones reinforces how heavily stigma factored into America's response to the opiate epidemic, and how often this stigma was contradictory and misleading. One of his goals throughout the book is to show that, despite the anti-establishment, seedy reputation of the underground drug trade, drug trafficking is, above all else, "about business." In making this association, Quinones complicates stigmas and shows the economic forces at play in the opiate epidemic.

Many heroin addicts started using prescription painkillers like OxyContin, which seemed less dangerous, as they lacked the stigma of street drugs like heroin. Ironically, however, the street drug stigma was misleading in the first place, as "heroin was never about the romantic subversion of societal norms." Instead, heroin was more "about the squarest of American things: business—dull, cold commerce." Because heroin dealers had access to a market of customers (addicts) with "no free will to choose one day not to buy the product," they were operating in what can essentially be considered a free market, wherein supply and demand reign supreme and consumers are at the mercy of suppliers.

Part 1: Enrique Adrift Quotes

☞☞ Everyone could have his own business, be his own boss. The Xalisco system was a lot like the United States in that way. America fulfilled the promise of the unknown to rancheros, and an escape from humiliation for Mexico's poor from villages just like Enrique's. The Xalisco heroin system did it faster.

Related Characters: Enrique, Xalisco Boys

Related Themes: 

Page Number: 72-73

Explanation and Analysis


Enrique has just returned to his rancho after working as a delivery driver for his uncles' Xalisco heroin distribution group in Canoga Park in Los Angeles, California. He did well for himself in Los Angeles, and his wealth earned him the respect of the villagers back home.

Enrique wants to return to Los Angeles because he believes he can work up the Xalisco ladder and eventually "have his own business, be his own boss." Throughout *Dreamland*, Quinones uses Enrique's narrative of upward mobility to show the role that money plays in the underground drug trade. To Xalisco traffickers like Enrique, the Xalisco system wasn't so much an illegal drug network as it was a business opportunity that offered "an escape from humiliation" and from poverty. Likewise, "the Xalisco system was a lot like the United States" in the way that it positioned business and the accumulation of wealth as a solution to life's problems. In aligning illegal drug trafficking with business and American capitalistic trope of wealth as the solution to life's problems, Quinones shows how heavily business and greed impacted the spread of heroin and perpetuated America's opiate epidemic.

Part 1: Searching for the Holy Grail Quotes

☞☞ Novocain, invented in 1905, avoided the need for addictive cocaine in dentistry. Why not a morphine substitute? Such a drug could cleanse doctors' image as clueless dealers of dangerous drugs that they'd earned by widely prescribing heroin in the early 1900s. Academics, meanwhile, hoped for a new era of modern scientific research applied to medicinal drugs. Law enforcement hoped a nonaddictive pain reliever would lessen the fallout from its attempts to rid the country of opium. Researchers called this drug the Holy Grail and the search for it would take the rest of the century and beyond.

Related Characters: Sam Quinones (speaker)

Related Themes: 

Page Number: 78

Explanation and Analysis

Quinones introduces the reader to the notion of the “Holy Grail,” or the hypothetical “morphine substitute” that would offer the pain relief of opiates without the possibility of addiction. Throughout *Dreamland*, Quinones emphasizes the blind idealism with which researchers searched for such a drug. The very name researchers gave the drug denotes the impossibility that such a drug could ever be discovered in the first place: the term “holy grail” generally refers to a goal that is elusive to the point of being nearly unattainable.

Quinones describes humanity’s hopes for the “Holy Grail” in deliberately optimistic terms here, outlining the lofty expectations for this drug: doctors wanted a drug that could “cleanse [their] image as clueless dealers of dangerous drugs,” academics wanted to pioneer “a new era of modern scientific research,” and law enforcement wanted “a nonaddictive pain reliever” that would make their task of seizing opium from addicts less of a pain. In short, each field wanted this “Holy Grail,” to be a solution to their most pressing problems.

As *Dreamland* unfolds, the reader will see that such expectations were wildly unrealistic and blindly optimistic: researchers’ attempts to capture all of morphine’s benefits without accruing any of its costs led to a renewed acceptance of opiate painkillers in the medical world, which ultimately created the opiate epidemic. Quinones concludes that humanity’s vain search for a “Holy Grail” solution to its problems was its ultimate undoing.

Page Number: 83-84

Explanation and Analysis

Russell Portenoy was one of the earliest proponents of the pain revolution and a supporter of destigmatizing the use of opiate painkillers in pain treatment. Quinones repeatedly uses Portenoy as example of a pain “crusader” whose medical ethics were ultimately corrupted and exploited when the business interests of the pharmaceutical industry collided with the medical interests of the pain revolution.

Portenoy’s interest in palliative care, or caring for the seriously ill, stemmed from his experience “watching people struggle with pain, and talking to families who faced the loss of a loved one.” To Portenoy, the hope and dignity that opiates provided terminally ill patients and their families far outweighed the adverse risk factor of addiction. This viewpoint bolstered his confidence that he was “a bit of a crusader pushing up against conventional wisdom” of medical professionals who maintained antiquated attitudes toward opiates.



Portenoy believed it was inhumane to allow patients to spend their last days suffering, and this type of “altruistic” thinking motivated him to advocate publicly and regularly for the advancements in pain management made possible by the technological advancements of pharmaceutical companies like Purdue.

Quinones depicts Portenoy as a “bright young doctor” with “altruistic” reasons for supporting the normalization of opiates in pain medicine early in the book. As *Dreamland* unfolds, though, the reader will see how pharmaceutical companies exploited the “altruistic” ideas of pain crusaders like Portenoy for their own financial gain.

Part 1: The Pain Quotes

☝☝ The new discipline gave Russell Portenoy “the talking points I needed to mold my work life,” he once wrote. As an emerging discipline, palliative care appealed to the bright young doctor interested in staking out his own ideas. Comforting the seriously ill and dying touched on the altruistic reasons why anyone would enter medical school in the first place. [...] Watching people struggle with pain, and talking to families who faced the loss of a loved one, gave Portenoy a touch of idealism, a bit of the crusader pushing up against conventional wisdom.

Related Characters: Dr. Russell Portenoy (speaker), Sam Quinones

Related Themes:  

Part 1: Pain and the Pro Wrestler Quotes

☝☝ But “there is a philosophy among many patients—‘I’m entitled to be free of pain,’” said Loeser. “People are entitled to health care. Health care should be a human right. Pain management must be a part of health care. But they are not entitled to pain relief. The physician may not be capable of providing them with pain relief. Some problems are not readily solvable. [...] You’re not entitled to pain relief any more than you’re entitled to happiness.”

Related Characters: John Loeser (speaker), John Bonica

Related Themes: 

Page Number: 87

Explanation and Analysis

Dr. John Loeser took over and expanded Dr. John Bonica's Center for Pain Relief at the University of Washington School of Medicine. Like Bonica, Loeser advocated for a multidisciplinary approach to pain management. For example, Loeser's patients were taught to treat and manage pain with therapy, counseling, and exercise.

Loeser speaks critically of the new "philosophy" he observes in many patients (introduced to them by the doctrines of the pain revolution) that they are "entitled to be free of pain." Loeser believes the pain revolution went too far in its assessment of what patients should realistically expect from their health providers: "People are entitled to health care," he allows, and "pain management must be a part of health care." But Loeser draws a line here: patients should expect their doctors to help them manage pain, but they are in no way "entitled to pain relief." The pain revolution instilled in the American public a need for instant gratification from their doctors. It suggested to them that, when it came to pain, no ailment was unsolvable. In other words—the customer is always right.

To Loeser, such thinking is woefully misguided: "Some problems are not readily solvable," he states. Loeser seems to suggest that pain treatment should be less about the solutions to which patients are supposedly "entitled" and more about what can be done to *manage* the pain that they have.

of the use of opiates to treat chronic pain.

To pain specialists in favor of destigmatizing opiates, there was no room for nuance. Doctors who believed in treating pain with opiates were seen as supporting "the humane treatment of pain." Following this logic, pain specialists regarded with "gratitude" the pharmaceutical companies that produced the new "drugs and devices that made possible the humane treatment of pain." On the other hand, doctors concerned about the possibility of addiction to opiates were demonized and construed as accepting the "cruelty of earlier times" when patients were denied pain relief and left to suffer.


The "pendulum" Quinones refers to illustrates the medical world's shift from one extreme to another. Quinones is critical of the pain revolution's lack of nuance, suggesting that the "quasi-religious fervor" of the movement's opiate advocates supplied them with a blind idealism that prevented them from considering the negative side effect of opiates (addiction) as well as the corrupt, financial motives of the pharmaceutical companies that produced and marketed these highly addictive opiates to the American public.

To Quinones, the pain revolution didn't necessarily improve the way the medical world regarded pain: it merely shifted the medical world's consensus from one extreme to another—from completely demonizing opiates to accepting them free of doubt.

Part 1: The Revolution Quotes

☝☝ The new pain movement pushed past these doubts. It acquired a quasi-religious fervor among people seared by the nontreatment of pain of years past. A pendulum began to swing. The cruelty of earlier times discredited those who might question the emerging doctrine of opiates for chronic pain. Pain specialists working toward a new day felt gratitude to pharmaceutical companies for developing the drugs and devices that made possible the humane treatment of pain.

Related Characters: Sam Quinones (speaker)

Related Themes:  

Page Number: 98

Explanation and Analysis

Quinones has just guided the reader through a history of the pain revolution, a movement that normalized innovative approaches to treating and thinking about pain. The most significant of these innovations was a growing acceptance

Part 1: We Realized This Is Corporate Quotes

☝☝ "We realized this is corporate," Stone said. "These are company cars, company apartments, company phones. And it all gets handed to the next guy when they move on."

Related Characters: Paul "Rock" Stone (speaker), Sam Quinones, Xalisco Boys

Related Themes: 

Page Number: 121

Explanation and Analysis

Quinones talks to Paul "Rock" Stone, an FBI agent who investigated the Xalisco Boys system and was involved in Operation Tar Pit, the joint DEA/FBI drug conspiracy case that pressed charges against nearly 200 traffickers. Stone's remarks recall the moment law enforcement began to realize the scope of the Xalisco drug trafficking system.

At first, cops were puzzled by the relatively small amounts of heroin the arrests of Xalisco delivery drivers yielded, as



well as the marked potency of these seized drugs. The investigation eventually revealed vital information about the scope and structure of the Xalisco operation. Firstly, phone numbers confiscated from arrested delivery drivers revealed that these street-level traffickers were all connected to a larger system that reached cities across the country. Secondly, law enforcement discovered the reason traffickers were able to sell highly potent heroin on the street: they were salaried workers. Because drivers were salaried, there was no incentive for them to dilute the product handed to them by higher-ups: they'd make the same amount of money, regardless.

When Stone says that law enforcement “realized this is corporate,” he means that law enforcement saw the full scope of the Xalisco operation, and the power it derived from its precisely organized business infrastructure. Like a corporation one might observe in the legitimate business world, the Xalisco Boys operation worked because it was a well-oiled machine, a set of moving parts so precisely structured that, should a low-level delivery driver get busted by the cops, his role was easily “handed to the next guy.” When law enforcement like Stone saw how “corporate” the Xalisco system was, they realized what a significant case they had on their hands, despite the small amounts of drugs yielded from individual busts.

Part 1: Purdue Quotes

☝ “We can get away from these silly elixirs and cocktails into tablets that people take once or twice a day, and we’re into a revolutionary field of pain management...It was the drug-delivery service that changed, not the drug, and with that the whole mentality, ‘Well now that we have this drug, we can treat pain.’ Really extraordinary.”

Related Characters: Dr. Kathleen Foley (speaker), Xalisco Boys, Sam Quinones

Related Themes:  

Page Number: 125-126

Explanation and Analysis

Dr. Kathleen Foley, a doctor who worked with cancer patients and introduced palliative care into mainstream American medicine, speaks in support of OxyContin and Purdue Pharma in an interview recorded in 1996, the year OxyContin was released.

Foley praises Purdue’s contribution to the “revolutionary field of pain management” as “really extraordinary.” In

particular, she notes how OxyContin allows the medical industry to vastly improve the efficiency and convenience by which it treats pain. The pain-relieving qualities of Oxycontin allowed doctors to “get away from these silly elixirs and cocktails” through which pain relief was dispensed in the past, and “into tablets that people take once or twice a day.” Foley believed OxyContin was “revolutionary” because it meant patients experiencing pain were no longer beholden to complicated, interruptive methods of treatment. OxyContin meant pain relief was easy: all one had to do was take a pill.

Foley’s praise of OxyContin—specifically the convenience provided by OxyContin’s method of “drug-delivery” (taken orally by the patient at home rather than intravenously at a hospital)—parallels the praise many addicts gave to the Xalisco Boys. Like Purdue with OxyContin, one of the Xalisco Boys’ main selling points was that their delivery service was a fast and convenient way for addicts to acquire the drugs they needed to function. Quinones frequently draws parallels between OxyContin and heroin, noting the drugs’ similar chemical makeup, market of users, and consumer appeal.

Part 1: Swing with OxyContin Quotes

☝ Some Purdue reps—particularly in southern Ohio, eastern Kentucky, and other areas first afflicted with rampant Oxy addiction—were reported to have made as much as a hundred thousand dollars in bonuses in one quarter during these years. Those were unlike any bonuses ever paid in the U.S. pharmaceutical industry. [...] Whatever the case, the bonuses to Purdue salespeople in these regions had little relation to those paid at most U.S. drug companies. They bore instead a striking similarity to the kinds of profits made in the drug underworld.

Related Characters: Sam Quinones (speaker), Xalisco Boys

Related Themes:   

Page Number: 134

Explanation and Analysis

Purdue Pharma released OxyContin in 1996. One of their most effective sales techniques was to send swarms of pharmaceutical sales representatives to doctors’ offices to market directly to doctors. In the industry, this practice was referred to as “feet on the street.”

Purdue awarded bonuses to successful sales representatives. Even when the company increased the

sales quota needed to make bonuses, sales representatives met and surpassed these increased quotas, resulting in numbers that “were unlike any bonuses ever paid in the U.S. pharmaceutical industry.” To illustrate this point: in the first five years of its release, the bonuses Purdue awarded its salespeople increased from one million dollars to forty million dollars. This shows how dramatically sales of OxyContin were expanding and how many people were being exposed, as a result, to the risk of addiction while Purdue profited.

Throughout *Dreamland*, Quinones points out the structural similarities between legally sanctioned drug companies like Purdue and illicit drug organizations like the Xalisco Boys. Here, he draws a comparison between their profits: “Whatever the case, the bonuses to Purdue salespeople [...] had little relation to those paid at most U.S. drug companies. They bore instead a striking similarity to the kinds of profits made in the drug underworld.” Quinones suggests that the bonuses Purdue awarded its salespeople for selling a narcotic painkiller are not so different from the bonuses a drug cartel awards its traffickers for selling a nearly identical (albeit, illegal) drug.

Many of these methods—premiums, trips, giveaways—were time-tested strategies that grew from the revolution Arthur Sackler began and were refined over time by many pharmaceutical companies. Only this time, the pill being marketed contained a large whack of a drug virtually identical to heroin.

Related Characters: Sam Quinones (speaker), Arthur Sackler, Xalisco Boys

Related Themes:   

Page Number: 134-135

Explanation and Analysis

Quinones describes the methods that Purdue Pharma employed to market their new drug, OxyContin, to doctors. These “time-tested strategies” had their origins in Arthur Sackler’s earlier campaigns for Terramycin and Valium in the 1950s and 1960s, respectively. Sackler, an adman and former psychiatrist, is credited with creating modern pharmaceutical advertising. In his earlier campaigns, Sackler employed sales representatives to go to doctors’ offices to market to doctors directly. Salespeople often gave doctors coupons for free prescriptions to pass along to their patients.

Sackler purchased Purdue in 1952. He died almost a decade before OxyContin hit the market, but the company used many of Sackler’s “time-tested strategies” to sell the new drug, most notably direct contact with doctors and by providing doctors with incentives like “premiums, trips, [and] giveaways.” If bribing doctors with lavish gifts wasn’t dubious enough, Quinones also points out that the drug Purdue pushed doctors to buy “contained a large whack of a drug virtually identical to heroin,” as both heroin and OxyContin are drugs derived from opium.

By likening OxyContin to heroin, Quinones invites the reader to consider the similarities between the people that sold these drugs to the American public and the strategies they used to sell them: like Purdue, for example, the Xalisco Boys also used direct contact, “premiums,” and “giveaways,” to market their drug. In reality, Purdue Pharma and the Xalisco distribution system are very much alike—their biggest difference was that the opiate Purdue sold was legal, and the opiate the Xalisco Boys sold was not.

Part 1: What’s OxyContin? Quotes

In Portsmouth, it began with what came to be called pill mills, a business model invented in town, but growing from the aggressive nationwide prescribing of opiates, particularly OxyContin. A pill mill was a pain-management clinic, staffed by a doctor with little more than a prescription pad. A pill mill became a virtual ATM for dope as the doctor issued prescriptions to hundreds of people a day.

Related Characters: Sam Quinones (speaker)

Related Themes:   

Page Number: 147

Explanation and Analysis

Quinones breaks down the function and structure of the pill mill, a “business model” that began in Portsmouth, Ohio. Unlike other epidemics of the past, the opiate epidemic grew out of what appeared to be legitimately established storefronts. Officially, a pill mill was considered a “pain-management clinic,” though the doctors who ran them did little to adequately diagnose or treat patients’ causes of pain. In reality these establishments were “mills” whose only function was to churn out as many prescriptions as possible. By describing pill mills as being “staffed by a doctor with little more than a prescription pad,” Quinones underscores the singular function of these establishments.

The register of language Quinones uses shifts when he

explains how the pill mill “became a virtual ATM for dope.” By using a slang term, “dope,” Quinones evokes language better associated with street drugs and the underground market. In so doing, he suggests that pill mill doctors—and the drugs they peddle—are no more legitimate than traffickers who sell drug on the street. By likening legally sanctioned doctors to drug dealers, Quinones shows how pill mills were able to perpetuate the opiate epidemic by hiding behind a false pretense of legitimacy.

Part 1: Liberace Shows the Way Quotes

☝ As the pain revolution was taking hold across the country, however, Procter and his physician progeny showed a beat-down region a brand-new business model. Before long some of the first locally owned businesses in years opened in Portsmouth, known to folks in town as the “pain managements.”

Related Characters: Sam Quinones (speaker), Dr. David Procter

Related Themes:   

Page Number: 160

Explanation and Analysis

The narrative returns to Portsmouth, Ohio, as Quinones explains how pain treatment centers, like Dr. David Procter’s Plaza Health Clinic, were gradually transformed into corrupt pill mills, or places where doctors prescribed opiates like OxyContin to addicts in exchange for cash.

Pill mill doctors like Procter and those who followed in his footsteps often made no attempts at medical diagnosis before writing prescriptions: it was purely a money-making scheme. Quinones reinforces this point when he notes how, through the creation of the pill mill, Procter “showed a beat-down region a brand-new business model.” By defining Procter’s pill mill operation as a “business model,” Quinones establishes that such institutions were primarily focused on doing business and making money rather than legitimately helping patients, as medical institutions are supposed to do.

The fact that pill mills—or, as they were known in Portsmouth, “pain managements”—emerged out of the pain revolution is ironic, given that the pain revolution began as a movement that sought to destigmatize opiate painkillers in order to better treat pain patients and help them live more dignified, fulfilling lives. But in its quest to destigmatize opiates, the pain revolution inadvertently created a market for painkillers. Pharmaceutical companies and some doctors

like Procter saw this new market as an opportunity to make money. Thus, in “beat-down” towns like Portsmouth where unemployment and addiction were both on the rise, “locally owned businesses” emerged in the form of pill mills run by business-minded doctors looking to take advantage of the new market for opiates.

Part 2: Two-Thousand-Year-Old Questions Quotes

☝ “It was not only okay, but it was our holy mission, to cure the world of its pain by waking people up to the fact that opiates were safe. All those rumors of addiction were misguided. The solution was a poppy plant. It was there all along. The only reason we didn’t use it was stigma and prejudice.”

Related Characters: Dr. Nathaniel Katz (speaker), Sam Quinones

Related Themes:   

Page Number: 188

Explanation and Analysis

Quinones speaks to Dr. Nathaniel Katz, a pain specialist, about the motivations of doctors who backed the destigmatization of opiate painkillers during the pain revolution in the 1980s. One of the main goals of the pain revolution was to destigmatize the medical use of opiate painkillers in order to improve the treatment and quality of life of pain patients. Eventually, the goals of the pain revolution would be exploited by pharmaceutical companies like Purdue, who turned addictive painkillers into a lucrative industry which fueled the opiate epidemic.

In light of the role it played in creating the opiate epidemic, it’s easy to demonize and criticize the pain revolution. But Katz’s comments illuminate how well-intentioned the wider use of opiates was among its advocates: “it was our holy mission,” explains Katz, “to cure the world of its pain by waking people up to the fact that opiates were safe.” Katz and other proponents of the pain revolution regarded their work as “holy” and morally right. Prior to the pain revolution, pain patients were forced to suffer and live undignified lives. Katz explains that pain specialists believed they owed it to these suffering patients to change the mind of doctors who attached “stigma and prejudice” to opiates.

Katz further justifies pain specialists’ defense of opiates by using language that highlights the natural attributes of these drugs: “the solution [to pain] was a poppy plant. It was



there all along.” Katz’s language exaggerates the natural attributes of opiates to dismantles opiate skeptics’ reservations about using them: if opiates are found in nature, they can’t be *that* bad.

Of course, Katz’s comments are retrospective: by the time Quinones speaks to him, the opiate epidemic is well underway, and the medical community is all too aware of how misguided opiate advocates of decades past had been. Still, Katz’s comments are helpful in understanding how opiate advocates formed their opinions, and why they were so willing to believe in them. Ultimately, they believed it was a moral problem to let pain patients suffer—and opiates provided them with a simple solution to that issue.

Part 2: Junkie Kingdom in Dreamland Quotes

●● Amid this madness, the sons and daughters of Portsmouth’s business owners, the children of sheriff’s captains and doctors and lawyers, saw a future in OxyContin. Some regarded pills as a grassroots response to economic catastrophe—the way some poor Mexican villagers view drug trafficking. Dealers who could not have found a legitimate job in moribund Portsmouth bartered pills to support themselves and feed their kids.

Related Characters: Sam Quinones (speaker), Xalisco Boys

Related Themes:  

Page Number: 218

Explanation and Analysis

In the face of economic depression and drug use, many of Portsmouth’s middle-class youth—“the sons and daughters of Portsmouth’s business owners, the children of sheriff’s captains and doctors and lawyers”—turned to the town’s burgeoning underground drug market to make money. As Quinones explains, this generation “saw a future in OxyContin” and took advantage of the growing market for it to dig their way out of “economic catastrophe.” Throughout this chapter, Quinones describes the intricate business infrastructures that developed in response to the heightened demand for OxyContin: for example, addicts would obtain phony OxyContin prescriptions from pill mill doctors and sell the drugs on the street for profit.


Quinones draws an explicit parallel between Portsmouth’s underground OxyContin market and the Xalisco Boys’ heroin distribution system, comparing the way Portsmouth’s unemployed took advantage of the new market for OxyContin to “the way some poor Mexican

villagers view drug trafficking.” In so doing, Quinones reinforces how money fueled the opiate epidemic. At the end of the day, Quinones suggests, drug businesses are just that: business. When he explains that Portsmouth dealers “bartered pills to support themselves and feed their kids,” he recasts drug dealing from a morally reprehensible act to a business venture undertaken by a those for whom a “moribund” (declining) economy destroyed any hope of securing a “legitimate job” to make ends meet.

Part 2: “Took Over the OxyContin Belt” Quotes

●● They were dope traffickers for a new age when marketing is king and even people are brands. Purdue branded OxyContin as the convenient solution to disruptive chronic-pain patients. The Xalisco Boys branded their system: the safe and reliable delivery of balloons containing heroin of standardized weight and potency. The addict’s convenient everyday solution. The one to start with and stay with.

Related Characters: Sam Quinones (speaker), Xalisco Boys

Related Themes: 

Page Number: 224

Explanation and Analysis

Quinones unpacks the similarities between the Xalisco Boys’ and Purdue Pharma’s advertising techniques. In particular, he emphasizes how branding factored into both corporations’ ability to market their drugs and fuel the opiate epidemic.

When Quinones calls the Xalisco Boys “dope traffickers for a new age,” he suggests that they adjusted their advertising techniques to appeal to the new “brand” of users that emerged out of the opiate epidemic. These new users were largely young, white, and middle-class. Because they grew up having their desires met, they demanded convenience and instant gratification. The Xalisco Boys responded to the needs of their client base and made “safe and reliable delivery” synonymous with their brand. Just as Purdue Pharma branded OxyContin as “the convenient solution” for patients who believed they had a right to convenient pain relief, the Xalisco Boys branded their black tar heroin as the best option for addicts who valued convenience above all else.


Quinones bolsters his position that the Xalisco Boys actively branded their heroin with a series of phrases reminiscent of advertising slogans: “The addict’s convenient everyday solution. The one to start with and stay with.” Such phrases

could have been just as easily employed by Purdue to market OxyContin. Quinones draws this parallel to show how structurally similar illegitimate drug businesses are to sanctioned corporations like Purdue.

Part 2: A Pro Wrestler's Legacy Quotes

☝☝ “Nobody thinks those things are of value. Talk therapy is reimbursed at fifteen dollars an hour,” Cahana said. “But for me to stick a needle in you I can get eight hundred to five thousand dollars. The system values things that aren’t only not helpful but sometimes hurtful to patients. Science has shown things to have worked and the insurance companies won’t pay for them.”

Related Characters: Alex Cahana (speaker), John Bonica, Sam Quinones

Related Themes:  

Page Number: 255

Explanation and Analysis

Alex Cahana is a pain specialist who revitalized Dr. John Bonica’s Center for Pain Relief at the University of Washington in 2008. He speaks with Quinones about the obstacles that stand in the way of effectively treating pain patients.


Cahana cites the economic problems that arise when insurance companies refuse to cover multidisciplinary approaches to pain: “Nobody thinks those things are of value,” he laments. Insurance provides only minimal reimbursement for treatments, such as talk therapy, that are designed to treat the social and psychological components of pain. “But for me to stick a needle in you,” Cahana attests, “I can get eight hundred to five thousand dollars.” In other words, insurance companies would rather doctors dispense drugs to patients than engage in long-term, alternative treatments.


Cahana’s testimony suggests that businesses value convenience and cost efficiency over the effectiveness of treatments: “the system values things that aren’t only not helpful but sometimes hurtful to patients,” he says. “Science has shown things to have worked and the insurance companies won’t pay for them.” As Quinones shows throughout *Dreamland*, businesses repeatedly disregard scientific research to make a higher profit. When insurance companies offer doctors higher reimbursements for less effective treatments, they create a medical system that values cost efficiency over medical ethics and destroys patients’ lives in the process.

Part 3: A Parent's Soul Pain Quotes

☝☝ The signature location of this drug scourge, meanwhile, was not the teeming, public crack houses. It was, instead, kids’ private suburban bedrooms and cars—the products of American prosperity. The bedroom was the addict’s sanctuary, the shrine to the self-involvement dope provokes. It was their own little dreamland, though quite the opposite of Portsmouth’s legendary community pool, where kids grew up in public and under a hundred watchful eyes. Each suburban middle-class kid had a private bedroom and the new addicts retreated to them to dope up and die.

Related Characters: Sam Quinones (speaker)

Related Themes:  

Related Symbols: 

Page Number: 290

Explanation and Analysis


One distinct feature of the opiate epidemic is that it affects many “suburban middle-class” youth. Quinones unpacks the impact of opiates and heroin on Portsmouth’s middle class in the context of the “self-involvement dope provokes.” One of the main claims Quinones makes throughout *Dreamland* is that opiate addiction is both a reflection of and made possible by contemporary America’s tendency to mitigate pain with consumerism and isolation. This wealthy new class of addicts didn’t go to “public crack houses” to do drugs. Rather, they retreated inward to the “private suburban bedrooms” their parents’ wealth afforded them. In this way, American excess meant wealth, which allowed for heroin.

When Quinones suggests that the addict’s private bedroom was “their own little dreamland, though quite the opposite of Portsmouth’s legendary community pool,” he reinforces that excess, isolation, and drug abuse have replaced the community life of Dreamland that once dominated life in Portsmouth and, more generally, in the rest of America.

☝☝ Most of these parents were products, as I am, of the 1970s, when heroin was considered the most vile, back-alley drug. How could they now tell their neighbors that the child to whom they had given everything was a prostitute who expired while shooting up in a car outside a Burger King? Shamed and horrified by the stigma, many could not, and did not.

Related Characters: Sam Quinones (speaker)

Related Themes: 

Related Symbols: 

Page Number: 294

Explanation and Analysis

Quinones reflects on the many parents of Portsmouth who, “shamed and horrified by the stigma” of heroin, kept silent about their children’s battles with addiction. He sympathizes with these parents, admitting that he can understand the reasons they were too afraid to be honest about a child’s overdose. Quinones sees the parents’ instinctual shame as a product of their time. In the 1970s, “heroin was considered the most vile, back-alley drug,” thus it makes sense that parents “could not, and did not” tell others that their child had died at the hands of something so unimaginably horrific.

Quinones underscores how difficult such a conversation would be by depicting a dismal, hypothetical scene of an addict as “a prostitute who expired while shooting up in a car outside a Burger King,” going to great lengths to evoke detail and specifics of heroin’s particular vileness as it appears in the eyes of these parents.

Also perpetuating parents’ silence was an inability to understand and come to terms with their children’s drug use. Many parents couldn’t understand why their children had turned to drugs; after all, they’d “given everything” to their children, and they believed this was enough to ensure their futures.



Quinones ultimately sympathizes with the shame and stigma that prevented parents from speaking up about their kids’ death, though he also recognizes that it was this shame and stigma that allowed the opiate epidemic rage on undetected.

Part 4: The Treatment Is You Quotes

🗨️ Katz admired Portenoy, who, he said, had spent a career searching for better ways to relieve his patients’ real and considerable pain. Portenoy had helped make pain a topic of research. Moreover, Portenoy was always clear that pain treatment needed balance and time; doctors needed to be selective in the patients who received this treatment. But “people want simple solutions,” Katz said. “People didn’t want to hear that and the commercial interests didn’t want to emphasize that.”

Related Characters: Dr. Nathaniel Katz (speaker), Sam

Quinones, Dr. Russell Portenoy

Related Themes:  

Page Number: 314

Explanation and Analysis

Quinones talks to Dr. Nathaniel Katz, a pain specialist and former advocate of opiates. In retrospect, Katz observes that the well-intentioned aspects of the pain revolution were overshadowed and corrupted by America’s demand for “simple solutions.” He situates the work of Dr. Russell Portenoy as an apt example of the corruption of innovations in pain treatments. Katz highlights Portenoy’s positive contributions to advancements in pain research, citing him as a major influence in “mak[ing] pain a topic of research.” Portenoy’s career was defined by his quest to discover “better ways to relieve his patients’ real and considerable pain.” To Katz, Portenoy’s work as a pain specialist was admirable and necessary.


Despite his best intentions, however, Portenoy’s regular insistence “that pain treatment needed balance and time” was overshadowed by the general public’s demand for convenience: “People want simple solutions,” Katz notes. Businesses like Purdue Pharma (or “commercial interests,” as Katz puts it) seized on the public’s demand for convenience, amplifying Portenoy’s calls for revolutionizing pain treatment through the destigmatization of opiates and minimizing his caution to be mindful of the complexities of pain.


In this way, the innovative mindsets of pain specialists like Russell Portenoy were manipulated and exploited for capital gain at the expense of the medical industry and the American public.

Part 5: Up from the Rubble Quotes

🗨️ So the battered old town had hung on. It was, somehow, a beacon embracing shivering and hollow-eyed junkies, letting them know that all was not lost. That at the bottom of the rubble was a place just like them, kicked and buried but surviving. A place that had, like them, shredded and lost so much that was precious but was nurturing it again. Though they were adrift, they, too, could begin to find their way back. Back to that place called Dreamland.

Related Characters: Sam Quinones (speaker)

Related Themes: 

Related Symbols: 

Page Number: 345

Explanation and Analysis

Portsmouth, Ohio was one of the first towns to be eviscerated by the opiate epidemic. Quinones describes the town as it exists today: it is “battered” and in decline, full of “shivering and hollow-eyed junkies.” Its people have been “kicked and buried,” having “lost so much” to economic depression and addiction. Portsmouth’s outer appearance might be grim, but Quinones ultimately finds evidence to be optimistic about Portsmouth and its ability to recover.


Portsmouth is central to Quinones’s analysis of the opiate epidemic because it once was home to Dreamland, an enormous swimming pool that functioned as the town’s public social center. Quinones uses Dreamland to evoke symbolically his larger claim that embracing community can counteract the damage brought by addiction.


Here, the town itself becomes an extension of the Dreamland symbol. When Quinones describes Portsmouth as “a beacon embracing shivering and hallow-eyed junkies,” he suggests that the town’s “embrace” keeps its suffering people together. The town’s “nurturing” quality, Quinones suggests, has the power to return those whose addictions have led them “adrift” and into isolation back to the comfort and redemption of community.

Afterword Quotes

●● We wound up dangerously separate from each other—whether in poverty or in affluence. Kids no longer play in the street. Parks are underused. Dreamland lies buried beneath a strip mall. Why then do we wonder that heroin is everywhere? In our isolation, heroin thrives; that’s its natural habitat.

Related Characters: Sam Quinones (speaker)

Related Themes:  

Related Symbols: 

Page Number: 352-353

Explanation and Analysis

In *Dreamland’s* Afterword, Quinones reflects on America’s trend toward isolation and privacy and away from community and public life, a cultural shift he believes invited and encouraged the opiate epidemic to happen. Quinones sees America’s retreat inward as the coping mechanism of a culture that has become increasingly unable to deal with pain and discomfort.

By the beginning of the 21st century, Quinones observes, Americans “wound up dangerously separate from each other.” Whereas the culture of the past was centered around community involvement, today’s Americans live a far more individual, alienated existence: “parks are underused. Dreamland lies buried beneath a strip mall.” Throughout the book, Portsmouth’s swimming pool, Dreamland, symbolizes community and hope. Thus, Dreamland’s demolition in 1993 was as much as a reflection of the town’s isolation as it was a reflection of the decline of its economy. To Quinones, Portsmouth’s loss of Dreamland reflected the town’s larger loss of community and togetherness.

With Dreamland gone, the town lacked a place to gather publicly and connect with other people. As a result, its residents lived increasingly isolated lives and turned to isolating coping mechanisms to manage their pain. “In our isolation, heroin thrives.” Quinones repeatedly sees heroin as humanity’s attempt to rid themselves of pain and discomfort. Heroin’s “natural habitat” is isolation because it facilitates an avoidance of pain, providing an escape from the difficult but necessary hardships of social and interpersonal life.



SUMMARY AND ANALYSIS

The color-coded icons under each analysis entry make it easy to track where the themes occur most prominently throughout the work. Each icon corresponds to one of the themes explained in the Themes section of this LitChart.

PREFACE

In 1929, the town of Portsmouth, Ohio, located on the Ohio River, opened a swimming pool called **Dreamland**. The pool was built in a time of prosperity, and for generations it served as a meeting place for the entire town where the children of Scioto County would play and socialize. Over the years, it only continued to expand along with the town.

Dreamland never fully eliminated racial prejudice in Portsmouth, but it did “wash away class distinctions.” In Dreamland, factory workers and landowners were one and the same. Though none of its residents could be considered rich, they took pride in their strong sense of community. In 1979 and 1980, Portsmouth was considered an “All-American City.” Today, this version of Portsmouth is long gone, however, and **Dreamland** exists only as a memory.

The Dreamland swimming pool is symbolic of community and public life, both of which Quinones believes are critical to the country’s ability to recover from the opiate epidemic. He thinks that communities need to rely on one another to work through addiction and the pains and hardships of life.



Dreamland encouraged the people of Portsmouth to come together. When the swimming pool “wash[ed] away class distinctions,” it also washed away residents’ feelings of isolation: they could take solace in and gather strength from their community. Quinones believes towns must rebuild their lost communities to recover from the opiate epidemic. The demolition of Dreamland is symbolic of America’s growing trend toward isolation and alienation. Quinones believes this isolation makes the opiate epidemic possible.



INTRODUCTION

The Schoonovers—Myles, Matt, and their parents Paul and Ellen—live in a middle-class neighborhood in Columbus, Ohio. Myles did some partying in high school, but he ultimately knew when to settle down and focus on his schoolwork. In 2005, he left home to attend a college in Tennessee. Matt later joined Myles at college and Myles discovered that Matt was abusing prescription pills, which had become common in the region at this time. Myles tried to take care of his brother, but the pills affected Matt’s ability to function. Myles observed that a lot of kids his brother’s age “could not navigate life’s demands and consequences.”

Quinones emphasizes the Schoonovers’ middle-class status to show how the opiate epidemic affected a population not normally associated with the stigma of drug use. Myles’s observation that Matt and his friends “could not navigate life’s demands and consequences” is reflective of Quinones’s belief that America has become isolated and unable to deal with pain and discomfort.



Matt moved back home after a year of college, now a “functional addict.” He used prescription opiates heavily, including OxyContin, a prescription painkiller made by Purdue Pharma. Matt’s parents were concerned when they found out about the drugs, but the pills were prescribed by doctors, so they figured it couldn’t be that bad. Matt was able to detox from the opiates but he relapsed shortly after. By this point, he was unable to afford painkillers, so he switched to black tar heroin, introduced to Ohio by a Mexican distribution group based out of Nayarit. Matt told his parents about his heroin problem, and they quickly sent him to a treatment center.

Matt returned home from rehab in May 2012. Only a day after his release, however, he overdosed and died at the age of 21. Ellen and Paul were shocked and confused. They couldn’t believe their son’s pill abuse had led to his death—after all, “doctors prescribed them,” so how could they wreak so much havoc on their family? Still, Matt’s story is hardly unique, as drug overdoses contribute to more fatalities than car accidents. In particular, most fatal drug overdoses are the result of opiates, part of an epidemic that is “happening quietly.”

Through these deadly prescription pills, “heroin had entered the mainstream.” Most new addicts belonged to the American middle-class. They lived in clean communities and came from privileged backgrounds. In his research, Quinones meets many other parents like Paul and Ellen, who have lost children to heroin overdoses.

PART 1: ENRIQUE

In the summer of 1999, a young, well-dressed Mexican man uses a fake ID to cross the border from Mexico into Arizona. He takes a cab to the Yuma International Airport, where he flies to Phoenix. When the young man arrives at the airport, he sees a group of Mexican men dressed in dirty, faded clothes. He assumes that they are illegal immigrants: hard workers, but with nothing to show for it. This man sometimes goes by “Enrique.” He grew up poor in a village in Nayarit, Mexico, where his father was a sugarcane farmer. Now, though, Enrique has a business, “with employees and expenses.” His success allows him to purchase “his first **Levi’s 501s**.” With his fake ID, he can cross the border freely.

Matt’s parents’ initial lack of concern reflects the lack of stigma attached to the medical industry. The Schoonovers weren’t too worried about Matt’s use of painkillers because they were prescribed by doctors, who are essentially legitimate drug-pushers. Had Matt started off using a drug like heroin, purchased from an illegitimate drug-pusher like a Xalisco Boy, it is likely that the Schoonovers would have been more immediately concerned. However, as this story shows, the effects and dangers of heroin and prescription opiates such as OxyContin are similar enough to be wary of both.



Again, because “doctors prescribed [painkillers],” the Schoonovers hadn’t believed that Matt’s drug abuse would lead to heroin use and death. Despite the fact that drug overdoses are common and that most overdoses are caused by opiates, the epidemic “happen[ed] quietly” because middle-class parents were initially too ashamed of the stigma attached to drug use to come forward about family members’ drug abuse.



Heroin became a mainstream, middle-class drug because of the lack of stigma attached to prescription painkillers. More people were willing to start using painkillers because their trust in the medical industry provided them with a false sense of comfort. Once this new, unwitting class of users were addicted to opiates, heroin (which is cheaper and easier to access) was a natural next step.



Quinones depicts Enrique as a hardworking man with smart business sensibilities to draw attention to the double standard applied to illegitimate narcotics (heroin) versus “legitimate” narcotics (OxyContin). With his “employees and expenses” and his motivation to succeed, Enrique is very similar to pharmaceutical industry figures like Arthur Sackler. Yet, for a long time, drugs sold by illegal traffickers were stigmatized while very similar drugs sold through the pharmaceutical industry were condoned.



Enrique waits for his plane and sees an immigration officer ask the other men for their IDs. The men cannot provide identification, so they are escorted away, likely to be deported. Enrique sympathizes with the men. He knows that hard, honest work isn't enough to get ahead in the world, and he uses this knowledge to justify his own line of work. Enrique later boards his plane to Phoenix. From there, he travels to Santa Fe, New Mexico.

Enrique's desire for economic prosperity overrides any moral qualms he has about selling heroin, much like Purdue Pharma's greed fueled their aggressive, erroneous marketing of OxyContin in the mid 1990s.



PART 1: DR. JICK'S LETTER

In 1979, 20 years before Enrique will arrive at the Yuma International Airport, Hershel Jick is a doctor at Boston University School of Medicine. Jick starts a database of patient hospital records in order to record the effects of different types of drugs on hospitalized patients. He is curious about what percentage of patients will become addicted to the narcotics they receive at the hospital.

Before the pain revolution that began in the 1970s, use of narcotics was highly stigmatized in the medical community due to narcotics' addictive quality. Jick's curiosity about addiction rates among patients reflects the beginning of a shift, in which doctors would become more open to using narcotics to treat pain patients.



Jick publishes his findings in a single paragraph: of nearly 12,000 patients who were administered opiates before 1979, only four became addicted to the drugs. The paragraph contains no specific details concerning the how often or how long patients were given drugs, or what types of drugs were administered. It didn't claim to be a thorough study. Jane Porter, a graduate student, helps Jick assess the data. On January 10, 1980, the findings are published in the *New England Journal of Medicine*, under the title "Addiction Rare in Patients Treated with Narcotics." After this, Jick forgets about the short paragraph.

The paragraph Jick published suggests that addiction is rare in patients treated with narcotics, but his findings are misleading, as these patients were administered narcotics in a controlled, highly regulated environment. In contrast, doctors who prescribed OxyContin in the mid-1990s would often prescribe large quantities to patients under minimal supervision, allowing for a higher likelihood of abuse and dependency. Despite this, Jick's findings would be used by doctors and pharmaceutical companies alike to defend the use of narcotic painkillers in the treatment of pain.



PART 1: ALL FROM THE SAME TOWN

In September 2007, a plumber named Teddy Johnson visits his son Adam's apartment in Huntington, West Virginia. Adam has just started college at Marshall University after dropping out of high school due to his prescription painkiller abuse. Adam now works for Teddy, who believes his son is turning over a new leaf and staying sober. When Teddy arrives at Adam's apartment, he finds Adam dead of an overdose. The police determine that Adam has overdosed on black tar heroin, derived from poppy flowers that grow along Mexico's Pacific coast. Heroin overdoses are a growing trend in Huntington, even though the town's police only saw black tar for the first time that same year.

The fact that Adam died from a drug that had only been introduced to Huntington, West Virginia earlier that year shows how unprepared the community is for the opiate epidemic. Adam's quick progression from prescription painkillers to black tar heroin is reflective of how Xalisco traffickers effectively were able to identify the new "markets" of opiate users that were created by prescription painkillers, which speaks to the success of their business model.



Huntington is on the southern banks of the Ohio River. The rail work that once fueled the town's economy eventually declined as machines replaced resource extraction jobs. West Virginia's population began to shrink during this time, and many of the families who remained relied on government assistance. As Huntington's population and economy declined, its numbers of drug users and drug fatalities increased. Despite this, police tell Quinones that Mexican drug dealers avoid West Virginia, whose lack of a Mexican immigrant community means dealers don't have a population in which to hide. Quinones wonders how it is, then, that black tar found its way to West Virginia.

Quinones began his career in journalism as a crime reporter in Stockton, California, where he first encountered black tar heroin. Black tar heroin differed from white powder in that it contained more impurities, and it was known then as a West Coast drug. Black tar was as of yet "unknown east of the Mississippi River," so Quinones is perplexed at the drug's growing presence in West Virginia.

While working on a team with the *Los Angeles Times* to cover Mexican drug wars and trafficking in the U.S., Quinones uncovers reports of black tar in Huntington. Huntington law enforcement tells him that the town's black tar comes from Columbus, Ohio. When he calls the Columbus DEA, Quinones learns that Columbus has many Mexican heroin dealers who drive around with balloons of heroin in their mouths and deliver drugs to addict customers. These dealers operate as part of "teams, or cells." Law enforcement arrests dealers, but they're immediately replaced with new dealers from Mexico. These heroin dealers evade law enforcement by hiding in Columbus's large Mexican population. The drivers all know each other and never talk, and they don't carry guns. The men have false names, rent apartments, and leave after six months. They are like no heroin mafia Ohio law enforcement has ever seen.

Most perplexing to the DEA is that all these traffickers are from the same town in Mexico. Quinones is interested in this, as he lived in Mexico for 10 years, spending a lot of time writing two books about Mexican ranchos (or small, rural villages). Ranchos are worked by rancheros, workers who fled urban society and government to make lives for themselves and rise up from poverty. With limited access to education, rancheros usually work in ranching, farming, or construction. Other ranchero families Quinones encountered started small business or worked as cops.

Like so many towns affected by the opiate epidemic, Huntington's economic decline preceded an increase of drug users. This supports Quinones's speculation that the opiate epidemic happened because people responded to hardship and economic decline by turning inward rather than coming together as a community.



Despite its former status as a west coast drug, black tar heroin has spread to the eastern half of the country. This is reflective of the growing market for heroin, which supports the book's larger theme of business and capitalism as the major driving forces behind the opiate epidemic.



These new Mexican dealers working out of Columbus are successful because of their smart, innovative business model: they operate as small "teams" and hide in an existing Mexican population to avoid attracting attention, and they deliver their drugs to give their customers convenience. Each of these innovations has allowed them to run a successful business.



Quinones views the drug traffickers in Columbus as businessmen running a small business—for that reason, it makes sense to him that they are from a rancho, as it is typical of rancheros to start small businesses to rise out of poverty.



The Columbus DEA agent informs Quinones that the heroin traffickers are all from Tepic, the capital of Nayarit, one of Mexico's smallest states. Quinones can't believe this, as Tepic is a large city, and his knowledge of the "family and personal connections" at the backbone of so many rancho business excursions causes him to suspect that the heroin dealers are probably from a rancho.

Quinones is doubtful that the traffickers come from a large city because he recognizes their emphasis on "family and personal connections" as highly typical of rancho businesses. The success of rancho businesses also speaks peripherally to Dreamland's larger theme of the strength and power of community.



Quinones writes to prisoners in jail for trafficking and he hears back from a man who worked in Columbus. The man tells him that these heroin operatives work in many other cities across the country. Each of these cities boast white middle classes, are economically prosperous, and also have growing Mexican immigrant communities. Quinones is amazed that these underdog Mexican traffickers, all from the same small village, have managed to sell heroin all over the U.S., particularly east of the Mississippi River.

The fact that this underdog group of Mexican dealers was able to expand their operation all the way east of the Mississippi river speaks to the success of their business model and their ability to recognize and seize control of the new markets for opiates created by the rise in prescription painkiller abuse.



PART 1: LIBERACE IN APPALACHIA

Biggs Lane, in South Shore, Kentucky, spans a length of only 100 yards. South Shore is a small town, with a population of just 2,100. Just north of the town is the Ohio River, across which lies Portsmouth, Ohio. In 1979, Dr. David Procter, by then South Shore's only doctor, opens a clinic on Biggs Lane and calls it Plaza Healthcare. Procter, who is from Canada, is "flashy" in a way that is at odds with much of small-town Kentucky; one nurse compares him to Liberace.

Procter's status as South Shore's only doctor gives him something of a monopoly over the town's healthcare business. By the mid-1990s, his Plaza Healthcare will be regarded as the nation's first pill mill, or medical facility known for dispensing prescription narcotics liberally and often inappropriately.



Portsmouth, Ohio is an industrial town along the Ohio River. It used to be a lively, thriving place for workers to let loose after days spent on barges. Shoe factories made Portsmouth a prosperous place, and the Detroit Steel Company employed thousands of people from Ohio and Kentucky. However, Portsmouth's economy, unready for globalization, began to collapse in the 1970s. Many residents left Portsmouth for larger cities. Portsmouth's former industrial businesses were replaced by pawnshops, check-cashing stores, and scrap metal yards. Across the river in South Shore, David Procter's clinic blossoms, and he expands his business to Portsmouth.

Quinones depicts Procter's clinic as replacing many of Portsmouth's former businesses, thus distinguishing medical establishments as businesses, and doctors like Procter as businessmen.



As the city's unemployment rate grows, so too does the number of citizens on disability. Though many of the unemployed people who apply for disability or workers' compensation are legitimately disabled, a good number are not. All that is required to get disability checks is a doctor's diagnosis, and Procter is willing to give out many. Procter is an extreme embodiment of America's new attitude toward pain: patients are "always right" when it comes to pain, and their requests for pills they "needed or wanted" should be honored. Procter is an early advocate of increased opiate use in medicine, which remained a contentious subject in the mid-1980s. He prescribes opiates for everything from neck pain to arthritis.

In 1996, a prison guard from Lucasville named Randy goes to Procter after a fight with an inmate leaves him badly bruised. Procter charges Randy \$200 and prescribes him a month's worth of OxyContin. In retrospect, Randy recalls, his injury was not substantial enough to warrant the use of such a strong painkiller.

After 30 days on OxyContin, Randy feels better and doesn't return for a refill. However, he immediately becomes horribly ill with withdrawal symptoms. He goes back to Procter, who prescribes him more OxyContin. Randy returns to Procter once a month after this, and his appointments last a maximum of three minutes. Each time, he leaves with a new prescription. Procter's waiting room is always full to capacity, mostly with scammers faking ailments to get prescriptions. Soon, whenever he runs out of OxyContin before the month is up, Randy starts getting opiates on the streets, and he returns to work a full-fledged opiate addict. His addiction lasts just three years, but the worst of the opiate epidemic has just begun.

PART 1: THE ADMAN

In New York City in 1951, Arthur Sackler, an adman, meets with Charles Pfizer and Company. Sackler is 39 and a former psychiatrist. Years before, when he finished medical school, Sackler witnessed the medical world undergo huge ideological and technological shifts after WWII, most prominently regarding the emergence of vaccines and antibiotics. In the midst of such huge advancements, Sackler found the medical advertising sector to be lacking. He switched career paths in the 1940s and was hired as an adman at William Douglas McAdams.

Procter's practice of signing workers' compensation paperwork indiscriminately could be his attempt help unemployed patients obtain disability payments that allow them to scrape by in times of financial instability. Ultimately, however, Procter and other pill mill doctors will use this as a business model to make a profit from overprescribing prescription painkillers. Procter's belief that the patient is "always right" is reflective of the "customer is always right" mindset of customer service practices in business, thus building another parallel between the practices of the medical industry and the larger business world.



Procter prescribed Randy pills for his pain because it was an easier, more efficient method of treatment than, say, physical therapy. In turn, Randy might have accepted the prescription because it allowed him (at first) to return to his obligations after the injury. This idea of efficiency over true effectiveness betrays the capitalistic impulses of the medical industry, as well as the desire for an easy way out of pain that Quinones sees as central to America's shifting attitude toward pain and discomfort.



Randy quickly became addicted to pills prescribed to him by a legitimate doctor. The narrative of the downward trajectory from functional normalcy to addiction is typically associated with illegitimate, stigmatized drugs like crack or meth. Quinones shows that Randy's addiction was enabled not by a seedy, back-alley dealer, but by a legitimate, condoned medical professional, demonstrating how a lack of stigma attached to the medical industry caused a new, increased population of unwitting addicts.



Sackler turned to a career in pharmaceutical advertising because he recognized an opportunity to capitalize on the emerging innovations of the medical world, just like the Xalisco Boys recognized an opportunity to capitalize on the growing population of opiate abusers in the mid-1990s.



Sackler soon takes on Charles Pfizer and Company as a client. The company has recently founded a pharmaceutical research department, which developed a synthetic antibiotic called Terramycin. In a departure from industry norms, Pfizer wants to sell the antibiotic itself rather than indirectly through a drug company. Sackler believes he can create an ad campaign that will make Pfizer a name that doctors will recognize. Pfizer gives Sackler the largest budget for a drug advertising campaign in history, and Sackler creates a campaign based on “frequent contact with individual doctors,” sending salesmen to sell the drug in person at doctors’ offices. Sackler’s campaign is successful: in 1952, there are \$45 million in sales of Terramycin. The success of the campaign “marked the emergence of modern pharmaceutical advertising.” During this time, Sackler and his brothers purchase a lesser-known drug company, Purdue Frederick.

In 1963, Sackler acquires the right to sell Valium. As with Terramycin, he pushes direct contact with doctors, going so far as to send salesmen to doctors’ offices with free samples. Sackler’s goal is to convince doctors that Valium is safe to prescribe: at this time, such drugs are considered dangerous. Despite becoming the industry’s “first billion-dollar drug,” Valium is found to be addictive during the 1970s. Hoffman-La Roche, from whom Sackler acquired the rights to sell the drug, is accused of hiding the drug’s addictive quality.

Sackler continues to be active in the pharmaceutical industry. He discovers an opportunity to make even more money by encouraging drug companies to fund continuing medical education (CME) courses that doctors take to renew their licenses. Sackler advertises his companies’ drugs at these CME seminars. He dies of a heart attack in 1987, but his life’s work changes the pharmaceutical advertising industry forever by showing “that amazing things can be achieved with direct selling and intensive direct advertising.” Purdue will later use these tactics to sell OxyContin.

PART 1: ENRIQUE BEGINS

The rancho where Enrique grew up had neither paved streets nor electricity. Eventually, the family moved from the rancho to a barrio called the “Toad.” Enrique resented his family’s poverty and longed to escape. His sole joy in life came from his mother’s brothers who worked in LA; this familial connection to the U.S. was enviable among Enrique’s peers. One day, Enrique found out that his uncles were returning from LA. Their relatives anticipated all the flashy gifts the men would bring them from the States. However, because of an existing feud with his father, the uncles brought gifts for everyone but Enrique’s family.

Sackler transformed Terramycin from a simple medical treatment into a product, which in turn transformed family doctors into a targeted market of consumers. Sackler’s Terramycin campaign’s emphasis on “frequent contact with individual doctors” would later appear in Purdue’s marketing of OxyContin in the mid-1990s. Outside of the legitimate medical industry, this tactic would later be employed by the Xalisco Boys, who engage in “frequent contact” with potential buyers by dispensing their black tar heroin outside of methadone clinics, which host abundant populations of opiate addicts.



Sackler’s advertising tactic of supplying free samples to doctors (potential buyers) will be later employed by the Xalisco Boys, who dispense free samples to build client bases in new cities. Hoffman-La Roche supposedly hiding the addictive quality of Valium foreshadows Purdue hiding the addictive quality of OxyContin decades later.



As a businessman, Sackler worked to expand his reach by marketing drugs to bigger groups of doctors at CME courses. Sackler’s innovations of “direct selling and intensive direct advertising” would be employed by Purdue in their OxyContin campaign, but also by the Xalisco Boys in their black tar heroin “campaign,” thus drawing a parallel between the emphasis on advertising employed by legitimate and illegitimate drug businesses alike.



Enrique’s eventual involvement in the Xalisco Boys heroin distribution system is motivated by his desire for economic prosperity and personal wealth. Quinones depicts Enrique sympathetically to create moral ambiguity: Enrique’s future career as a heroin trafficker might be morally reprehensible, but he only enters this line of work in order to improve his social and economic standing, an ambition that is typically admired in American culture.



Enrique dreamt about becoming a ranchero or cop, but his father rejected these dreams, as he needed someone to take over working their land. Enrique grew to dread his future and longed to escape. The feud between Enrique's father and his uncles subsided and the family's living conditions improved. Still, Enrique longed to join his uncles in LA. One day in 1989, at age 14, Enrique left the Toad. With money he stole from his parents, he boarded a bus out of Tepic in search of his uncles and a better life.

The book will later reveal that Enrique's uncles are Xalisco dealers operating out of the San Fernando Valley. Again, Enrique enters the heroin business because he dreads the poverty and misery he associates with his future. Enrique flees the Toad in search of a better, more economically prosperous life.



PART 1: THE MOLECULE

The morphine molecule “possess[es] heaven and hell,” as it allows doctors to perform life-saving surgeries, but it also has the side effect of addiction. Morphine inspires a contemplation of whether humanity can “achieve happiness without pain.” In light of this, Quinones observes that “man’s decay has always begun as soon as he has it all[.]” He extends this paradox to encompass disturbing trends that emerged in the culture over the last decade of the 1900s, noting “a scary obesity emerging” when he returned to the States from Mexico: “Everything seemed obese and excessive. Massive Hummers and SUVs were cars on steroids.” In short, America was consumed by harmful excess.

Quinones sees humanity's obsessive quest to “achieve happiness without pain” as a desire for an easy, effective way out of life's troubles. He sees this reflected in America's belief that it can combat pain and isolation with excess consumerism and accumulation of material goods. America's belief that there could—and should—be an easy way to avoid the pains of life ultimately created a culture that was willing to accept and demand the prescription painkillers that fueled the opiate epidemic.



In researching *Dreamland*, Quinones tracks down chemist Andy Coop at his current position at the University of Maryland, and Coop explains to him how morphine works by activating the *mu*-opioid receptors in mammal brains, creating a pleasurable sensation. Unlike aspirin, which can only soothe a certain level of pain, morphine will dull more pain as more of the molecule is absorbed.

Morphine's properties seem to parallel what Quinones sees as America's growing obsession with excess: Americans believe that the more things they buy, the more hardships they can ignore, just as more morphine leads to more pain relief.



Because of these miraculous, pleasurable effects, the opium poppy (from which morphine is derived) has been extensively studied. Opium, in the form of a goo, is housed in a bulb that sits on the top of the plant's stem. Humans have used opium to make drugs such as laudanum, codeine, thebaine, and hydrocodone, among others. Coop explains that morphine's withdrawal effects are just as intense as its pleasurable outcomes: addicts in withdrawal are met with excruciating pain. Quinones writes that the drug is “the poster molecule for an age of excess. No amount of it was ever enough.”

The convenience of morphine as a solution to pain is outweighed by its addictive qualities and the resulting symptoms of withdrawal. Quinones argues that morphine is “the poster molecule for an age of excess,” because its highly addictive quality means that users must consume more and more of the drug as their tolerance quickly builds. Just as American culture was driven by selfish excessive consumerism in 1990s, the addictive quality of the morphine molecule drives its users to consume the drug in increasingly excessive amounts.



PART 1: DELIVERED LIKE PIZZA

In 1979, Dennis Chavez is employed with the Denver Police Department. As Chavez arrests more drug traffickers, he learns that the city's heroin is being supplied by men from Nayarit. The Nayarits sell black tar heroin, which is unlike the brown powder Chavez is used to seeing. In 1995, Chavez joins the Denver PD's narcotics unit, where he makes a connection with an informant who is involved with the Mexican heroin trade. Chavez tracks the heroin trade as it Nayarit dealers move from walking around the streets to driving around the city, delivering their heroin out of cars. Chavez learns that all these men are from the same town, Xalisco, and he attributes their success to "a system of selling heroin retail," depending "on cheap, illegal Mexican labor," much like a fast-food restaurant.

Chavez tells Quinones that according to his informant, the heroin system operates like a "franchise." Each cell is owned by someone in Xalisco, who supplies the heroin. A cell manager lives in the states, takes calls from addicts, and sends drivers out to deliver the heroin. Drivers are paid a weekly wage and provided food and lodging. They drive around the city all day, their mouths stuffed with uninflated balloons of heroin, which they are prepared to swallow, should they be approached by a cop.

Because cells don't compete with other cells, the price of heroin stays low. Traffickers lay low, spending only a few months in a city before they are sent home or transferred to another city. These cells "run like small businesses, keeping track of all expenses, and offering "special deals" to addicts. Selling heroin in small amounts makes good business sense, as heroin is in constant demand for addicts, and cell profits are "based on the markup inherent in retail." Chavez considers the innovations of the Xalisco cells to have as much impact as "those in the legitimate business world." The Xalisco traffickers seized on the desire of their clientele—mostly white, middle-class kids—for convenience, and turned drug dealing into a delivery service. The system spread, with Xalisco traffickers targeting a dozen cities in the Western US. Chavez tells Quinones that he calls these traffickers "Xalisco Boys."

Attributing the heroin traffickers' success to "a system of selling heroin retail," and their reliance "on cheap, illegal Mexican labor" like a fast-food restaurant aligns their system with legitimate businesses. This speaks to Quinones's position that the opiate epidemic was driven by the economic motivations of businessmen—whether they be illegitimate, like the Xalisco Boys, or legitimate, like Arthur Sackler.



Again, the Xalisco Boys are frequently described as operating as "franchises," emphasizing the business sensibilities operating at the core of their heroin distribution system. The fact that drivers are paid salaries further emphasizes the conventional business practices the distribution system adheres to.



Again, the cells are explicitly compared to "small businesses." Quinones emphasizes the precision with which cells monitor "all expenses" to create a parallel between the financial operations of illegitimate drug businesses like the Xalisco Boys and legitimate drug businesses like Pfizer or Purdue Pharma. Just like pharmaceutical companies offered "special deals" or free samples to doctors, the Xalisco Boys offer "special deals" to build new, reliable markets of addict customers. Just like Purdue offered OxyContin as an answer to the medical industry and the American culture's desire for a simple, efficient solution to pain, the Xalisco Boys offer a heroin delivery service as a solution to the new, middle-class market of users that is so used to convenience and instant gratification.



PART 1: ENRIQUE ALONE

Enrique eventually arrives at the bus terminal in Tijuana. He doesn't have his uncles' address and he fears calling home and returning a failure, but he eventually caves and calls his mother, who gives him the phone number for his uncles in LA. They retrieve him from Tijuana and bring him back to the US using a fake ID. Enrique and his uncles arrive in Canoga Park, but his uncle plans to give him some money and send him home to Nayarit. Enrique resists. Enrique's uncle opens a closet and Enrique sees many pairs of brand new **Levi's 501s**. The uncle offers him a pair; Enrique later remembers the first time he was able to buy his own pair of 501s.

Enrique and the other villagers assumed the uncles were making a living with "some honorable trade," but Enrique's uncle shows him a box full of black tar heroin rolled up in balloons. The heroin is harvested from poppies grown in Xalisco's mountains and smuggled across the border to LA. Enrique's uncle explains the business to him, and Enrique begs to be a part of it. His uncle protests at first, but finally caves. Enrique begins as a delivery driver in the San Fernando Valley. Soon after, his uncles promote him to an apartment where he takes calls and gives drivers orders. The apartment's closets are full of stolen **501s**. Enrique sees selling drugs as "his pathway" out of the problems of his past, and he works for his uncles for seven months before they send him home to Nayarit. He returns home a hero, with people "coming to him for favors."

Throughout Dreamland, Levi's 501s operate as a symbol of excess and capitalism. The fact that Enrique associates his entry into heroin trafficking with the first time he was able to buy his own pair of 501s speaks to the excess and capitalist instinct that drove him to succeed in the business.



Enrique's uncles' drug trafficking is not seen as "honorable," nor are they regarded as reputable businessmen. Still, when Enrique returns home after working for his uncles, the people from his village laud him as a hero. His success in the business allows them to disregard the morally questionable aspects at play in the drug trade. The repeated reference to Levi's 501s reflects the significance that excess and material wealth play in the drug trade.



PART 1: THE POPPY

Humankind has been fascinated by opium since the beginning of civilization. Thebes, in ancient Egypt, "was the first great center of opium-poppy production." Indians, Greeks, Venetians, and the Arab empire expanded opium's reach in pre-modern times; they "saw opium as an antidote to the burdens of life."

Ancient civilizations' obsession with the opium-poppy shows that America's desire for "an antidote to the burdens of life" and a simple solution to pain is not unique to modern life.



Friedrich Sertürner derived morphine from opium in the 1800s. Morphine was stronger than opium and a better painkiller. War further spread the drug, as countries had to learn to make their own morphine to help wounded soldiers. Scottish doctor Alexander Wood invented the hypodermic needle in 1853, which allowed for more accurate dosing. Wood also incorrectly believed that injecting morphine would prevent the patient from craving the drug, which had previously been eaten. Chinese immigrants brought opium and opium addicts to the U.S. Opium dens were outlawed, and morphine replaced opium as the U.S.'s major underground drug. Heroin was invented in 1874 by Dr. Adler Wright, who'd been searching for a nonaddictive morphine alternative. His discovery, diacetylmorphine, was rebranded as heroin (from *heroisch* in German) by Heinrich Dreser, a Bayer Laboratory chemist. Originally, heroin was considered nonaddictive and it was used for many ailments, which led to an increase in addictions.

The U.S. passed the Harrison Narcotics Tax Act of 1914, which taxed opiates and medicines derived from the coca-leaf. This inspired a wave of anti-opiate sentiment among U.S. doctors and the public. Doctors stopped prescribing opiates, and the black market took over the drug trade. Heroin, which was cheaper and easier to make, replaced morphine as a street drug. Heroin doesn't come in different "varietals," so the only way it differs is in how pure or weak it is. Heroin pushers "learned to market aggressively" to get addicts to want their product above other street options. Ironically, although heroin was loathed by square America and became the favorite drug of America's outcasts, the drug was actually "about the squarest of American things: business—dull, cold commerce." Because addicts were slaves to their addictions, traffickers could run their businesses "almost according to principles taught in business schools."

PART 1: EASIER THAN SUGARCANE

In April 1996, a funeral procession for David Tejada trails through Nayarit. Tejada was a rancho kid who grew up to be one of the first Xalisco Boys in the San Fernando Valley. The Xalisco Boys are a bit like the Herreras, a clan of intermarried families from Durango who were the first rancho family of traffickers. The Herreras arrived in Chicago in the 1950s, working legitimately at first, but soon after shifting their business to heroin. After the French Connection in 1972, the Herrera clan took over the drug trade, making their heroin from poppies that grew in Durango's mountains. They spread beyond Chicago, to cities as far away as Dallas and Los Angeles, operating as a system of smaller "franchises." Don Jaime Herrera-Nevarez, the clan's leader, and other higher-ups were arrested in 1985; the arrests didn't completely end the operation, but it never quite recovered.

Heroin, though now a highly stigmatized drug, was initially introduced by legitimate professionals like doctors and chemists. Ironically, humanity's quest for a drug that would soothe pain without the drawback of addiction resulted in increased rates of addiction when heroin was used to treat an increasing number of ailments, even comparatively commonplace afflictions like coughs and menstrual cramps. Patients used and grew addicted to heroin because they were prescribed it by trusted medical professionals, just as increasing numbers of patients became addicted to OxyContin in the 1990s and early-2000s.



The reader should compare street heroin dealers who "learned to market aggressively" to legitimate "drug dealers" like Arthur Sackler and the pharmaceutical salespeople who were recruited to push drugs like Valium and OxyContin to physicians. Ultimately, all drug businesses—regardless of whether they are legitimate or illegitimate—are just that: businesses. In this instance, underground heroin dealers operated "almost according to principles taught in business schools," selling their heroin to a market of consumers whose addiction made them demand a product, regardless of price or quality. In this way, heroin dealers operated according to the economic principle of supply and demand, just like any legitimate business.



Just like the Xalisco Boys, the Herrera Clan operated as a series of "franchises." Comparing the Herrera Clan and Xalisco Boys to systems of franchises draws a parallel between the underground heroin trade and the legitimate business world. The French Connection refers to the system through which heroin was illegally imported to the U.S. and Canada from Turkey via a connection in France. The system operated from the 1930s until it was dismantled in the early 1970s. After this, heroin was mainly brought into the U.S. from Mexico.



Many of the first Xalisco migrants were illegal immigrants who settled in the San Fernando Valley in LA. They started off working honest jobs before some families started selling the black tar heroin, made from the mountains near Xalisco, on the streets. David Tejada, the son of an affluent farmer, was one of the first Xalisco Boys to expand beyond the San Fernando Valley. He gave jobs to poor kids from his village, which made him a respected figure back home. Rampant gang activity in 1980s Los Angeles prompted the Xalisco Boys to take their business off the streets and into cars, and the delivery system was born. Newly arrived workers “called their businesses *tienditas*—little stores.”

In 1990, David Tejada set up new operations in Hawaii, where fewer sellers allowed him to raise the price of heroin. Other operations followed Tejada’s example, expanding to cities across the Western U.S. These new operations quickly learned that, to steal customers from existing operations, they had “to emphasize customer service, discounts, the convenience and safety of delivery.” During the 1990s, a limited number of addicts kept the Xalisco Boys on the move to tap into “new, less-saturated markets.” The Xalisco Boys used addicts’ connections to find new customers. Because their product was good, the Xalisco Boys were able to work outside of immigrant connections, tapping into “rich new markets” of kids who were making the switch from prescription painkillers to heroin.

Decades prior to this, Dr. Vincent Dole discovered that the synthetic drug methadone satisfied addicts’ heroin cravings without increasing their tolerance. He opened the first methadone clinic in 1970 in New York City. Methadone clinics opened up around the country, in large part to help Vietnam veterans who returned home addicted to heroin. Xalisco Boys targeted methadone clinics in new cities of operation, giving out free samples to addicts, as well as cards with their contact information. They used trusted junkies as “guides” in new cities, giving them drugs in exchange for finding them new customers.

One of these guides was a bilingual boy from Mexico who was raised in the San Fernando Valley. In 1995, he helped the Xalisco Boys conduct business in Maui, Hawaii, where he had run two cells, one for David Tejada and one for Toño Raices. Tejada was shot and killed by Raices’s men outside a club in Xalisco. Tejada’s murder is important to the Xalisco Boys and the spread of black tar in the U.S. because his upward mobility gave other poor families hope that they could improve their standings by selling heroin in the U.S. His death was “liberating,” too, as sellers no longer had to depend on him: they could start drug businesses on their own.

Like Enrique, many of Xalisco’s poor youth saw the heroin trade as a means of escaping poverty. Because David Tejada created jobs and economic prosperity, others back home could overlook the stigmas associated with drug trafficking and view him as a hero. The fact that many Xalisco Boys referred to their heroin distribution cells as “little stores” further parallels heroin trafficking with a legitimate business operation.



As with any other competitive, free market, the Xalisco Boys had to find ways to make their product stick out—for that reason, they “emphasize[d] customer service, discounts, [and] the convenience and safety of delivery” to ensure that addicts became reliable customers. Following the economic principle of supply and demand, a limited number of addicts during the 1990s prevented the Xalisco Boys from expanding their business into certain cities. Once prescription painkillers were introduced to mainstream America, “rich new markets” of users developed, demand for opiates increased, and the Xalisco Boys were able to expand their business.



Methadone clinics represented a safe, stigma-free environment in which addicts could be administered the narcotics that would allow them to function in their daily lives. Although Vincent Dole believed that therapy and community were most important in rehabilitating addicts, he viewed methadone as an acceptable last-resort solution for addicts to get their lives back on track. The Xalisco Boys’ tactic of giving free samples to addicts outside methadone clinics mirrors Pfizer sales representatives handing out free samples of Valium at doctors’ offices.



The promise of upward mobility that Tejada’s business offered is central to the spread of black tar heroin in the U.S. Motivated by the allure of financial stability and material wealth, more poor youth from Xalisco entered into the heroin trade, and the business grew and flourished.



PART 1: JUST A PHONE CALL AWAY

Alan Levine, a longtime heroin addict, lost his legs to frostbite when he passed out during an Illinois snowstorm. He eventually makes his way west to Portland, Oregon, where he continues to use the drug. In 1993, he learns there are new heroin dealers in town, and they deliver their product to addicts. This business model is revolutionary to Levine, because having no legs makes it more difficult to navigate city streets.

Wayne Baldassare, a cop on the Portland Police Drugs and Vice Division, loves his work, but these new heroin dealers give him trouble. In the old days, heroin was sold out of houses, which made drug busts easier. But these new, young Mexican dealers deal only small amounts of drugs out of their cars. Because they carried such small amounts of drugs, they'd be deported—not prosecuted—when they were caught. These new dealers use “just-in-time supplying, like any global corporation,” to avoid prosecution.

Back at Alan Levine's motel room in Portland, there is a knock on the door: a young Mexican kid arrives with black tar heroin. Levine continues to buy from the Mexican men, who are fast and reliable. One night, a driver tries to scam Levine. Levine objects, and the two get in the boy's car. They drive to his boss, who Levine will later determine is Enrique Tejada-Cienfuegos. At the time, he knew this man only as El Gato. El Gato is from Acquiles Serdán, a village south of Xalisco. Levine explains his issue to El Gato, who apologizes and gives Levine free heroin. For Levine, dealing with the Xalisco Boys is worlds away from the underground drug world of the 1960s: “They were marketers,” he states.

PART 1: ENRIQUE ADRIFT

Enrique returns to Nayarit after working for his uncles in Canoga Park. He dreams of returning to California and the life he could make for himself there. Above all, Enrique doesn't want to be poor. In 1991, Enrique returns to work for his uncles. Since he was gone, more Xalisco cells have set up shop in the Valley, driving down the price of the drug. By the early 1990s, prominent heroin families are established in the San Fernando Valley, including David Tejada, Beto Sánchez, Beto Bonque, the Bernals, the Langaricas and their cousins, and El Gato.

The Xalisco Boys built their business on a reputation for convenience, which was effective with Levine, whose disability made a drug delivery service particularly alluring.



Baldassare's observation that the Xalisco Boys use “just-in-time supplying, like any global corporation” aligns the business practices of their illegal operation with those of legitimate businesses.



Just like legitimate businesses, such as fast-food restaurants or retail shops, the Xalisco Boys operate according to a “customer is always right” philosophy. Because they want Levine to remain a returning customer, they go out of their way to make sure his needs are satisfied and his concerns are heard. One might also compare this “customer is always right” philosophy to the mindset that emerged in the medical industry during the pain revolution: doctors believed their patients' (customers) complaints of pain to a fault, prescribing painkillers indiscriminately to keep patients satisfied and free of pain.



For Enrique, California and the heroin trade symbolize a future of economic prosperity and elevated social standing. Following with the principles of supply and demand, an increase in the number of heroin cells in the Valley (increased supply of heroin) causes a decrease in price.



One day, police raid the house of one of Enrique's uncles. Lacking a leader, more misfortunes follow: the cell's drivers are robbed by gangs, more Xalisco men arrive to sell heroin, and El Gato's network expands, forming their own cells. One day, El Gato, with the help of a junkie guide, opens a new cell outside of the Valley, in San Diego. News spreads that he is doing the same in Portland. David Tejada does the same in Hawaii. Enrique watches the businesses of others expand and flourish as his uncles' business flops. Enrique starts his own side tiendita, but his uncles discover the project, beat him, and send him home. Enrique returns to the honest work of laboring in his father's fields, and his father reminds him that he'd one day inherit and work that land as his own. Dejected, Enrique observes, "I'm leaving my soul in these fields."

Because each of the Xalisco cells sells a virtually identical product, competition is based on how effectively each business could market their product. Enrique's uncles' cell's lack of a solid leader therefore damaged their business's infrastructure and diminished their ability to compete with other cells. Enrique's decision to go behind his uncles' backs and start his own tiendita demonstrates how his desire for wealth and excess is more important to him than his obligations to his family.



PART 1: SEARCHING FOR THE HOLY GRAIL

It's 2013, and Quinones drives through the hills of Kentucky to his destination: the Federal Medical Center, which houses 1,700 prisoners. The building was opened in 1935 and was known then as the Narcotic Farm; it was "deemed [...] a 'New Deal for the Drug Addict'" by FDR's administration. The Harrison Act of 1914 meant that addicts could be incarcerated as criminals, so the US government built the Narcotic Farm—a prison and treatment center—to house them all. Notably, William Burroughs checked into the facility.

*The Harrison Act of 1914 regulated and taxed opiates and drugs derived from the cocoa leaf. The act represents an institutional move toward the stigmatization of narcotic drugs. William Burroughs was an American writer of the beat generation, a movement of artists who rejected and rebelled against the conventions of institutions. Burroughs's most well-known works are *Naked Lunch* and *Junky*.*



In 1928, organized and funded by John D. Rockefeller Jr., the Committee on Problems of Drug Dependence (CPDD) was formed to find an answer to the problem of drug abuse. The CPDD brought together government officials, academics, and scientists to find a nonaddictive substitute for morphine, referred to by researchers as the "Holy Grail," and the Farm opened in 1935. The Addiction Research Center (ARC), which operated within the Farm, tested on inmates morphine substitutes discovered by CPDD-funded scientists. Of all the drug substitutes, researchers concluded that methadone was the most effective, as it was long-lasting and didn't come with "the severe highs and lows of heroin."

The idea of a nonaddictive substitute for morphine was considered a "Holy Grail" drug because it would allow for the heaven of pain relief without the hell of addiction. The lack of "severe highs and lows" that made methadone so appealing would be used by Purdue as a selling point for OxyContin in the 1990s: OxyContin's "continuous release" formula dispensed morphine at a controlled rate, though the drug's protective coating was easily dissolved, thus negating its continuous release properties.



For a while, the Farm experiments are "the only serious study of addiction." Further, the ARC establishes a definition of addiction as "a chronic brain disorder," rather than a moral or character flaw, which is a revolutionary position. When it is discovered that the Farm had experimented with LSD on inmates, however, the entire operation is shut down. Today, the facility is only a hospital and prison. Still, the Farm's research and experiments are critical in America's search for the Holy Grail, keeping alive the hope that such a drug could be found. This ushers forth a new generation of "revolutionaries" who strive to discover better, more effective pain treatments.

ARC's definition of addiction as "a chronic brain disorder" is important because it dispels the notion that addicts are flawed people who choose to derail their lives with drugs. This new attitude toward addiction proposes that addicts and addiction should not be stigmatized subjects. The research conducted at the Farm paved the way for researchers like Russell Portenoy and Kathleen Foley, for whom the quest for better ways of treating pain would become their lives' work.



PART 1: THE PAIN

The medical community stigmatized opiates for much of the 20th century. Doctors who prescribed them were considered “virtual outlaws.” However, this began to change substantially in the 1970s. Cicely Saunders, an English hospice nurse who worked with cancer patients, discovered that opiate painkillers were immensely successful in relieving pain in patients with terminal illnesses. England applauded Saunders’s work, but the US remained comparatively stigmatizing and archaic in its views. In Britain, Napp Pharmaceuticals came out with a “controlled-release formula” called Continus. Originally used as an asthma medication, the drug would later serve as a model for time-release painkillers.

During this time, Swedish cancer doctor Jan Stjernsward became chief of the World Health Organization’s cancer program. Stjernsward had experience working with dying patients in Kenya and saw the relief that morphine granted these patients who had no access to curative treatment. Stjernsward set out to normalize morphine in treating U.S. cancer patients, emphasizing the moral and cost benefits of such treatments. Stjernsward met Vittorio Ventafridda, who also worked with the terminally ill. Ventafridda introduced Stjernsward to his “ladder of treatment,” which outlined principles for treating the dying. The ladder dictated that increasingly stronger doses of opiates should be administered to the dying if they remained in pain. The World Health Organization also started to view “freedom from pain as a universal human right.” These views guided the popular medical opinion toward a gradual acceptance of opiates. Opiate use began to climb in wealthy countries, who would consume over 90 percent of all morphine.

American doctors like Dr. Kathleen Foley and Dr. Russell Portenoy, of Sloan Kettering Cancer Center in New York, were appalled by patients in other countries who suffered as a result of physicians’ stigmas against opiates. Foley believed opiates should be used to treat all kinds of pain. Portenoy arrived at Sloan Kettering to study under Foley in 1984. Together, they helped normalize the new practice of palliative care, which grew out of the philosophies of Cicely Saunders, among others. At the root of palliative care was the notion “that death should be dignified.”

The medical community’s decision to refer to doctors who prescribed opiates as “virtual outlaws” highlights the fine line between the business of condoned drug-dealing and the business of illegal drug-dealing. It also shows how significantly cultural stigma influences which drugs are perceived as good and which drugs are perceived as bad: doctors considered “outlaws” pre-1970 would have been readily accepted at the height of the pain movement in the late-1990s. Saunders’s work with opiates was limited to pain patients with terminal illnesses, though her philosophies would later be extended for use in patients with non-terminal illnesses, as well. Continus is important because its formula would be used as a model for OxyContin.



The cost effectiveness of treating patients with opiates would become a big problem down the road when insurance companies began to offer better reimbursements for cost-effective opiate prescriptions than other methods of treating pain, like therapy and counseling, which, though effective, took more time and were more costly. WHO’s idea that “freedom from pain [was] a universal human right” plays into the larger belief that life should always be painless, at all costs. Quinones believes that this kind of thinking created a contemporary American culture unable and unwilling to deal with pain and discomfort.



Palliative care was originally restricted to terminally ill patients. In addition to opiates, it involved other forms of treatment like therapy and counseling, emphasizing the importance of human connection and compassion. Like so many ideas to come out of the pain movement, palliative care grew out of well-intentioned, morally upright philosophies that were corrupted over time as pharmaceutical businesses seized on an opportunity to capitalize on the medical industry’s newly open attitude toward narcotics.



The introduction of palliative care into the American medical world coincided with Purdue's release of MS-Contin in 1984, which was developed for use in surgery and in cancer patients. Russell Portenoy saw new drugs like MS Contin as "far less addictive" by virtue of their time-release attributes and was optimistic about humanity's new ability to manage pain in the suffering through innovative drugs and the industry's transformed views toward pain.

The invention of MS-Contin, a time-release narcotic, seemed like a step toward finding the "Holy Grail" that had fueled the work of researchers at the Narcotic Farm decades earlier.



PART 1: PAIN AND THE PRO WRESTLER

When John Bonica, a pro-wrestler, sees the horrible pain his wife experiences in childbirth, he switches career paths and becomes an anesthesiologist. He eventually becomes Tacoma General Hospital's chief anesthesiologist and he writes the textbook *The Management of Pain*. In 1960, while at the University of Washington School of Medicine, he opens America's first pain clinic, which treats pain with a "multidisciplinary approach" that includes intensive therapy.

Bonica's emphasis on therapy suggests that pain treatment should be about more than efficiency: opiates might offer a quick, easy solution to pain, but in the end, the success of pain treatment is measured by its effectiveness, not by efficiency alone. Bonica's "multidisciplinary approach" to treating pain parallels Quinones's emphasis on the importance of community in recovering from addiction.



Bonica retires in the late 1970s, and Drs. Bill Fordyce and John Loeser take over and expand Bonica's pain clinic, keeping Bonica's multidisciplinary approach and operating under the philosophy that chronic pain is as much "social and psychological" as it is biological. The pain clinic operates in opposition to much of the rest of the country, which adopts an attitude "fostered by the medical community and Big Pharma" that patients are "entitled to pain relief" and should be prescribed medication liberally. By the early 1990s, many other clinics latch onto Bonica's multidisciplinary approach to pain treatment. However, they are met with opposition by insurance companies who refuse to cover the non-pharmaceutical components of treatments.

Quinones seems to suggest that patients who felt "entitled to pain relief" also felt entitled to the easiest, quickest path toward painlessness. They—and their doctors—were less inclined to explore alternate methods of pain relief like therapy that address the "social and psychological" causes of pain, and that take more time, more money, and more effort to complete. The ultimate rejection of multidisciplinary approaches to pain relief suggests that insurance companies and doctors were more concerned with business incentives like efficiency and cost-effectiveness than the well-being of patients.



PART 1: THE MAN COMES

"The Man" arrives in California in 1939. By the time he drops out of high school and gets his diploma at a continuation school, he is trafficking weed—and later, pills—throughout the San Fernando Valley. When the Man is 19, he starts to use heroin. He sees himself as outside "the Establishment." The only thing holding the Man back is an unreliable heroin supply. In the 1970s, he meets Rafael Caro Quintero, the nephew of a famous Mexican drug kingpin, Ernesto "Don Neto" Fonseca, who founded the Sinaloa cartel. Later in his life, the Man gets involved with the Xalisco Boys, distributing black tar heroin across the U.S. He will come to regard Xalisco as his home. If David Tejada "ignites the first stage" of the Xalisco heroin expansion," the Man is responsible of the second stage in 1998.

It's ironic that the Man considers his drug abuse and drug trafficking as outside of "the Establishment" when the underground drug trade operates on many of the same principles as the square world of legitimate, established businesses. The Sinaloa drug cartel was founded in Sinaloa, Mexico, in the 1980s. They are known for their violence, which stands in contrast to the Xalisco Boys, who built a reputation on not engaging in violence and not carrying guns.



In his interview with Quinones, the Man regards himself as “a hero” to the young, impoverished boys and men of Xalisco, whom he’d recruit to sell heroin in the U.S. The Man recalls how the heroin market started out as primarily older addicts, but eventually grew into a market of young, well-off white addicts. The Man followed OxyContin, and the new markets it promised.

The Man sees himself as a hero because he gave back to his community by supplying its youth with jobs and an opportunity for social mobility. The Man’s move to follow OxyContin to exploit a new market of users parallels the pharmaceutical industry’s move to follow the pain revolution’s destigmatization of opiates and exploit a new market of doctors willing to prescribe opiates.



PART 1: THE REVOLUTION

In 1986, Russell Portenoy and Kathy Foley publish a paper in *Pain*, a medical journal, concluding that “opiates themselves were not inherently addictive.” They cite the 1980 Porter and Jick paragraph published in the *New England Journal of Medicine*. The *Pain* paper asserts that addiction is dependent on a patient’s history: for example, if a patient has a history of drug abuse, they are more likely to develop an opiate addiction than a “seventy-plus-year-old woman with bleeding ulcers” is.

Portenoy and Foley leap to a big conclusion when they state that “opiates themselves were not inherently addictive.” The reader should recall that Jick’s 1980 paragraph that apparently claimed that few patients grew addicted to opiates used data from patients who were administered opiates in the hospital and were thus closely monitored by medical staff. In contrast, doctors prescribed OxyContin in the 1990s and 2000s in circumstances where patients were free to use and abuse the painkillers outside of hospitals.



The paper makes a big splash, and Portenoy is largely demonized in the U.S., which continues to stigmatize opiates. Other doctors do support Portenoy and Foley, however, and such support continues to grow over the 1980s, particularly in Salt Lake City, which holds monthly meetings to discuss management innovations in pain. One idea to emerge out of these meetings is that “pain counteract[s] opiates’ euphoric effect and thus reduce[s] the risk of addiction,” a view that is promoted on the American Pain Society’s website. Another view to come out of this period is that pain should be treated “as a vital sign.” By the late 1990s, both the Veterans Health Administration and the Joint Commission for Accreditation of Healthcare Organizations deem pain a “fifth vital sign.”

Portenoy and Foley’s call for the more liberal prescription of opiates is seen as revolutionary at first, but it quickly grows to be accepted by the larger medical industry. In general, America’s growing support of opiates is founded in exaggerated and sometimes erroneous information. For example, pain can’t exactly be treated “as a vital sign” because, unlike other vital signs, like blood pressure and respiration rate, it cannot be measured objectively.



Russell Portenoy is later made director of the Beth Israel Medical Center’s Pain Medicine and Palliative Care department, where he pushes for further destigmatization of opiates—with the help of funding from drug companies.

Portenoy’s well-intentioned push to destigmatize opiates would eventually be exploited by the drug companies, like Purdue, that funded his research.



Pediatric nurses Donna Wong and Connie Baker, of Tulsa, create the Wong-Baker FACES scale in the 1980s to help assess pain in children, and the scale is later expanded and adapted to assess pain in adults, too. In the 1990s, “Press Ganey surveys,” or surveys that assess patients’ satisfaction with their doctors, enter into use in US hospitals.

“Press Ganey surveys” emphasize patient satisfaction over doctor discretion and they normalized the harmful “patient is always right” philosophy in the medical industry, creating an industry that valued customer satisfaction over medical integrity.



Each of these implementations—which unfold quickly, over about the span of a decade—foster a culture that values patients’ views and “rights” regarding their care more than the discretion of their doctor. Press Ganey patient surveys, which were designed to protect patient rights, are increasingly used to coerce doctors into writing more prescriptions in order to keep their patients happy and thus keep their jobs.

Another early issue with the pain movement is the lack of long-term studies on the addictiveness of painkillers. Doctors have no way to gauge which patients to whom they should or shouldn’t prescribe opiates. Still, the pain movement gives doctors confidence in painkillers, fueled both by “a quasi-religious fervor” of pain researchers like Russell Portenoy, as well as pharmaceutical companies like Purdue, who fund their research.

PART 1: ALL ABOUT THE 501S

The Xalisco Boys refine their system in the 1990s. They emphasize no violence, which stands in contrast to other drug gangs, like the Bloods and Crips, who deal crack cocaine in Los Angeles. The Xalisco Boys build and expand their business in opposition of these violent tactics. Polla, a Mexican man in his 40s operating out of Boise, is a part of this expansion.

Ed Ruplinger, a narcotics investigator in Boise, becomes interested in the Xalisco Boys as he starts arresting more and more Mexican traffickers selling heroin out of their cars. These dealers are easy to arrest, but they never serve time because, as Dennis Chavez also noted, they carry such small amounts of heroin. Ruplinger realizes that all these dealers are from Nayarit, and he sees how quickly arrested drivers are replaced with new men.

Ruplinger identifies Polla as the cell’s boss. The cell operates successfully in Boise until Christmas 1996, when a post office’s drug-sniffing dog reacts to a package that contains a Santa Claus doll filled with black tar heroin. The narcotics team follows the package to its delivery address and busts a group of clean-cut Mexican men sorting through heroin. All of these men are from Nayarit and bear the last name Tejada. This seizure marks the beginning of the end of Polla’s reign in Boise. However, Polla’s cell is almost immediately replaced by a new group of dealers and drivers from Xalisco.

Implementations that were originally intended to help patients were corrupted when doctors became more concerned with the economic implications of patient rights: it was a wiser business investment for doctors to have happy, satisfied patients than to have appropriately treated, healthy patients.



Quinones seems to suggest that proponents of the pain movement were so swept away by their “quasi-religious” belief in opiates as “Holy Grail” methods of treating pain that they failed to accept that the “heavenly” immediate pain relief opiates provided might be followed by a “hell” of addiction.



The Xalisco Boys’ lack of violence makes them attractive to the new market of sheltered, middle-class heroin users that come out of the opiate epidemic. These users appreciate the safe, professional business demeanor of the Xalisco Boys.



Xalisco dealers could avoid serving time because U.S. law enforcement prioritizes busting large-scale drug operations. The Xalisco operation could afford to replace drivers quickly because there was no shortage of young men back home who were eager to enter the trafficking business and get ahead in life. Again, this shows how the Xalisco drug trade operated according to basic economic principles, like any legitimate business.



The fact that these men all have the last name Tejada shows that they are related to David Tejada, who is credited with starting the first stage of Xalisco expansion outside of L.A. The fact that Polla’s cell is easily replaced speaks to the efficiency of the Xalisco Boys’ business model: they anticipate issues and can quickly adapt to changes in the market.



In researching *Dreamland*, Quinones comes across a woman who was married to one of Polla's drivers. She tells him how her husband helped Polla form a new cell in Salt Lake City before breaking off from him and starting a competing cell in Boise. She also notes that the Xalisco Boys especially enjoyed using their drug money to purchase **Levi's 501s**, which were a sign of wealth among young men in Xalisco. The Xalisco Boys acquired these jeans from addicts who would trade shoplifted jeans for drugs. The woman goes so far as to claim that "this thirst for Levi's 501s [...] is part of what propelled the Xalisco system as it began to expand out of the San Fernando Valley." Quinones compares the men's consumerism to a junkie's addiction to dope: "just as an addict couldn't choose not to use dope, these men couldn't *not* return to sell it."

Ruplinger can't keep up with all the new cells popping up. Eventually, he wiretaps Polla's phones and gains new insight into the extent of Polla's businesses, which extend to Portland, Salt Lake, and Honolulu. Ruplinger notes how "massive and connected the Xalisco network [i]s," as well as Polla's practice of "just-in-time supply" and his emphasis on quality customer service. By 1997, Boise hosts a half-dozen Xalisco crews. In addition, Ruplinger's wiretaps reveal that Polla runs other crews all across the Western U.S.

PART 1: THE LANDMARK STUDY

In a way Dr. Hershel Jick couldn't have predicted, his 1980 letter to the editor in the *New England Journal of Medicine* gains traction and fuels America's pain revolution with Kathy Foley and Russell Portenoy citing the letter in their 1986 paper in *Pain*. As Jick's letter continues to be used to validate treatment with opiates by proclaiming opiates' nonaddictive qualities, advocates ignore one critical piece of information: Jick's data applied only to hospitalized patients who were given drugs that were carefully, precisely monitored. Such careful regulations are not, in other circumstances, being followed by doctors and researchers who advocate for increased use of opiates in all patients. Opiate destigmatization enters into the mass culture; in 2001, *Time* magazine publishes a story called "Less Pain, More Gain," which calls Porter and Jick "a landmark study."

The fact that many Xalisco Boys were motivated to sell drugs by a "thirst for Levi's 501s" emphasizes the greed and excess of business culture and capitalism. Quinones frames the problem of excess as a disease when he compares the Xalisco Boys' drive to sell drugs to an addict's drive to use drugs. In this way, he suggests that the accumulation of wealth can become a damaging addiction and a societal ill, just like opiates.



Again, law enforcement observes the "just-in-time supply" strategy that the Xalisco Boys implement, as well as their emphasis on customer service. The wiretaps reveal how far the Xalisco system has spread over the decade. The extent of the Xalisco Boys' expansion foreshadows the expansion of opiates across the U.S. that will occur over the next decade.



Again, Quinones emphasizes how pain researchers overlooked crucial pieces of information in their overzealous quest to find a "Holy Grail" painkiller that could relieve pain without causing addiction. The Porter and Jick letter was only a one-paragraph letter to the editor, yet it was repeatedly misconstrued as a "landmark study" that gave the absolute go-ahead for doctors to confidently and legitimately prescribe opiates to their patients. Once the destigmatization of opiates entered into the mainstream via widely-read publications like Time, patients, too, could rationalize taking prescription opiates.



Russell Portenoy continues to be a leading voice in pain management, working at Beth Israel, serving as editor in chief at the *Journal for Pain and Symptom Management*, as well as an editor at *Pain*. By the mid-1990s, it is accepted that opiates are only destructive for addicts: for pain patients, in contrast, opiates help to improve one's quality of life. Increased reliance on opiates causes a decrease in "multidisciplinary" treatment plans for pain patients. Therapy takes more time and effort than pills, which are viewed as "an easier solution." Multidisciplinary clinics closed as insurance companies increasingly refuse to cover their treatments.

Prescription practices begin to change. If a patient claims that a painkiller isn't helping, doctors up their dosage; in years prior, this never would have happened. In a 1989 *Pain* article, Drs. J. David Haddox and David Weissman coin the term "pseudoaddiction" for patients requesting a larger dose. They claim that doctors should honor pseudoaddicted patients' requests and "increase the dose of opiates until pain [i]s relieved." The concept of pseudoaddiction provides doctors with the go-ahead to increase doses of opiates, as it handily distinguishes between "true" addiction and circumstantial, pseudoaddiction.

PART 1: ENRIQUE REDEEMED

In 1993, Enrique boards a bus home to Nayarit. He is wearing new cowboy boots, a cowboy hat, and new **Levi's 501s**; his pocket is stuffed with cash. He spent the past several months working for a heroin cell in Phoenix, Arizona, where he was promoted from a delivery driver to a supervisor. Enrique returns home bearing his many gifts, and townspeople who had before looked down on Enrique's family now treat them with respect.

Enrique continues to work as a Xalisco Boy but grows increasingly "unsettled." The more he earns, the more he spends: "his ambitions were greater now." Heroin buys him so many things, yet he still wants more. At 22, he decides to marry his girlfriend, a butcher's daughter who still lives in Mexico. In 1996, the couple elope. He brings his wife to his new house in their village, then returns to the U.S., to Albuquerque, New Mexico, to break into a new heroin market.

The idea that opiates were only dangerous to "addicts" stigmatizes addiction: it suggests that some people can handle narcotic painkillers and others cannot. In this way, the destigmatization of opiate painkillers inadvertently resulted in the stigmatization of opiate addicts. Insurance companies' decision to cover pills over multidisciplinary approaches to pain treatment shows how they valued cost-efficiency over the actual effectiveness of treatments.



The concept of "pseudoaddiction" perpetuates the erroneous idea that an addiction to "legitimate" opiate painkillers like OxyContin is somehow less destructive than an addiction to illicit opiates like heroin. The lack of stigma associated with prescription painkillers and prescription painkiller addiction allows the opiate epidemic to expand and worsen unchecked.



Enrique outwardly flaunts his wealth, showing how much his involvement in the drug business is motivated by greed and excess. One might compare Enrique's flashy appearance to David Procter, who also dresses flamboyantly to display his wealth. Procter and Enrique both sell drugs and flaunt the riches that their drug-money brings them.



Quinones seems to compare Enrique's economic pursuits to the cravings of an opiate addict. Enrique has grown addicted to wealth and excess. Just as an addict needs increasingly higher doses of an opiate, Enrique's "ambitions" have grown "greater" and he requires more to satisfy them.



PART 1: WE REALIZED THIS IS CORPORATE

Dr. Gary Oxman, who was hired by the Multnomah County Health Department in 1984, observed how LA's 1980s crack market traveled north to Portland and caused a syphilis outbreak. Oxman recalls the syphilis outbreak when, in 1999, he and Sharron Kelley, a Multnomah County commissioner, discuss how to pay for the hepatitis C outbreak caused by an increase in heroin usage in Portland. In brainstorming methods of treating the outbreak, Kelley cites the community's lack of treatment services before directing Oxman's attention to a community advocacy group called RAP, run by recovering addicts. She requests that Oxman perform "an epidemiological study" on the Recovery Association Project (RAP).

RAP was funded by Central City Concern (CCC), a nonprofit that runs detox facilities for addicts and alcoholics. According to Ed Blackburn, the director of CCC, Portland was experiencing a decline in addicts by the mid-1990s; however, this changes very suddenly in 1996-1997 as a result of new Xalisco Boys activity. Blackburn responds to the surge of heroin usage by recruiting former addicts to push for public action. With the aid of a federal grant, Blackburn hires recovering addicts to work at a detox center, as well as to aid in recruiting others.

Alan Levine is one of these recruits. By 1998, after five years of being a Xalisco customer, Levine is disillusioned with the system. Having witnessed the massive increase in high school heroin addicts, he compares the Xalisco customer service strategies to "Joe Camel" cigarette ads aimed at minors. As heroin became purer, it became more deadly; disturbed by a surge in overdose deaths, Levine starts to speak out.

In a mid-1990s Portland climate of "anesthetized and politically correct language," the RAPsters are course and unruly, speaking with "blunt, uncensored" language; RAPsters tell their stories of addiction and pain honestly. RAP also establishes a "mentor system," pairing newly-released addicts with more established former addicts to help the new releases acquire basic necessities and stay clean. Blackburn asserts that the number of sober former addicts "skyrocketed" as a result of RAP's mentor system and its philosophies of honest communication among addicts. RAP's success in communicating the urgency of politicians' support to raise the budget to combat the heroin epidemic results in Sharron Kelley tasking Gary Oxman with studying the cause of Portland's heroin problem in 1999.

RAP and other advocacy groups like it demonstrate how effective community is in combatting addiction and promoting recovery.



Again, RAP illustrates how central community involvement and support is to addiction treatment and recovery. The organization's involvement in pushing for community response also reinforces the importance of destigmatizing addiction and rehabilitating addicts.



"Joe Camel" cigarette ads for Camel Cigarettes ran from 1987 to 1997 and illegally marketed toward minors. They featured an animated Camel mascot to make smoking appear fresh and cool. In comparing the Xalisco Boys' marketing strategies to the Joe Camel ads, Levine suggests that the Xalisco Boys were knowingly and immorally exploiting a naïve, impressionable market of users.



The "blunt, uncensored" language with which RAPsters talk about their addictions stands in sharp contrast to the later silence of middle-class parents whose children had died of opiate overdoses. Quinones believes that honesty and forwardness must overcome shame and stigma if America wants to fully recover from the opiate epidemic. The success of RAP's mentoring program shows how effective community is in counteracting addiction.



In his study, Dr. Gary Oxman researches death trends at Oregon's Vital Records Department and is surprised to see that the department hasn't recorded a disproportionately large number of overdoses. Eventually, he discovers that his unexpected findings are based largely on "inconsistent language": while some doctors describe heroin overdoses as "acute intravenous narcotism," there is no standardized way to record overdose statistics. Once Oxman realizes this, he is able to count over 100 heroin overdoses annually since 1996. In addition, Oxman finds that deaths increased *steadily* for a decade, and that *no one had noticed*. In 1991, Multnomah County recorded 10 heroin deaths; by 1999 (after the arrival of the Xalisco Boys) there were 111 recorded deaths.

Oxman's report to the county commission describes Portland's heroin problem as an "epidemic." Further, it claims that Portland's heroin "ha[s] never been cheaper, more available, or more potent." Lastly, Oxman's report outlines a transformation in dealers' "market strategy," noting that heroin is no longer sold at a high price to a few addicts, but rather at a lower price to a larger market of addicts.

Cops like Dennis Chavez and Ed Ruplinger observe developments in the heroin market that are similar to Dr. Oxman's. They see that the Xalisco Boys' system of distributing exclusively small amounts of heroin is actually "more ominous" than larger distribution rings because it means that dealers are deported, rather than arrested, and these franchise-like cells can effectively avoid attention-catching large seizures and continue their businesses nearly unscathed: generally, U.S. narcotics divisions prefer to prosecute large-scale drug seizures.

Paul "Rock" Stone, an FBI agent operating out of Portland, becomes consumed by the Xalisco heroin system. In 1999, he witnesses a case wherein street dealers are selling heroin that is 80 percent pure. Stone is shocked: street drugs are never this pure, as drugs are typically "stepped on" as they make their way down "from wholesalers through middlemen down to street dealers." Stone tracks calls from phones confiscated from street dealers and finds that they made calls to all parts of the country. These outwardly small-scale heroin traffickers are in fact part of a larger, heavily connected distribution system.

Phrases like "acute intravenous narcotism" seem to speak to the stigma that surrounds opiate use: even the doctors tasked with reporting overdoses are careful to use euphemistic, cautiously-worded language to describe opiate abuse. As Oxman's findings suggest, these inconsistencies allowed opiate use to increase steadily without much notice. It's possible that a more up-front, consistent pattern of recording overdose deaths might have allowed officials to address the epidemic earlier.



The fact that Oxman describes the Xalisco Boys' drug-pushing techniques as a "market strategy" underscores how they operated as a business. The transformation of Portland from a city where heroin was sold to a small population at a high price to a city where heroin was sold to a large population at a low price shows how supply and demand influences the illicit drug market.



The Xalisco Boys' strategy of selling small quantities of heroin demonstrates their ability to adapt their business model to fit the demands of the market: because U.S. law enforcement prioritized busting large-scale drug operations, the Xalisco Boys avoided selling large quantities of drugs.



Again, the use of economic language like "wholesalers" and "middlemen" emphasizes that the Xalisco Boys were, first and foremost, businessmen running a business—regardless of the illegality of the product they sold.



Stone compiles a task force between the DEA and the Portland PD who tap dealers' phones and pagers. With the help of informants, the task force discovers the codes that dispatchers page to drivers, which contain instructions for where to meet clients. Informants also reveal why the Xalisco heroin is so pure: "it's because they're salaried [...]. They didn't care what the potency was; they made the salary no matter how much they sold." Salaried employees are very atypical of the underground drug business, which leads Stone and his task force to "[realize] that this is corporate."

Stone learns more about the opium produced and harvested from families of the Xalisco Boys in Nayarit and compares the Xalisco system to "an amalgam of wholesalers and retailers, each cell a small business, producing its own heroin, and sending it to the United States [...] controlling their own distribution from flower to arm." Stone eventually deduces that these "small business" cells are grossing \$150,000 per kilogram of heroin. Taking into account what it costs to produce the drug and pay each salaried worker, the cells' per-kilo profits exceed \$100,000. Such high profits mean that cells can afford to sell a pure, quality product for cheap prices; competition among cells drives the price down even more. Just as Gary Oxman witnessed during the syphilis outbreak of the 1980s, "a relatively small group of people is creating a major drug plague."

Xalisco heroin remained pure because of basic economic principles. Like any participant in the free market, the Xalisco Boys responded to incentive. Because drivers were "salaried," they had no incentive to "cut," or dilute their product to sell less pure heroin for an inflated price. Stone's description of the Xalisco system as "corporate" reflects the sophistication of its business practices.



Again, Stone describes the Xalisco Boys in terms that emphasize their refined business practices and knowledge of the free market. In general, this chapter describes the Xalisco Boys' business model in great detail in order to set up a comparison between the illegal drug business of the Xalisco Boys with the legal, sanctioned drug business of pharmaceutical companies like Purdue.



PART 1: PURDUE

OxyContin is "simple"—its only active ingredient is oxycodone. On a molecular level, it is similar to heroin. The drug is a spinoff of MS Contin, manufactured by Purdue. MS Contin worked by releasing morphine into the bloodstream continuously and was used primarily by post-op patients. It came in large doses of 15, 30, 60, 100, and 200 mg. OxyContin also comes in large doses (40 and 80 mg) that are released continuously into the bloodstream. Despite OxyContin's very legitimate pain-relieving uses, its emergence in 1996—at the height of America's "opiate revolution" results in massive over-prescription. By the mid-1990s, pain is seen as a "vital sign," and many insurance companies reimburse pills rather than therapy. After the reality of OxyContin's addictiveness sets in, Purdue spokespeople claim ignorance, citing the relative success of MS Contin, which hadn't resulted in such widespread addiction.

Advertising for OxyContin began when Purdue hired William Douglass McAdams to market the drug. From the start, Purdue marketed the drug as an alternative to MS Contin, presenting it "as a virtually risk-free panacea for chronic pain. Such marketing was accepted enthusiastically by American doctors in the mid-1990s who'd grown accustomed to treating chronic pain with opiates.

OxyContin is similar to the Xalisco Boys' heroin: both are potent narcotic painkillers. Despite this, heroin remained a stigmatized drug while OxyContin was greeted with open arms by doctors and patients in whom the "opiate revolution" had instilled both an exaggerated overconfidence in the safety and usefulness of painkillers in treating various illnesses, as well as a notion of the "right" patients had to pain relief.



William Douglass McAdams is the firm with whom Arthur Sackler had begun his career in pharmaceutical advertising in the 1950s. Purdue's decision to market OxyContin as "virtually risk-free" exploited the medical industry's overzealous desire for a "Holy Grail" drug for pain treatment.



“Pain crusaders” lauded Purdue’s new drug as the long-awaited “Holy Grail.” Researchers believed that that OxyContin’s continuous release of oxycodone prevented the patient from experiencing the highs and lows that would lead to addiction. In 1996, Kathy Foley suggested that oral morphine (in the form of OxyContin pills) got rid of the need for the “silly elixirs and cocktails” of the past. OxyContin would change the lives of pain patients who, for so many years, could do nothing but think about their pain and look forward to their next dose.

Still, in analyzing Purdue’s application, FDA examiner Dr. Curtis Wright believed OxyContin to be addictive, and that its only benefit was in its convenience. Wright later left the FDA to work for Purdue. The FDA approved OxyContin in 1995, in doses of 10, 20, and 40 mg, and later in higher doses of 80 and 160 mg. The FDA allowed Purdue to claim that OxyContin’s continuous-release properties made it less addictive than other opiate painkillers. Purdue’s approved warning also instructed patients “not to crush the tablets,” as it would “release ‘a potentially toxic amount of the drug,’” which essentially provided addicts with step-by-step instructions for how to abuse the supposedly nonaddictive pill (though the FDA later claimed that they didn’t know OxyContin would be liquefied and injected).

Purdue’s marketing strategy for OxyContin differed most notably from that of MS Contin in that it aimed to convince doctors of the drug’s success in treating noncancer pain, chronic pain, and even moderate pain, such as that resulting from standard dental procedures and headaches. Thus, “a vast new market for an opiate painkiller” was created.

PART 1: THE MAN AND THE NAYARIT

In the early 1990s, the Man is incarcerated at the Northern Nevada Correctional Center. He gets to know the prison’s small Mexican population and, being bilingual, becomes a spokesperson for them, working to improve their living conditions in the prison. Through his involvement with the Mexican community, he grows acquainted with a man from Nayarit. Shortly after arriving in the U.S., the Nayarit travelled to the San Fernando Valley where a cousin was selling heroin. The black tar heroin they sold was made from opium poppies that grew in Xalisco’s mountains. He tells the Man that his family’s business had since expanded to Honolulu, Phoenix, and Portland since he’s been in prison.

Foley’s comment that OxyContin pills eliminated the need for “silly elixirs and cocktails” of the past speaks to the efficiency and simplicity that doctors and patients wanted out of pain treatment. Pills were easy and provided instant relief: they didn’t demand diligent work out of their patient in the way multidisciplinary approaches did.



Wright’s decision to frame OxyContin’s convenience as a benefit speaks to America’s desire for pain treatment to be easy and efficient. Wright’s later move to work for Purdue alludes to the economic corruption and exploitation at play in the opiate epidemic. Purdue’s warning that essentially provided addicts with instructions to abuse OxyContin might be compared to the “Joe Camel” ads referenced earlier in the book, wherein a cigarette company indirectly and illegally created ads directed at minors.



OxyContin’s advertising campaign was geared toward expanding the market for potential buyers. Whereas before only the terminally ill would be considered potential consumers, now patients with less serious illnesses (even headaches) were in the market to be prescribed opiate painkillers.



Throughout Dreamland, community is presented as an effective method of combatting addiction. Here, Quinones shows that the opposite can also be true, as the Man’s involvement in the correctional facility’s Mexican community presented him with an entry into the drug business.



The Nayarit cuts a deal with the Man: since the Man is bilingual (and the Nayarit and his family are not), he would be a valuable asset to their business. In turn, the business could transform the Man from an addict into a rich, successful businessman. In 1993, the Man is released on parole. A few months later, the Nayarit visits the Man and tells him about the Xalisco Boys' system of phone operators, pagers, and salaried delivery drivers. The Man, a lifelong addict, has never heard of salaried drug work and he sees "the ingenuity in the system." He decides to enter into the business in Reno. More cells start up after theirs, and business becomes more competitive; eventually, the Man and his partner move on to Salt Lake. As their business flourishes, the Man accompanies his Nayarit partner on a vacation to his hometown of Xalisco.

Again, the illicit drug trade is framed as, above all, a business market, wherein skilled businessmen can succeed financially and move up in the world. The Man recognizes the "ingenuity of the [Xalisco] system," further emphasizing the astute business sensibilities that enabled their success in the illicit drug industry.



PART 1: SWING WITH OXYCONTIN

In 1997 in Chillicothe, a town in Southern Ohio, Dr. Phillip Prior notes an influx of salesman from Purdue Pharma making the rounds at this hospital. Armed with graphics and data, these salesmen take doctors out for luxurious lunches in an attempt to convince them of the safety and effectiveness of their new drug, OxyContin. The salesmen's pitches shock Prior, as he knows that OxyContin contains oxycodone, and his medical schooling in the 1980s taught him that large doses of oxycodone were dangerous and highly addictive.

Purdue Pharma's strategy of treating doctors to lunch parallels the customer service of the Xalisco Boys. Both cases involve drug businesses using bribes and other incentives to attract a new market of consumers. The skepticism with which Dr. Phillip Prior regards OxyContin is becoming rarer as more doctors become falsely convinced that opiates are nonaddictive. This trend speaks to the effectiveness of Purdue's campaign.



Purdue's advertising campaign in the late 1990s serves as a prime example of the pharmaceutical industry's concept of "the blockbuster drug." During this time, drug companies fight to secure the highest grossing pill, creating their own drugs and then marketing them aggressively with an increasingly large force of salespeople. From 1995 to 2005, the number of salespeople in America grows from 35,000 to 110,000. Salespeople push their drugs using direct marketing, just as Arthur Sackler did with Valium in the 1960s. Leading the pharmaceutical "arms race" is Pfizer, now the largest drug company; in fact, doctors recall "getting visits by three Pfizer reps a day."

The idea of "the blockbuster drug" reflects how competitive the pharmaceutical company advertising had grown by the 1990s: drug companies had to employ aggressive marketing tactics to ensure that their brand was most popular. The growth in pharmaceutical salespeople between 1995 and 2005 speaks to the growing market for opiates that occurred as a result of the pain revolution. Pharmaceutical companies exploited the increasing number of doctors who were comfortable with the idea of prescribing opiates and the increasing number of patients who came to believe it was their right to live pain-free.



Purdue motivates its salespeople to increase their sales by raising the quota for bonuses. This tactic works: in 1996, Purdue doled out \$1 million in bonuses. Five years later, this number is up to \$40 million. Regions like Southern Ohio and Eastern Kentucky are particularly lucrative markets for sales reps, whose earnings "bore [...] a striking similarity to the kinds of profits made in the drug underworld."

The fact that Purdue's exorbitant profits are similar to "the kinds of profits made in the drug world" shows how similar the legitimate drug business world is to the illegitimate drug business world, suggesting that pharmaceutical executives ought to be regarded with the level of scorn usually reserved for drug kingpins.



Purdue pushes OxyContin by giving away coupons for free prescriptions that doctors can pass along to their patients, as well as through sponsoring continuing medical education (CME) seminars, which have grown increasingly depending on pharmaceutical company money. The Accreditation Council for Continuing Medical Education attempts to draw a clearer line between drug companies and seminars in 2004 by banning drug company influence. As a result, funding of CME by pharmaceutical companies drops. In 2002, the Pharmaceutical Research and Manufacturers of America and the U.S. Department of Health and Human Services banned sales representatives from bribing doctors with elaborate dinners and gifts, but by then Purdue had been able to push OxyContin on doctors for over six years.

According to the U.S. General Accounting Office, Purdue “help[s] fund more than 20,000 education programs.” Russell Portenoy often speaks at these programs, emphasizing the “complexity” of pain. Still, he ultimately determines that pain is best combatted with opiates like OxyContin. OxyContin continues to flourish into the early 2000s.

PART 1: THE MAN AT HOME

The Man arrives in Xalisco in August 1993. He attends Xalisco’s annual Feria del Elote. Because of his and his business partner’s success in the heroin trade, they are able to fund a soccer team to compete in the fair’s annual tournament—something that, prior to the success of the Xalisco heroin business, “only legitimate businessmen” had been able to do.

The Man returns to Xalisco for every Feria del Elote after this. In between these August celebrations, he lives in Reno selling heroin. One day, a man named Daniel approaches the Man at a bar he frequents and suggests he take his black tar east, to Columbus, Ohio, where there is no existing market for cheap, high-quality product. In 1997, the Man contacts Daniel and establishes contacts in Columbus. After six months off in Xalisco, the Man’s funds grow low and he sets out to establish cells in the Eastern U.S. He is successful in Columbus, where there is a large white population and a lack of competition for black tar heroin.

Purdue’s tactic of giving away coupons for free samples of OxyContin harkens back to the Xalisco Boys giving away free heroin to addicts and Pfizer giving away coupons for Valium in the 1960s. Purdue’s tactic of advertising at CME seminars is particularly aggressive, as it allows them to reach large numbers of doctors at once. Because of the lack of stigma associated with the pharmaceutical industry, Purdue is able to employ these marketing tactics for years before regulations are set in place to prevent such practices.



Russell Portenoy’s well-intentioned message about the “complexity” of pain is exploited by Purdue, whose funding encourages him to endorse painkillers like OxyContin as the best solution for pain.



The Feria del Elote, or Corn Fair, is a yearly harvest celebration that features such activities as games and live music. The fact that the Man and his Nayarit friend are able to fund a soccer team, as before “only legitimate businessmen” had been able to do, solidifies their role as businessmen, too.



This is significant because it’s the first time black tar heroin has existed east of the Mississippi River. The Man’s motivations are also noteworthy here. At this point in time, he hasn’t heard of OxyContin or the rise in opiate addiction in America’s heartland—he is merely following up on a lead about a possible new, untouched market of opiate users.



PART 1: WHAT'S OXYCONTIN?

It is late 1997 when Ed Hughes, who runs the Counseling Center, (Portsmouth's only treatment center) receives a phone call from the *Portsmouth Daily Times*. A reporter wants to interview staff members about tips for staying sober during the holidays. The journalist asks Hughes if he knows what OxyContin is. Hughes doesn't, but his staff reveals that addicts are abusing the oxycodone-based drug. The resultant article published by the *Portsmouth Daily Times* reports on "a new trend in addiction in southern Ohio." Only a week after the story's publication, Hughes is contacted by Purdue's lawyer, who threaten legal action if Hughes claims OxyContin is addictive.

Hughes founded the Counseling Center two decades earlier in response to his belief that community support is essential to an addict's recovery. He remembers the OxyContin epidemic as distinct in its origins; unlike other drugs, OxyContin addiction started and expanded from pill mills, "a business model invented in town."

The fact that Hughes, who runs a drug treatment center, hasn't even heard of OxyContin speaks to the silence that is characteristic of the opiate epidemic. Throughout Dreamland, Quinones emphasizes how the shame and stigma attached to drugs among the new class of opiate addicts allows the epidemic to gather strength largely unnoticed. Purdue's swift threat of legal action against such a seemingly inconsequential local paper shows how important small-America is to the OxyContin campaign: it makes sense for Purdue to want to conceal OxyContin's addictive quality because the addicts and pill mills of places like Portsmouth fuel their business.



Like Quinones, Hughes believes that community support is a necessary component of addiction recovery. His statement that pill mills are "a business model invented in town" emphasizes that the opiate epidemic is driven forward by economic forces.



PART 1: SMACK CLANS IN THE SANCTUARY

Jim Kuykendall, a DEA agent, works out of Albuquerque, New Mexico in 1998, around the time that the Xalisco Boys set up shop in the small town of Chimayo, New Mexico. Chimayo boasts the highest rate of heroin addiction in the country. For years, Chimayo addicts fed their habit with weak powder heroin. However, by 1997, Mexican dealers started distributing cheaper and more potent black tar heroin. Users who'd grown accustomed to Chimayo's weak powder heroin begin to die of overdoses. In Chimayo, heroin is sold by three clans: the Barela clan, the Gallegos clan, and the Martinez clan.

In the late 1990s, as more addicts die, family members organize "protest processions." Kuykendall is moved by this, but he still feels that Chimayo's heroin problem is a local one, and thus outside of the DEA's jurisdiction. However, when Kuykendall attends a meeting organized by the Chimayo Crime Prevention Organization, he is surprised to find that political figures, such as congressmen and the head of the New Mexico State Police, are in attendance. People are upset at local and federal law enforcement's inaction on heroin. Kuykendall takes on the Chimayo case the next day.

Heroin addicts began to die because the Xalisco Boys' product was far superior to the product of previous trafficking businesses.



Community is an essential component of addiction recovery, but it can also be a big part of getting government agencies to acknowledge and respond to the toll addiction takes on community life. Chimayo's community organized "protest processions" and meetings that inspired Kuykendall and the DEA to intervene and launch an investigation into heroin in Chimayo.



PART 1: LIBERACE SHOWS THE WAY

In the late-1990s, David Procter, unlike much of the rest of Portsmouth, is doing well: he owns a mansion, a pool, and fancy cars. Despite being investigated by the Kentucky Board of Medical Licensure in the late 1980s for aggressive prescription of opiates, he is able to keep his license, as he hadn't technically broken any Kentucky laws.

In the beginning, it seemed as though Procter wanted what was best for his patients: records suggest he consulted with other doctors and discontinued medications "just as frequently" as he prescribed them. But a decade later, Procter is exhausted by his pain patients. A second investigation suggests that he regularly prescribes patients painkillers and sedatives "with almost no diagnosis or suggestions for other treatment, such as physical therapy." Procter's time spent catering to "vulnerable [...] and manipulative people who used drugs and the government dole to navigate economic disaster" has "corroded" his "medical ethics."

"If heroin was the perfect drug for drug traffickers," explains Quinones, "OxyContin was ideal for these pill mill doctors." OxyContin is "ideal" because it is legal, and it creates addicts who need to become regular customers to support their habit. Procter is one of the first doctors take advantage of the "business model" OxyContin presented. Jeremy Wilder was an addict from Aberdeen, Ohio who also took advantage of the business opportunities OxyContin presented. Wilder collected OxyContin prescriptions from doctors around Ohio and Kentucky and, by the mid-1990s, had become "the biggest pill dealer in Aberdeen." Jeremy would pay for appointments at pill mills and the prescriptions themselves and then sell the pills for a profit. He started abusing the pills before ultimately turning to the newly-arrived black tar heroin.

In the late 1990s, the Kentucky Board of Medical Licensure receives complaints pointing to the complete lack of medical knowledge involved in Procter's prescriptions and diagnoses. Three female patients apparently exchanged sex with him for prescriptions. In 1998, Procter suffers a car accident that ended his career as a physician. He forfeits his medical license but hires other medical staff—often questionable doctors with "histories of drug use, previously suspended licenses, and mental problems"—to run his clinic. Some of these doctors end up opening their own pill mills.

The former industrial businesses that were the center of Portsmouth's economy are dead, but the new market for OxyContin has allowed Procter to flourish as a local businessman in Portsmouth and in South Shore, Kentucky.



Procter seems to have started off with good intentions, wanting to honor the new, "patient is always right" doctrine promoted during the pain revolution. But greed, excess, and convenience have corrupted Procter, and he no longer practices medicine with any degree of moral integrity. Some of Procter's patients have also been corrupted by the pain revolution, having observed how easily they can fake pain and be guaranteed a prescription for narcotics. The philosophies of the pain revolution have been exploited for convenience and economic gain.



OxyContin created a stable market: consumers (addicts) would always be willing to purchase a product (opiates), regardless of cost, because their addiction required them to do so. Business-savvy individuals like Jeremy Wilder recognized and took advantage of this flexible market, much like the Xalisco Boys would later recognize and take advantage of the new market of opiate addicts that had been created by the opiate epidemic and OxyContin.



Procter's decision to trade illicit sexual acts for pills shows the extent to which wealth and greed have destroyed his moral integrity as a medical professional. The quality of doctors Procter hires to continue running his pill mill businesses after his accidents will become common: there aren't strict legal restrictions for who can operate a clinic.



Eventually, the DEA investigates Plaza Healthcare, Procter's original clinic. Procter "fle[es] to Canada" after "plead[ing] guilty to conspiring to distribute prescription medication." Canada returns him to Kentucky, where he testifies against other pill mill doctors in exchange for a lighter sentence. He is eventually sentenced to eleven years in federal prison. Rather poetically, Procter serves his time at the facility in Lexington, Kentucky that once housed the Narcotic Farm. Procter and other pill mill doctors provided economically depressed industrial towns with "some of [their] first locally owned business in years," effectively demonstrating a "brand-new business model."

Procter might have been arrested, but not before his pill mill model was able to spread across many other economically depressed industrial towns throughout the American heartland. In an area utterly destroyed by the new global economy, pill mills are "some of [their] first locally owned business in years." Again, Quinones shows how the opiate epidemic was propelled forward, in large part, by business and economics.



PART 1: THE MAN IN THE HEARTLAND

Columbus, Ohio is a remarkably average, middle-of-the-road American city, and thus it is "one that marketers especially prize" for gauging consumer interest. Just as legitimate marketers like Wendy's use Columbus "as a barometer of America," so too does the Man for his illegitimate black tar heroin business in 1998. The Man's arrival in Columbus marks what is likely the first time black tar heroin had ventured east of the Mississippi River. The relative nearness of Mexico makes the Xalisco Boys' product better and cheaper. Seeing what a prime market Columbus is, the Man sends for more Xalisco Boys, whom he advises to sell to white customers, as "that's where the money is." The Man's heroin taps into a market that craves it, and with the arrival of black tar comes, too, a drastic increase in overdoses. Columbus is home to the only methadone clinic for miles, so opiate addicts come from far away to purchase whatever dealers offer outside. When the Man arrives in Columbus with his black tar, these travelers become his first customers.

Similar to a legitimate business like Wendy's, the Man uses Columbus "as a barometer of America" to assess how successful his heroin business will be east of the Mississippi River.



An addict named Mikey provides the Man with connections in Wheeling. There, the Man discovers OxyContin for the first time when an addict offers to trade him some for heroin. The Man arrived in the American heartland at the very beginning of Purdue Pharma's aggressive OxyContin campaign. Nearby, pain clinics inspired by David Procter's pill mill business model have increasingly emerged. Because black tar is cheaper than OxyContin, it sells easily in areas that have already accumulated a desperate population of Oxy addicts who liquefy and inject the pills. Because OxyContin's street price is a dollar per milligram, it is a much better deal for addicts who "ha[ve] lost any fear of the needle" to switch over to cheaper, more available, and more convenient heroin. The Man sees that new markets like these could be found wherever there was OxyContin.

By 1996, OxyContin had been on the market for two years. In that time, pill mills run by doctors like David Procter ushered in a new class of opiate addicts who readily switched to heroin once their oxy habits became too expensive to support. OxyContin attracted a new class of user as its status as a legitimate drug prescribed by doctors made it seem less harmful and more available to middle class people.



Hearing of the Man's success, other cells begin to establish systems out east. Cells risk losing clients if they dilute their product, so the street price of heroin remains low. Just as they had done in the western cells, the eastern Xalisco dealers emphasize customer service and convenience, offering free drugs to clients. The Man starts a new cell in Charlotte. Soon after this, other Xalisco families follow suit, as "it was a free market, after all."

As was the case in Xalisco systems in the Western U.S., Xalisco cells in the Eastern U.S. all sold a virtually identical product, so they had to rely on aggressive marketing and customer service to set their business apart from the other businesses in the "free market" of heroin.



PART 1: BODIES ARE THE KEY TO THE CASE

In Chimayo, agents Chris Valdez and Jim Kuykendall struggle to make much progress with their investigation into the heroin trade: none of Chimayo's three main heroin clans ever served much jail time, and there isn't much to go off of. Kuykendall forms a team of local law enforcement to target Chimayo's main dealers. Specifically, he pores over medical reports of overdoses and immerses himself with the stories of addicts and their families. Many family members want and need to talk about the addictions that have ripped apart their lives. In the end, the grand jury indicts over 34 people, "including Felix Barela, Josefa Gallegos, 'Fat Jose' Martinez, and his brother 'Donuts.'" On September 29, 1999, Felix Barela's land and assets are seized by law enforcement.

None of Chimayo's main heroin clans served much jail time because, like the Xalisco Boys, they dealt with relatively small amounts of heroin, and law enforcement prioritized larger scale drug busts. Kuykendall's tactic of speaking with families of addicts who had overdosed or died shows how important it is to destigmatize and talk more openly about addiction. Because families came forward, Kuykendall was able to make more headway in his investigation.



In April 1999, several months before this major drug bust, the badly bludgeoned body of Xalisco Boy named Aurelio Rodriguez-Zepeda is found in the trunk of an abandoned car outside Santa Fe. At the time, Xalisco meant little to authorities; however, they discover that the car in which the body was found is registered to Josefa Gallegos. Additionally, they discover that numbers entered into a cell phone found on the boy's body are connected to a Phoenix heroin case.

This development in the case shows that the Chimayo heroin clans were purchasing their product from Xalisco traffickers, which reinforces how widely the Xalisco business network had developed in the past several years.



Kuykendall calls the Phoenix FBI office and discovers that their officers are in the midst of tracking heroin distributors from Nayarit. Of particular interest to the Phoenix FBI is how these traffickers differ from conventional distributors in larger cities like Chicago or Miami—these dealers operate out of mid-size towns like Boise, Omaha, and Salt Lake. Ed Ruplinger has been involved in investigating the traffickers who set up shop in Boise. Upon further investigation of the Chimayo clans' phone records, Kuykendall discovers that the clans ordered their drugs from a dispatcher who then called Aurelio Rodriguez-Zepeda. It seems that the murdered boy had been "some kind of black tar deliveryman." At this point, Kuykendall realizes that the Chimayo clans are part of a much larger, connected network of heroin distributors.

Law enforcement across the country begins to connect the dots to see how widespread the Xalisco Boys heroin distribution system is. The Xalisco tactic of avoiding large cities with established heroin distributors allows them, in part, to avoid attracting much notice from law enforcement up until this point.



PART 1: ENRIQUE ON TOP

Robert Berardinelli, an addict in his fifties, is overjoyed when the Xalisco Boys come to Santa Fe in 1997. Before, he'd had to purchase his drugs on the streets.

By this time, heroin has given Enrique the life he'd always dreamt of. He'd escaped poverty and sold heroin under bosses who exploited him, but now, finally, he has the chance to start his own cell. Enrique originally planned to set up shop in Albuquerque, but on the advice of a local addict, he switched to Santa Fe, where there is no competition. He recruits village boys to work underneath him. As Enrique's business flourishes, he is able to pay for his sister's quinceañera, hire a maid for his mother, and pay the college tuition of another sister. Enrique soon expands his market from Santa Fe to Chimayo, New Mexico. There, he supplies Chimayo's heroin trafficking clans with their product.

Robert Berardinelli relishes the convenience Enrique's heroin cell affords him; it is as simple as ordering delivery pizza. What's more, Enrique's heroin is purer and more reliable than the heroin of years past. Berardinelli also admires the Xalisco Boys for not using their own product, which is rare among drug dealers. The Xalisco Boys don't want to get high: they only want money. One day, the Xalisco group asks Berardinelli if he can get them a car. They pay him in drugs, and a series of exchanges like this continue to unfold. Berardinelli has frequent encounters with Enrique, of whom he grows fond: "Because of the way this business model ran, it was so much more relaxed," recalls Berardinelli.

PART 1: HEROIN LIKE HAMBURGERS

In January 2000, law enforcement at the federal and local levels, including Paul "Rock" Stone from Portland and Jim Kuykendall from Albuquerque, convene in the Los Angeles DEA office to compare notes on heroin cases across the U.S. These cases once seemed separate, but now law enforcement realizes that they are connected—something Ed Ruplinger had suspected years before. The January meeting is called "Operation Tar Pit," and it establishes, once and for all, that the Xalisco Boys are a national operation. Rock Stone recalls that, "You couldn't help but feel how corporate these guys are, how standardized they are. It's like McDonald's, where you get the same burger in Louisiana as you get in California." Each cell is like a franchise, and each can be traced back to Xalisco.

Berardinelli does business with the Xalisco Boys because it's more convenient than purchasing drugs on the street. The importance Berardinelli places on convenience parallels the mindset of the doctors and patients that propelled the pain movement.



Again, Quinones depicts Enrique's tenure in the heroin business as a progress narrative of upward mobility, aligning his story with archetypal narratives of hard work and success in the legitimate business world. Quinones also clarifies that Enrique was involved in the distribution cell that sold to the heroin clans in Chimayo.



The Xalisco Boys' reliable, "relaxed," customer-oriented services make Berardinelli into a loyal customer—so loyal, that he could be convinced to do favors for them in exchange for drugs. Berardinelli's observation that the Xalisco Boys only wanted money shows that accumulation of wealth is a central motivating factor in the Xalisco drug trade. Comparing the Xalisco system to a pizza delivery service aligns the illicit drug trade with legitimate businesses.



Law enforcement continues to connect the dots to see the full extent of the intricately connected Xalisco Boys distribution system. Operation Tar Pit is established to target Xalisco heroin networks. Comparing the Xalisco Boys to McDonald's shows how their success was built on marketing a consistent, recognizable brand. One might compare this to the tactics employed by pharmaceutical companies to sell "blockbuster drugs" like OxyContin.



PART 1: TAR PIT

By June 12, 2000, Operation Tar Pit is underway, with a bust scheduled for June 15 by the U.S. Department of Justice in Washington. A SWAT team seizes Xalisco Trafficker Oscar Hernandez-Garcia's apartment, which is full of drugs, in Panorama City, California. Similar seizures happen across the U.S. Portland officers strategize how they will execute their own busts. In Albuquerque, Jim Kuykendall busts Enrique and his drivers. Kuykendall recalls how Enrique presented himself as nothing but a poor kid from Mexico "trying to make a buck. [...] He was a farm boy...and a midlevel trafficker." Enrique will be incarcerated in federal prison for the next thirteen years. In total, Operation Tar Pit leads to the arrests of 182 traffickers in a dozen cities. To this day, Operation Tar Pit "remains the largest case—geographically and in terms of manpower used—the DEA and FBI have ever mounted jointly."

Tar Pit reflects not only the drug trade's trajectory, but also of the spread of Mexican immigration. In the contemporary U.S., Mexican immigrants populate big cities as well as heartland America, and "the only locally owned new businesses in many rural towns are those that Mexicans started." After Tar Pit, Xalisco grows desolate, and the celebration and wealth that characterized the past decade was nowhere to be seen. For as successful as Tar Pit was, on the eastern side of the U.S., there is still an epidemic of opiate abuse raging on, uncontrolled.

Kuykendall's comments complicate Enrique's narrative. For much of Dreamland, Quinones depicts Enrique as a young man who worked hard, succeeded in his business, and escaped from the poverty of his youth. Enrique thinks of himself in the same way, as a poor kid simply "trying to make a buck." Kuykendall's comment that Enrique was "a farm boy...and a midlevel trafficker" suggests that, somewhere along the way, Enrique became corrupted by an addiction to excess and displays of material wealth, in a transformation like those of pill mill doctors like David Procter. Operation Tar Pit is evidence of how widespread and connected the Xalisco business had become by 2000.



Tar Pit revealed that the development of the Xalisco heroin trade paralleled the spread of "the only locally owned new businesses in many rural towns," showing how the Xalisco system targeted and exploited towns hit hard by deindustrialization and the opiate epidemic.



PART 2: TWO-THOUSAND-YEAR-OLD QUESTIONS

In Cambridge in 2000, Dr. Nathaniel Katz arrives at the Royal Sonesta Hotel to deliver a speech on pain management in AIDS patients. There, a young woman confronts and accuses him of killing her brother. Katz graduated medical school in 1986 and eventually specialized in pain management, where he was immersed in rhetoric inspired by Porter and Jick. Katz would go on to prescribe many opiates, including to Peter, the young woman's brother, who eventually died of an overdose.

The American pain revolution was over by the 2000s. By this point, most pain patients were prescribed painkillers—not by specialists, but by general practitioners. In a time Quinones considers to be characterized by excess consumerism, pain patients were met with an excess of prescription pills. Overdose deaths were on the rise.

Katz graduated from medical school in 1986, the same year Russell Portenoy and Kathy Foley published their paper in Pain. Katz entered pain management during the height of such rhetoric. Peter's death is an example of how, through corruption and misinformation, the well-intentioned rhetoric of pain crusaders ended up harming the patients it was designed to help.



The excessive prescription of painkillers that continued into the 2000s was only one example of America's larger, harmful obsession with excess.



In response to reports of opiate abuse, doctors tried prescribing methadone instead, as it stayed in the system for longer and wasn't craved in the same way as OxyContin. But methadone, though chemically long-lasting, didn't provide long-lasting pain relief. As a result, addicts took more methadone and overdosed on that instead. Unlike milder opiates abused by addicts in the past, like Vicodin, OxyContin's large doses of oxycodone meant it was a more feasible "gateway" drug for heroin use. As the Man had predicted when he arrived in Wheeling, West Virginia, OxyContin addicts turned to heroin when their habits became too expensive to support; in fact, 80 percent of new heroin users had started on a prescription painkiller.

Because OxyContin and black tar heroin were products of a similar potency and molecular makeup, addicts in the market for OxyContin were also in the market for heroin. Because heroin was inexpensive, the Man's product appealed to many opiate addicts.



PART 2: COLLISION: GROUND ZERO

Because the Xalisco Boys weren't a "top-down" drug cartel, Operation Tar Pit didn't completely dismantle their operation. Delivery drivers who weren't arrested start up their own cells and take over vacancies left by the arrests. Xalisco Boys begin selling to a new, younger market of users who have graduated from painkillers to heroin. The first of these new markets appear when the Man introduces black tar heroin to Southern Ohio.

A "top-down" business is operated by an owner who gives orders to the business's subordinate workers. Because the Xalisco cell owners operated out of Mexico, they avoided arrest and were able to form new cells after Tar Pit wiped out their previous cells of subordinate workers.



One of the first people to notice this "synergy" between pills and heroin is Dr. Peter Rogers, who specializes in adolescent medicine at Nationwide Children's Hospital in Columbus. Rogers starts seeing more and more kids—most of whom come from the suburban upper and middle classes—coming in addicted to heroin.

The "synergy" between pills and heroin is strongest in towns where there is an existing market for prescription painkillers. Rogers's observation that a greater number of addicted kids are from privileged backgrounds is important because heroin had previously been associated with urban counterculture—not square, suburban America.



PART 2: CANARIES IN COAL MINES

David Procter's Plaza Healthcare is closed, but his influence lingers. Procter showed how simple it is to open pain clinics, and new establishments continue to pop up across the U.S. Scioto County, Ohio, boasts the most clinics per capita, and Portsmouth becomes the pill mill capital of the country. Soon, "plain old drug dealers got in on the scam," as well.

Because there were minimal guidelines in place to regulate pain clinics, even convicted felons could open pill mills. Shady clinic owners would hire doctors on locum tenens lists (doctors for temporary hire) to dispense pills for them. These temp doctors were desperate for work as they frequently had issues obtaining malpractice insurance substance abuse problems of their own. Pill mills illustrate the extent to which the legitimate pharmaceutical industry was corrupted by money-making schemes.



In Southern Ohio, Quinones comes across a lawyer named Joe Hale, a defense attorney who made most of his money in Lucasville, near Portsmouth. Lucasville, also known as “the Bottoms,” is a run-down town that consists mainly of residents on disability. Hale learned that many of the Bottoms residents were abusing OxyContin. One day, a Bottoms resident whose daughter had died of an overdose asked Hale to file a lawsuit against Purdue. In May 2001, Hale filed “the first OxyContin wrongful-death lawsuit against Purdue Pharma.” Hale ended up dropping the suit, but he would regard the Bottoms “as an early warning sign that Ohio and the country ignored at their peril.” Quinones suggests that the Lucasville Bottoms, Portsmouth, and similar “forgotten places of America [...] acted like canaries in those now shuttered Appalachian coal mines.” But nobody was there or listening to heed their warning.

America’s failure to notice the “early warning signs” exhibited by the Bottoms speaks to the opiate epidemic’s silent quality. Many addicts were silenced by stigma and shame.



PART 2: FIFTY, HUNDRED CASES A MONTH

Washington State holds a monopoly on insuring workers. Labor and Industries (L&I) employee Jaymie Mai, thus, is in a unique situation. Since 2000, Mai, a pharmacist, has been in charge of overseeing workers comp cases. She begins to notice a disturbing trend: painkillers are being inappropriately prescribed to workers in alarming numbers. More disturbing than this, workers who are prescribed the painkillers begin dying, including those whose initial complaints were simple ailments like a sprained knee. In the past, most deaths could be accounted for by accidents like electrocutions or from cancer.

Mai’s discovery underscores how widespread opiate use has become since OxyContin was released in 1996. Her findings also show the extent to which the pain revolution’s initial goals (patient welfare and dignity) were corrupted by greed: patients with minor injuries are literally dying because Purdue, wanting to make more sales, erroneously advertised OxyContin as a safe treatment for non-life-threatening conditions.



Mai immerses herself in research. In 2005, Mai and her boss Gary Franklin publish a paper in the *American Journal of Industrial Medicine* attesting to the increased number of workers who have died from prescription painkillers between 1995 and 2002. Most of these workers initially entered into the worker’s comp system with non-life-threatening conditions. The paper is met with backlash from people who don’t want their meds taken away. Mai and Franklin contact Jennifer Sabel, an epidemiologist with the Washington state department of health, to see whether the trend in rising opiate deaths in worker’s comp data is mirrored across the state’s entire population.

Mai and Franklin’s paper shows that OxyContin is anything but a Holy Grail: the “heaven” of convenient pain relief it affords is overshadowed by the decidedly hellish downside of death. Despite its alarming findings, the paper is met with backlash by a market of people conditioned by the pain revolution to believe it is their right to have accessible, convenient pain relief.



PART 2: JUNKIE KINGDOM IN DREAMLAND

Portsmouth's **Dreamland** pool closed in 1993 after years of economic decline. Bulldozers knocked down the concrete structure and replaced it with a strip mall. With Dreamland gone, "the town went indoors." Police replaced "communal adult supervision," and people hung out at Walmart. Opiates soon ravaged the town, small businesses were replaced with pill mills like David Procter's, and Portsmouth was among the first towns to witness the horrendous effects of Purdue Pharma's aggressive campaign to normalize and push opiate painkillers.

Dreamland's closure represented Portsmouth's literal and symbolic move away from community life and toward isolation. Soon after the pool closed, other local businesses shut down and were gradually replaced by pill mills, supporting Quinones's claim that heroin addiction thrives in places that lack a sense of community.



Kids born during and after Portsmouth's decline, for whom the town's declining economy offered few opportunities to support themselves, became addicts and helped pioneer an underground market for OxyContin. Mary Ann Henson recounts how she bought an MRI that depicted a sprained lumbar, made multiple copies of the MRI, and then paid different addicts to take the MRI copies to various sketchy doctors who, in exchange for cash, would give the addicts painkillers. Henson would pay the addicts in pills, then sell the rest. Scams like this became the norm in Portsmouth.

Just like the Xalisco Boys, Portsmouth's disadvantaged seized on the opportunities presented in the underground drug market.



In other instances, people applied for SSI benefits so they could get Medicaid cards. With their cards, they'd get prescriptions and sell them for profit. In this way, scams assisted pill mills in getting more painkillers on the streets. "Much like the Xalisco heroin system," observes Quinones, "OxyContin didn't have kingpins. Instead, the market was moved by a bunch of small-time operators."

Quinones explicitly draws a parallel between the infrastructures of the Xalisco distribution group and the small-time drug dealers who took advantage of small-town pill mills.



The emergence of more Walmarts in rural America made shoplifting a more central part of the underground OxyContin economy. With many industrial towns' small businesses in economic decline, Walmarts became the only place to purchase goods; junkies, in turn, turned to Walmart to steal products they could trade for pills. Pill dealers would place orders for certain items they wanted, and addicts would find these items at Walmart and steal them in exchange for pills.

Although OxyContin started off as a drug sold within the legitimate market place from pharmaceutical companies to doctors to patients, a demand for it soon developed in the black market. In this way, OxyContin and heroin are very similar. Still, it would take time for prescription pills to develop the sort of stigma attached to heroin.



PART 2: A CRIMINAL CASE

In August 2001, John Brownlee, a Republican, becomes the U.S. attorney for the Western District of Virginia. It is during this time that Jaymie Mai uncovers an increase in the deaths of residents in Washington State's worker's comp system. People are dying of overdoses across Appalachia at unprecedented rates, and prosecutors have begun prosecuting pill mill doctors like David Procter. Upon examination of Purdue's records, Brownlee determines that the company has been training salespeople to claim that OxyContin is nonaddictive. In 2006, Brownlee prepares to sue Purdue Pharma for criminal misbranding.

Back tar heroin spread from the Western U.S. to the Eastern U.S., and so did an awareness of the opiate epidemic, as researchers like Mai and public officials like Brownlee began to see the full extent of the increase in overdose deaths. The criminal misbranding suit Brownlee brought against Purdue diminishes the company's legitimacy, placing them more in line with criminal, illegitimate drug enterprises like the Xalisco Boys, for example.



PART 2: "TOOK OVER THE OXYCONTIN BELT"

Mario, an undocumented immigrant and new Xalisco Boy, had previously worked as a mechanic in Portland, where Xalisco Boys were his clients. He eventually joined his former clients when the drug trade appeared more lucrative. Mario reiterates that the Xalisco Boys weren't a cartel but rather a network of individuals running small businesses.

Mario's description of the Xalisco Boys system as a series of small businesses emphasizes the economic forces at play in the drug trade.



Just as Purdue created OxyContin to be a "convenient solution to disruptive chronic-pain patients," so too did the Xalisco Boys create a system that offered reliability, affordability, and convenience. Also like Purdue, the Xalisco Boys "didn't sit around waiting for customers to come to them." They offered deals and followed up with clients. Some Xalisco Boys realized how much OxyContin impacted their success, but most did not. In general, Xalisco Boys cared solely about earning money. This level of focus, combined with aggressive marketing and the presence of a new, available market, led to the Xalisco Boys' immense success.

OxyContin and the Xalisco Boys were successful because they astutely recognized and responded to the convenience demanded by consumers. Again, Quinones draws explicit comparisons to the infrastructure of both drug businesses.



PART 2: THE FINAL CONVENIENCE

Charlotte, North Carolina saw great benefits from the economic expansion of the mid-1990s. As bigger, more profitable businesses moved into the Charlotte metro area in the first decade of the 20th century, so too did rich retirees. Latino immigrants flocked to rural towns for agricultural work, and later into Charlotte. Sheena Gatehouse was chief of the drug unit in Mecklenburg County's district attorney's office when the Xalisco Boys began to operate in Charlotte. She would later become a defense attorney in charge of OxyContin abuse cases, and many of her clients were upper- and middle-class children. Gatehouse returns the prosecutor's office in 2009 to prosecute heroin dealers. She raises minimum drug sentences, but this does nothing to stifle the Xalisco Boys' business. Prices continue to drop, and business flourish.

Gatehouse's move to raise minimum drug sentences proved ineffective in stifling the Xalisco Boys' business because they had a steady pool of subordinate workers to pull from back home, and the prevalence of OxyContin addicts resulted in a steady, reliable demand for heroin.



During this time, a “new kind of junkie” emerges in Charlotte. Bob Martin, director of Substance Abuse Services at Carolinas Medical Center (CMC), notes that “half of CMC’s patients addicted to opiates now ha[ve] private health insurance” and live in wealthy neighborhoods.

This “new kind of junkie” was good news for Xalisco traffickers, as well: because these new addicts were well-off, they were reliable customers. The new market created by these wealthy addicts was reliable and predictable.



Quinones suggests, “it was as if these guys from Xalisco had done market research to discover new heroin markets.” An undercover cop in Charlotte named Jaime supports this claim, believing that the Xalisco Boys actively search for places where wealthy kids live, and where prescriptions for painkillers are prevalent. Despite the growing market for heroin in Charlotte, the city responds with no threats or outrage; on the contrary, the parents of this new class of affluent, adolescent addicts “couldn’t conceive of their children on heroin.”

Quinones’s remark about the Xalisco Boys gathering “market research” uses language evocative of the legitimate business world. Charlotte’s lack of outrage in response to the city’s growing heroin market came as the result of suburban parents too ashamed to admit that their children were heroin addicts.



Reflecting more on this new class of affluent users and their defining characteristics, Jaime determines that one of the Xalisco Boys’ most alluring features is the convenience they offer: “This drug is following the same marketing [strategy] of every other product out there.” To Jaime, “in a culture that demanded comfort, [...] heroin was the final convenience.”

This privileged new class of heroin users valued convenience and instant gratification, so they were attracted to the convenience the Xalisco Boys’ delivery service afforded them.



PART 2: A TIDAL WAVE FORMING

In December 2005, Jennifer Sabel, Washington State’s epidemiologist, stands before a panel of doctors to present the dismal findings she and her team have uncovered: just as Jayme Mai and Gary Franklin found in the state’s worker’s comp system, Sabel confirms that the entire state of Washington has experienced unprecedented increases in fatal overdoses over the past decade. Doctors meet Sabel’s claims with anger and skepticism. In an interview with Quinones in 2013, Sabel states that doctors became convinced by drug companies that it was appropriate and safe to prescribe painkillers to chronic pain patients. Now, these doctors refuse to hear the truth.

Sabel’s research speaks to the effectiveness of pharmaceutical advertising techniques first employed by Arthur Sackler in the 1950s. Companies like Purdue were so good at selling their product that they were able to convince doctors to forget much of what they learned about the addictiveness of narcotics in medical school. On a more cynical level, doctors’ acceptance of opiates could have also been the result of their desire for a faster, easier way to deal with patients’ pain.



According to Jaymie Mai, increased overdoses are the direct result of increased prescriptions: the pills aren’t “stolen in pharmacy holdups.” In response to its troubling discovery, L&I publishes better, more responsible guidelines for doctors to use when prescribing opiates: for example, if patients don’t respond to a certain dose, doctors should consult a specialist before increasing the patient’s dosage. Such guidelines are reasonable, but in light of the pain revolution, Mai and Franklin anticipated skepticism. Thus, they organized the conference at the Warwick Hotel, at which Jennifer Sabel delivers findings to which the audience of doctors respond unfavorably.

Mai’s observation that the pills causing increased overdoses weren’t “stolen in pharmacy holdups” emphasizes the very legitimate, condoned way that pills entered the underground drug market: they were prescribed by doctors who were accepted and trusted by society.



Before L&I can publish these new guidelines, they are contacted by Purdue Pharma executives who question their validity. Purdue accuses L&I of undertreating patients in pain. In the meantime, more workers die of drug overdoses. Still, L&I's guidelines lead to the beginning of a shift in Washington's attitude toward opiates. In 2011, legislators repeal regulations that prevent limits on opiate dosing.

Purdue's accusation that L&I was undertreating pain patients is the company's attempt to frame an economic concern as a moral concern: Purdue is likely more concerned that L&I's guidelines will cause them to lose money than that the guidelines will result in the undertreatment of pain patients.



PART 2: PENTECOSTAL PIETY, FIERCE SCRATCHES

Over the course of the 20th century, a Christian revival movement unfolded across Los Angeles and later spread throughout the country. In particular, there was an “explosion” of the Pentecostal faith, which was embraced by Russian immigrants who came to the United States after the collapse of the Soviet Union. Among this surge of devout immigrants were Anatoly and Nina Sinyayev, who settled in Portland. Their 11 children grew up attending conservative Russian Pentecostal church services, and they were forbidden to indulge in American pop culture. As a result, the Sinyayevs' children began to keep secrets from them. OxyContin arrived in Portland in 2004. The city witnessed an increase in overdoses amidst a medical culture that continued to espouse the benefits of opiates. Alan Levine, who'd been sober for so many years, started taking OxyContin before returning to heroin.

The Azusa Street Revival (named for location of the church where it held its first meeting), began in 1906 as an African American movement. The revival eventually expanded beyond L.A., spreading the Pentecostal faith to other communities and regions across the U.S. In particular, the movement grew popular among Russian immigrants in New York City. The Azusa Street Revival shows how central communities are in spreading ideas and practices—good and bad.



Children of Russian Pentecostals were especially attracted to OxyContin. Ukrainian-born Vitaliy Mulyar turns to prescription drugs when a friend offers him Vicodin; if a doctor prescribed painkillers, he reasons, “how bad could they be?” Vitaliy then becomes an OxyContin dealer to support his drug habit. After being arrested, Vitaliy turns to heroin and many other Russian Pentecostal children follow suit. The Sinyayevs' daughter, Elina, becomes addicted to heroin, as do two of her siblings. In 2011, Elina's brother Tovi dies of an overdose. Detectives find balloons of heroin in Tovi's bedroom; over the coming months, these balloons and Tovi's death “bec[o]me a test case for Clackamas County.”

Vicodin is an opiate painkiller that contains hydrocodone, which is also the main active ingredient in OxyContin. Like so many others, Vitaliy didn't see how dangerous painkillers were because they were prescribed by doctors and didn't have as many stigmas attached to them. Tovi's death in 2011 will later be investigated as a Len Bias case, wherein the individual who supplied drugs that resulted in a fatal overdose can receive life imprisonment.



PART 2: “WE WAS CARRYING THE EPIDEMIC”

In spring 2003 in Greenup County, Kentucky, across the Ohio River from Portsmouth, nonunion workers from Florida begin work on a new Walmart. Greenup County used to employ many in the steel industry, but by 2003 many of its residents are unemployed and addicted to pills.

Like Portsmouth, deindustrialization destroyed the communities in Greenup County, leading to unemployment and addiction.



Jarrett Withrow is one of these addicts. In 2003, he is part of the crew building the new Walmart. When the workers' pill supply runs out, one man drives to Florida and returns with more pills. Florida's regulations are lax compared to Kentucky's, and soon Withrow's crew makes a business out of transporting pills from Florida and selling them on the street.

Quinones likens the pill epidemic to Ebola and AIDS viruses, noting how they spread "among vulnerable populations by a casual contact, a chance meeting." Some of the earliest spreaders of pills, thus, were newly unemployed and addicted coal miners from Kentucky, whose only sustainable income came from SSI and Medicaid cards. Despite Kentucky's attempt to track what drugs were prescribed by whom, Kentucky's geography (it is bordered by seven other states), and the extent to which the decline of industrialization forced mass migrations out of the state, created a network of displaced friends and relatives to whom Kentucky addicts could reach out for drugs.

Because Kentucky has so many dry counties, travelling for illegal products was not a new phenomenon for the region. Many bootleggers who used to deal in alcohol turned to pills, some driving as far as Detroit; Dayton; or even Slidell, Louisiana to procure pills to sell in Kentucky. Bootleggers expanded their operations, bringing teams of addicts with them and returning with large numbers of pills. When these operations grew large enough, bootleggers like Timmy Wayne Hall hired dealers to sell for him. Hall was eventually arrested in 2007 and would confess to selling 200,000 OxyContin and methadone pills.

PART 2: MORE CASES THAN CAR CRASHES

In 2007, Jeremy Wilder, the "gaunt" addict from Aberdeen, returns from prison, where he'd been since 2003 for robbing pharmacies to fund his drug habit. When Wilder was first locked up, Aberdeen's addicts were a small group of people; when he returns, that number has skyrocketed. Countless people now drive to Florida to procure pills easily, and countless more are on heroin. Of particular influence on Southern Ohio's drug market are rich kids, which is something that Ed Socie, an epidemiologist with Ohio's department of health, notices in the data he analyzes. Despite decades of stability, Ohio's "accidental poisoning" deaths, and more specifically, drug overdose deaths, have tripled in recent years.

Withrow exploited the black market for pills that arose during the opiate epidemic. Again, Quinones shows how the epidemic created an illicit market for legitimate, prescribed painkillers.



By comparing the opiate epidemic to viruses, Quinones dispels the notion that addiction is the result of immorality or a character flaw: rather, addiction is spread by "chance" and "among vulnerable populations." Quinones suggests that rampant unemployment among some of Kentucky's coal miners made them one of these "vulnerable populations."



Kentucky's complex, organized bootlegging operations might be compared to the Xalisco distribution system. Hall's operation even boasts the same "top-down" structure as the Xalisco system.



Wilder also sold drugs before his imprisonment. He recalls that before, he sold to a certain type of drug user. After he was released from prison, he discovered that there no longer was a particular type of drug user: addiction now affected all classes and groups of people. Socie's observation that Southern Ohio's drug market now catered to rich kids further dispels the idea that addiction affects only a certain type of group of person.



Christy Beeghly becomes supervisor of the Department of Health's Violence and Injury Prevention Unit in 2007. Socie shows her his drug overdose data, and the two also notice that the amount of OxyContin prescribed in Ohio has increased in recent years; in fact, "in 2005, Ohio's overdose deaths exceeded those at the height of the state's HIV/AIDS epidemic in the mid-1990s." Portsmouth doctor and Scioto County coroner Terry Johnson isn't surprised: Portsmouth is full of pill mills and SSI and Medicaid abusers. Autopsying overdoses has become the norm for him. Despite this, lawmakers in Columbus (Ohio's capital) stay silent. Christy Beeghly assembles a presentation to display southern Ohio's troubling overdose data. After several town hall meetings with medical professionals and the DEA, Ohio's then-governor declares a state of emergency.

Comparing the opiate epidemic to the HIV/AIDS epidemic reinforces the idea that addiction is an illness, not a character flaw. Beeghly and Socie present ample, alarming evidence that Ohio's drug problem should be considered an epidemic. At the time, however, the state had an active law that protected doctors who prescribed opiates from prosecution, so Ohio lawmakers were at first limited in how they could respond to the disturbing statistics contained in the report. This is another instance in which a well-intentioned aspect of the pain revolution (destigmatizing opiates and protecting doctors who prescribed them) resulted in unintended, negative consequences.



PART 2: A PRO WRESTLER'S LEGACY

2007, Seattle: Alex Cahana, a pain specialist, visits John Bonica's Center for Pain Relief at the University of Washington which has been all but abandoned. Bonica died over a decade ago in 1994. His successor, Dr. John Loeser, expanded the clinic, but fell on hard times when insurance companies stopped paying for therapy and began covering only pills. Cahana has been inspired by John Loeser, who believed "that pain is the essence of what we do as doctors, that relieving pain is basic medicine." To Loeser and Bonica, pain was important, but it was also complex.

Insurance companies decide what they will reimburse based on what is best for their business—they choose to cover pills because they are a cheaper and easier to dispense than therapy, for example. Again, Quinones demonstrates how business corrupts and exploits the moral integrity of the medical industry.



In 2008, Cahana is called on to resurrect the clinic. Immediately, he witnesses countless patients hooked on opiates. He is shocked by the lack of care and diligence that go into prescribing these pills: there is no objective way to measure pain or improvement. Cahana tries to reintroduce comprehensive therapy into these patients' treatments, only to be stopped by what had plagued Bonica and Loeser before him: insurance companies will cover only pills. Cahana explains: "Talk therapy is reimbursed at fifteen dollars an hour [...]. But for me to stick a needle in you I can get eight hundred to five thousand dollars."

Like John Bonica before him, Cahana believes that pain is complex and should be treated with a multidisciplinary approach. Cahana's opinion is informed by his medical training. In contrast, insurance companies' opinions are informed by a business perspective, so they only care about what will be most cost effective.



PART 2: GREAT TIME TO BE A HEROIN DEALER

East of the Mississippi River, it wasn't doctors who first caught on to the opiate epidemic, but cops. After Operation Tar Pit, when the Xalisco Boys arrived in Murfreesboro, a suburb of Tennessee, law enforcement was familiar with the drug distributors and their practices. They were surprised to see how far they'd spread. Immediately, the Xalisco Boys' business flourished. From the Nashville area, they started up a cell in Indianapolis. Eventually, they sent for even more workers.

The Xalisco distribution system is successful wherever there is an existing market of opiate addicts, though they weren't initially aware of the influence the opiate epidemic had on the success of their business.



By the 2000s, the Sánchezes (the Xalisco family in charge of the region’s heroin operations) have become conscious of OxyContin’s role in their success. One trafficker recalls, “It was part of the marketing strategy [...]. *Chiva* is the same as OxyContin; just OxyContin is legal.”

Chiva, the Spanish word for goat, is a slang term for heroin. The trafficker’s comparison reinforces the similarities between OxyContin and black tar heroin: the main difference is that OxyContin is “legal” and heroin is not. He also reinforces the business sensibilities that guided the Xalisco group by attributing their success to their “marketing strategy.”



Back in Xalisco, the effects of the heroin trade on the town’s economy are apparent: the streets are filled with new shops and businesses, and the annual Feria del Elote is a festive, elaborate event. Though most rancheros feel that heroin is “disgusting,” they also acknowledge that “Dirty money removes hunger, too.” The heroin trade recruits a swiftly growing number of Xalisco’s young men. These men go into the business with the goal of saving up to open their own legitimate businesses, though this rarely happens. The Xalisco Boys might have made enough to buy goods like the prized **Levi’s 501s**, but in the end, their savings are burned on sprees of pleasure: “beer, strip clubs, and cocaine.”

Xalisco’s relationship to heroin is complicated. On the one hand, rancheros attach a stigma to the drug, calling it “disgusting.” On the other hand, however, heroin has revitalized their community and provided them with an improved quality of life. The Xalisco Boys’ tendency to burn through their money on “beer, strips clubs, and cocaine” instead of saving up to start their own businesses as they had initially planned reinforces the idea that excess and greed can corrupt even the most honorable plans and ideologies.



Back in Nashville, Operation Black Gold Rush results in the arrests of over 100 members of the Sánchez clan, as well as local addicts. Still, as was the case in the earlier Operation Tar Pit, “heroin cells quickly reconstituted” to serve the region’s market of increasingly young and wealthy addicts.

The combination of a “top-down” business structure and a growing, reliable market for heroin allowed the Xalisco Boys to recover from Operation Black Gold Rush, just as they did with Operation Tar Pit in 2000.



PART 2: THE CRIMINAL CASE

In October 2006, four years after he ordered an investigation into Purdue Pharma, John Brownlee, the U.S. Attorney in Western Virginia, receives a call on behalf of the drug company. By 2006, Brownlee believed he had enough proof to testify against Purdue for criminal misbranding. Despite never providing the FDA with supporting studies, Purdue had for years claimed that OxyContin was nonaddictive. The company produced graphs that supposedly showed that the pill’s “timed-release formula” resulted in fewer highs and lows; federal investigations, however, would suggest that these graphs were erroneous and exaggerated. Similarly, Purdue claimed that patients on smaller doses of the drug could stop without experiencing withdrawal; this, too, proved to be false.

Purdue’s logic that OxyContin’s “timed-release formula” caused fewer highs and lows and, thus, was less likely to cause addiction has its roots in earlier arguments pushed forward in the pain revolution. At the height of the pain movement, for example, Dr. Russell Portenoy expressed confidence in the comparative nonaddictiveness of timed-release opiate painkillers.



In 2005, Hershel Jick was subpoenaed to testify before a grand jury at a federal prosecution against Purdue. Meanwhile, in Abingdon, John Brownlee’s case against Purdue moves forward, and the company pleads guilty to felony misbranding of OxyContin and “pa[ys] a \$634.5 million fine,” of which \$34.5 million is paid by Purdue executives. Each executive also pleads guilty to one count of misdemeanor misbranding, and each is placed on probation and assigned community service hours. When the Purdue executives are sentenced in federal court in 2007, a mother whose son had died of an overdose says, “You are [...] nothing more than a large corporate drug cartel.”

Jick’s letter to the editor published in the New England Journal of Medicine in 1980 speculated that patients treated with opiate painkillers were unlikely to become addicted to the drug. The letter’s findings were exaggerated and used by drug companies like Purdue to claim that their prescription drugs weren’t addictive. The overdose victim’s mother’s comparison of Purdue to “a large corporate drug cartel” reinforces the corporate power that perpetuated the opiate epidemic and suggests that corrupt drug companies like Purdue should be stigmatized just as much as illicit drug cartels.



Meanwhile, Dr. Phillip Prior of Southern Ohio moves from family medicine to specializing in addiction at the Veterans Administration hospital in Chillicothe, where he is shocked to see that heroin has arrived in Southern Ohio, peddled easily to “a region where OxyContin had already tenderized a generation of folks to opiate use.”

Again, Quinones reinforces how the opiate epidemic created a new demand for heroin in areas where OxyContin addiction was now common.



PART 3: “NOW IT’S YOUR NEIGHBOR’S KID”: NASHVILLE, TENNESSEE

Judge Seth Norman of Tennessee runs a drug court that is attached to a treatment center. In Norman’s court, addicts are sent to rehab instead of prison. It took years to convince Tennessee’s state legislature that treatment is more effective—and more cost-effective—than prison in rehabilitating addicts. What changed the legislature’s mind wasn’t rehab’s cost-effectiveness, however, but a shift in the demographic of Tennessee’s drug users: in recent years, addicts have become increasingly white, young, and affluent.

Norman’s court reinforces the idea that drug addicts need to be understood and rehabilitated, not imprisoned and looked down on. Of course, it should be noted that such sympathies and public health systems weren’t extended to crack addicts (many of whom were black and from urban communities) in the 1980s. Quinones suggests that Tennessee legislature’s sympathetic change in heart might have been racially biased, as many of Tennessee’s new drug users were white.



Increasingly, growing opiate use in the American heartland has caused even conservative Republicans to become advocates of drug courts and rehabilitation. Quinones allows that this shift might be “a national moment of Christian forgiveness,” though he also mentions “that it was a forgiveness that many of these lawmakers didn’t warm to when urban crack users were the defendants.” The opiate epidemic is hitting home for rural and affluent classes in a way it hadn’t before, since now “it was their kids who were involved.”

Again, Quinones identifies a possible racial bias in America’s response to the opiate epidemic when he notes that policymakers weren’t advocating for rehabilitation and drug courts in the 1980s “when urban crack users were the defendants.”



PART 3: LIKE CIGARETTE EXECUTIVES: PORTLAND, OREGON

In 2011, Milwaukee law enforcement investigates the overdose death of Tovi Sinyayev, an example of a “Len Bias case.” In a Len Bias case, a drug supplier can be charged with “conspiracy that results in death.” In order to indict, cops must prove that the victim died from the accused’s drugs, and they must establish a chain of customs. The Len Bias law gives law enforcement an effective means of better understanding the spread of opiates across the U.S., as it sheds light on the “chain of drug distribution” when, in exchange for a lighter sentence, dealers give law enforcement information about their supplier or other details about the drug trade.

Tovi Sinyayev’s case results in the establishment of a chain of custody that leads back to a man from Nayarit named Joaquin Segura-Cordero, who is something of a “regional sales manager” for a heroin cell. The Segura-Cordero case shows law enforcement how far the Xalisco heroin business has spread, extending to rural areas over a hundred miles outside Portland.

Kathleen Bickers is a federal prosecutor with many Len Bias cases under her belt. When she realizes the intricacies of the Xalisco Boys’ ties back to Nayarit and between one another, she states, “They are the Philip Morris of heroin [...]. The corporate nature of the model—they depend on that cash flow.” Because Portland’s “catch-and-deport policy” prioritizes prosecution of serious felons, the Xalisco Boys—with their absence of a kingpin—resemble something of a free market, devoid of consequences. Portland uses Len Bias cases to combat the free market, using the consequence of long-term imprisonment—20 years to life, depending on how high up the accused was on the Len Bias chain—to quell the Xalisco Boys’ free market. Still, pills and heroin are so widespread across Portland that the city’s public defender sees Len Bias cases as only a temporary solution to the overdose problem.

The Len Bias law is named after college basketball star Len Bias, who died of a cocaine overdose the day after being drafted to the Boston Celtics in 1986. The Anti-Drug Abuse Act was signed into law in 1986 by President Ronald Reagan. The provisions of the law that call for life imprisonment for suppliers whose drugs result in death are known as the Len Bias Law. For drug traffickers, the Len Bias Law introduced a new risk of doing business.



By describing Segura-Cordero as a “regional sales manager,” Quinones again reinforces that the Xalisco system was, above all, a business.



Bickers’s assertion that the Xalisco Boys “are the Philip Morris of heroin” underscores how “corporate” their heroin distribution is, much like a major tobacco company like Philip Morris. Len Bias cases are used to increase the Xalisco Boys’ cost of doing business: now, cell owners have to account for the “cost” of accused traffickers being imprisoned for 20 years to life into their business expenses. Before law enforcement investigated Xalisco busts as Len Bias cases, traffickers were often deported instead of serving lengthy prison sentences.



PART 3: NO SCARFACE, NO KINGPINS

In Denver, Quinones watches as a Xalisco Boy named Jose Carlos is questioned by Dennis Chavez and his narcotics team. There was nothing incriminating in Carlos’s apartment, and he refuses give away anyone higher up, so the case will advance no further. Significant about this drug bust, though, is that it illustrates a means by which law enforcement can disrupt the Xalisco Boys system the most: by “raising its cost of business.” For so long, the Xalisco Boys evaded law enforcement because most arrests made were of low-level dealers who carried only small amounts of drugs and drug money: the rest was back in Mexico.

U.S. law enforcement generally prioritizes larger scale drug busts. Because Xalisco busts involved small quantities of heroin, such cases rarely advanced through the legal system. The Xalisco Boys learned how U.S. drug busts operated and adapted their business to game the system. This case illustrates how law enforcement responded by adapting their investigative strategies to beat the Xalisco traffickers by “raising [their] cost of business.”



Over time, Denver's Officer Jes Sandoval learned to make *more* arrests of low-level dealers, even if such arrests produced few drugs. In this way, law enforcement forced Xalisco higher-ups to spend more money and resources replacing drivers and reestablishing client lists. In short, Sandoval's strategy drove up the cost of doing business.

By making more arrests of low-level dealers, Sandoval caused the Xalisco Boys' operation to run less efficiently, ultimately affecting them where it mattered most: in the cost of doing business.



PART 3: A PARENT'S SOUL PAIN

As he delves deeper into research for *Dreamland*, Quinones realizes that he's talked mostly to government workers, such as local cops, prosecutors, and federal agents. He decides to shift his focus toward the families of addicts. In general, he observes that very few families are going public to address the epidemic.

Shame and stigma prevent families from going public about how the opiate epidemic has affected their lives, but they have a valuable and necessary perspective on how addiction ravages lives and communities.



Quinones speaks to a woman from Portsmouth, Jo Anna Krohn, whose son Ian Wesley became addicted to prescription painkillers around 2008. Wes shot himself in the head as a joke while he was high one night and died shortly after. Wes's death wasn't unusual, but Jo Anna reveals that many families were too ashamed to admit it: she cites one couple who insisted that their son died of a heart attack, "when everyone knew his drug used caused the heart attack." Jo Anna Krohn decided she had to be honest about her son's death. She began speaking at high schools in 2009.

Jo Anna Krohn realizes that being honest about her son's death might help another parent in a similar position, so she disregards the stigma attached to drug use and goes public with her story. Her decision to speak at high schools reflects the idea that community engagement can be a remedy to addiction.



Jo Anna Krohn starts a trend of parents coming forth about their children's drug addiction. She forms a support group called SOLACE, and the media takes notice. Krohn's decision to speak up is important to Quinones because he "couldn't remember any drug scourge so ably abetted by silence." In comparison to the opiate epidemic, the cocaine and meth outbreaks of years prior were quite visible in the media. Because the opiate epidemic began in Appalachia and rural America, a region unused to and unprepared for drug overdoses, abuse and deaths were underreported. It happened to "the children of America's white middle classes," and their parents were in turn ashamed to admit the truth.

SOLACE created a community of people who could join together to remove the prejudice and stigma attached to drug abuse. This is especially important to the opiate epidemic, which had for so many years been allowed to rage on, underreported and inadequately addressed. The fact that the epidemic started in the forgotten pockets of rural America meant that it received comparatively less media coverage than the crack cocaine epidemic in the 1980s, which occurred in major U.S. cities.



Ed Hughes, who runs Portsmouth's Counseling Center, concedes that silence and denial perpetuated the opiate epidemic. He saw many adolescent addicts arrive at his clinic who he believed were casualties of "Spoiled rich kid syndrome," wherein America's affluent shield their kids from discomfort and hardship. When their children became addicts, parents would cover for their mistakes again and again: they'd bail them out and worry excessively when the more effective solution would have been "to say no."

Hughes's observation that many opiate addicts suffered from "spoiled rich kid syndrome" speaks to Quinones's speculation that America's inability to feel pain or discomfort perpetuated the opiate epidemic. Because these kids were repeatedly forgiven and covered for by parents who wanted to fix their mistakes and relieve them of their suffering, they were able to maintain their drug habits.



Quinones sees these parents as products of a generation who learned that heroin was a disgusting, vile drug, consumed by lowlifes in back alleys. Influenced by these stigmas, they were unable to accept the truth when their children began using. Opiates might've been destigmatized in the medical world, but there was much work to be done to destigmatize the heroin epidemic these drugs caused. It falls to individuals "with a flair for guerilla political action" to destigmatize the epidemic, and Quinones believes Brad Belcher of Marion, Ohio, is one of these people.

Belcher, a recovering addict, was frustrated by Marion's inaction toward its drug problem and placed signs with the message "HEROIN IS MARION'S ECONOMY" around town. Authorities removed the signs, but not before their message spread across the community. Belcher's action didn't solve the problem, but he felt it was a start.

Another person to speak out was Wayne Campbell, the father of a football player for the University of Akron Zips. Campbell's son, Tyler, was prescribed painkillers after suffering a sports injury. Campbell soon learned that this was common practice: athletes would get injured, and doctors would prescribe them large amounts of pills so they could return to the playing field. Tyler eventually died of an overdose. The Campbell family chose to finally be honest about their son's addiction, and Wayne Campbell went on to found a nonprofit called Tyler's Light.

Quinones recalls the Schoonovers of Columbus, Ohio, who were some of the first parents he spoke with. At his son Matt's funeral, Paul Schoonover came clean about how Matt's addiction to OxyContin and later, heroin, had caused his death. He emphasized how "normal" Matt had been, and how blind the Schoonovers had been to his struggles. After Matt's death, the Schoonovers became more educated about addiction in an effort to share Matt's story and help other families of addicts.

PART 4: AMERICA

Five years after Quinones first stood along the Ohio River contemplating where his research would lead him, the opiate epidemic has finally become visible. Heroin addiction is no longer singularly associated with "the back alleys of New York City and William Burroughs's *Junky*"—it is everywhere. America's supposedly "safest" towns are full of overdosing kids.

Parents are too ashamed of the stigma attached to heroin use to help their addicted children. Again, Quinones shows how stigma and shame perpetuate addiction.



Belcher's signs draw attention to the economic forces at play in the heroin epidemic. The signs resulted in increased community awareness, which, in Quinones's mind, is a step toward recovery.



The prevalence of drug use among athletes illustrates how opiates entered mainstream culture. The stigma that drug abuse occurs only among anti-establishment, countercultural populations is both harmful and false. Wayne Campbell's decision to found Tyler's Light showcases the central roles community and openness play in recovery.



The Schoonovers decide to fight back publicly against stigma, shame, and grief in an effort to help others.



The opiate epidemic has transformed the American public's mindset toward addiction, lifting many of the stigmas with which it was previously associated.



Philip Seymour Hoffman's death of a heroin overdose at 46 was met with national attention: media outlets across the country spread the message that opiate abuse was real and widespread, and people were dying. Heroin abuse ensued in addicts who started on prescription painkillers. U.S. Attorney General Eric Holder proclaimed a "public health crisis."

The death of a public figure resulted in public outcry. By extension, if more individuals could go public with their stories of addiction, perhaps even more steps can be taken to address the epidemic across the U.S.



America responded to the epidemic, but not soon enough. By the mid-2000s, there was a consensus that prescription opiates were addictive. Purdue Pharma reformulated OxyContin in 2010 to make it harder to inject, which worked, but not before the drug company had created a nation of addicts. When OxyContin could no longer be abused, these addicts turned to heroin. The pharmaceutical "arms race" was over by 2014, and salespeople no longer swarmed doctors' offices with exaggerated claims and free samples. In their place arrived lawsuits and criminal cases. Major drug companies like Pfizer and Purdue were accused of "misbranding and false advertising."

The shame, stigma, and misinformation that went unchecked from the mid-1990s onward allowed the opiate epidemic to grow in size and strength. By 2010, Purdue's reformulation of OxyContin was too little too late. The "arms race" of the legitimate business world might be over, but the underground markets for opiates that this indirectly developed continue to spread drugs and addiction. As of June 2019, 48 states have sued Purdue Pharma for the role they played in the opiate epidemic. As of Dreamland's publication, Pfizer had paid over \$300 billion in fines for misbranding and false advertising.



Multidisciplinary pain treatments are now reentering common practice, with emphasis on therapy and lifestyle choices. The FDA requires drugs to release addiction risks associated with painkillers to doctors and patients.

The resurrection of multidisciplinary pain treatments suggests that humanity is less sure it will ever find a "Holy Grail" drug to treat pain: in reality, pain is too complicated to be treated with a single pill.



However, American medicine now stigmatizes opiates to a degree reminiscent of the stigmatization that existed before the pain revolution began, and patients who legitimately need opiates for pain are running into roadblocks to getting adequate pain relief. On top of this, there simply aren't enough primary care doctors to provide the time and personalized care necessary to treat these patients. Ultimately, pain is still a mystery to doctors, as are the forces that lead to addiction, and doctors live in constant moral conflict: should they alleviate their patients' pain and risk addiction, or allow them to suffer indefinitely?

America struggles to settle on a happy medium: either painkillers are overprescribed and addiction runs rampant, or painkillers are under-prescribed and vulnerable patients are left suffering. The shortage of primary care doctors shows that the business side of healthcare remains an obstacle to responsible, effective pain management, as well. At the end of the day, pain is complicated, and it's naïve to believe in a simple solution to a complicated problem.



PART 4: THE TREATMENT IS YOU

Back in Washington, Jaymie Mai and Gary Franklin of the state's L&I department continue to document the opiate epidemic. Since issuing their new guidelines in 2008, overdose deaths have decreased in Washington.

Going public with the statistics surrounding drug consumption can mitigate the effects of the epidemic.



Quinones visits John Bonica's Multidisciplinary Pain Center in Seattle where Dr. David Tauben took over as director in 2013. Tauben used to be a proponent of opiates, but later changed his mind as he saw their ineffectiveness. Quinones recalls Alex Cahana, whom Tauben replaced as director of the Pain Center. Cahana's time working in the industry has made him consider pain in a philosophical light. He believes "stuff" to be the problem: America's obsession with technology and easy solutions created a need for simple solutions and instant gratification.

In 2013, the "search for the Holy Grail" funded by John Rockefeller Jr. turns 75. Quinones goes to San Diego to attend the committee's annual conference: he wants to know where the search stands. Today, the committee is known as the College on Problems of Drug Dependence, and there is more research emphasis extended to addiction.

At the conference, Quinones speaks with Martin Adler, a pharmacology professor at Temple University. Adler, like most of the committee, believes it's unlikely that there will ever be a Holy Grail drug. Further, there is a place in life for pain: "There are people born without pain receptors," he said. "[Living without pain] is a horrible thing. They die young because pain is the greatest signaling mechanism we have." Quinones also consults Dr. Katz, the pain specialist who, years ago, had been confronted at a conference by a young woman for prescribing her brother pills that killed him. Katz now sees the past misconceptions about pain as willful ignorance: doctors believed pills were nonaddictive because they *wanted* a simple solution to pain.

PART 4: THE INTERNET OF DOPE

Quinones sits with the Man in his living room in the Central Valley of California. Quinones reflects on the many hours they've spoken since the Man's release from prison (he was incarcerated in Operation Tar Pit), and how much the Man knows about both the Xalisco system and America's methadone clinics.

Tauben realized that pain is too complicated to be solved with a single pill: he supports Bonica's belief in a multidisciplinary approach to pain. Cahana's criticism of "stuff" reinforces Quinones's claim that the pain revolution was a response to (and helped foster) America's desire for simple, easy solutions to life's pains and problems.



CPDD's new emphasis on addiction represents the move to destigmatize addiction and abuse. It also suggests that, like pain, addiction is complicated and necessitates further research to be adequately, effectively treated.



As horrible and complicated as pain is, it is an inevitable part of life. Adler's remarks mirror Quinones's critique of modern America's refusal to accept and deal with pain. Katz and Adler both recognize the pain movement's flaws and blind idealism. In retrospect, they see that it was wrong of doctors to believe that humanity was absolutely entitled to pain relief, no matter the cost.



The Man's equal knowledge of the Xalisco system and America's methadone clinics shows how intertwined legitimate drug businesses are with illegitimate drug businesses.



Quinones brings the reader up to speed on the Xalisco Boys. For many years, their small deals allowed them to avoid run-ins with bigger gangs; however, in 2010, the Zetas and Sinaloas feuded, spreading violence to Xalisco. Many died. Eventually, the Zetas won, and Xalisco cell leaders paid Zetas for protection. Through all this, though, the Xalisco heroin trade continued in the U.S. They remained a system of small businesses, bringing convenience and impeccable service to their customers. To Quinones, the Xalisco Boys are “the Internet of dope, a drug delivery system for the twenty-first century.” Also, these small-town Mexican men were driven by addictions of their own, continuously taunted by dreams of fame, material excess, and [Levi’s 501s](#).

The Xalisco Boys’ world was changing by 2014: more dealers, many of them addicts, entered the market, and brown powder heroin grew more potent and more competitive. In Xalisco, a rising avocado industry employs many. With consequences for drug crimes mounting, many of Xalisco’s young men turn to the legitimacy offered by the avocado industry.

Months later, Quinones visits “heroin court” in Columbus, Ohio. The courtroom is filled to the brim with addicts. There are hundreds of these cases each year. Scott VanDerKarr, the judge presiding over these cases, is a former prosecutor. Today, he’s understanding, but he reiterates that addicts “need clear limits and consequences.”

Back in Santa Fe, Robert Berardinelli, motivated by his arrest in Operation Tar Pit, has turned his life around. He’s sober, has worked as a counselor, and has been a Narcotics Anonymous leader. Drug use stills runs rampant around Santa Fe, and Berardinelli is particularly shocked by the number of kids involved. Still, he has no hard feelings toward the Xalisco Boys: he describes them as “nice guys, clean-cut, [...] just working-class boys trying to get ahead.”

PART 4: NOBODY CAN DO IT ALONE

Dr. Phillip Prior died of liver cancer in 2013. When he died, hundreds attended his funeral. Dr. Orman Hall remembers Prior as “the guy who painted the bigger picture of the complicity of Purdue Pharma in starting this epidemic.” Ironically, Hall notes, Prior became dependent on opiates in the last weeks of his life, overwhelmed by the pain of his cancer. Hall believes this illustrates that there is a place for opiates in health care.

The Xalisco Boys’ run-ins with other drug gangs shows that the drug business exists within a competitive free market. When he refers to the Xalisco Boys as “the Internet of dope,” Quinones suggests that, like other legitimate businesses, the Xalisco Boys continue to be successful because they were able to adapt their business model to fit the demands of the contemporary culture. The Xalisco Boys’ thirst for Levi’s 501s is reflective of contemporary America’s addiction to excessive consumerism.



Because the drug business exists with the free market, competition is unavoidable. Xalisco’s growing avocado industry suggests that more competition and legal consequences have pushed a growing number of former traffickers out of the market. Again, Quinones emphasizes the capitalism at play in the drug trade.



VanDerKarr’s view that addicts “need clear limits and consequences” evokes Quinones’s speculation that the pain revolution has created a generation of Americans incapable of facing pain, discomfort, or “consequences,” and wanting the easy way out.



Since becoming sober, Berardinelli has become more involved with his community, which demonstrates Quinones’s position that community can be a remedy to addiction. Berardinelli’s sympathy toward the Xalisco Boys portrays them as cogs in the capitalist machine, emphasizing the economic aspect of the drug trade.



In Dreamland, Dr. Phillip Prior sticks out as one of the few doctors who refused to be corrupted by the pain revolution. He maintained his sense of moral ethics despite Purdue’s aggressive marketing of OxyContin. The addiction to opiates Prior suffered at the end of his life is the medical situation that prompted pain crusaders’ call for expanded access to opiates in the first place: terminally ill patients for whom death should be dignified.



In Marion, Ohio, Brad Belcher’s “guerrilla” signs inspire Jennifer Miller, Marion County’s chief probation officer, to adopt a more understanding, educated approach toward addiction. In Columbus, it’s nearing the second anniversary of Matt Schoonover’s death. The Schoonovers have started to collect the pieces of their shattered lives. Since speaking openly about Matt’s death, they’ve found many other parents who were dealing with the same tragedy.

Belcher’s “guerilla” signs helped dismantle the stigma and shame associated with drug abuse, brought addiction into the public conversation, and inspired a public figure to respond more compassionately to addicts. Dismantling the stigma attached to their son’s overdose death allowed the Schoonovers seek solace in community.



In Ohio, opiate prescriptions are down, and bills are being proposed that would provide more services to recovering addicts. Nationally, the opiate epidemic has caused a shift in the way Americans regard addiction: there is now a greater emphasis on compassion and treatment. More parents are coming forward. In the larger culture, addiction has been transformed from a perceived moral failure to a legitimate disease.

Overcoming the shame and stigma associated with drug use has created more public services for addicts and transformed America’s attitude toward addicts and addiction.



Residents of Central Ohio, “ground zero in the opiate scourge,” are taking the time to self-reflect. Paul Schoonover has become involved with the “nascent college recovery movement” at Ohio State, which addresses college alcohol and weed culture on campus.

The “nascent college recovery movement” is an example of a community effort to combat addiction and substance abuse.



Ohio Governor Tim Kasich responded to the epidemic, too, by expanding Medicaid and forming “Start Talking!” a program aimed at making the epidemic a public issue. All of these gestures work to counteract the “selfish” quality of opiates by bringing “atomized” communities back together and back into the public sphere.

As of 2018, over 90 percent of opiate addicts enrolled in Ohio’s expanded Medicaid program received treatment. “Start Talking!” reflects both the national trend of destigmatizing addiction, as well as power of community to combat drug abuse.



PART 5: UP FROM THE RUBBLE

In 2012, and Jeremy Wilder, 35, arrived in Portsmouth, Ohio. He was missing teeth and his arms were covered in needle marks. Wilder moved to Portsmouth to escape rural America, drug addiction, and imprisonment. Even his hometown of Aberdeen hadn’t escaped the opiate epidemic unscathed. It surprised Wilder that he turned to Portsmouth, a town that was itself full of addiction and poverty, for his fresh start—but “he was not alone” in this regard.

Jeremy Wilder is the addict who made a business of collecting phony prescriptions from pill mills around Ohio and Kentucky and selling them for a profit. Wilder’s and others’ decision to return to Portsmouth to start afresh seems to suggest that they, like Quinones, see embracing community as a way out of drug addiction.



Terry Johnson, the coroner of Scioto County (where Portsmouth is located), grew frustrated at public indifference toward the growing number of overdoses. In 2010, he was elected to the Ohio House of Representatives where he worked to write legislation that would regulate pain clinics. House Bill 93, which passed in 2011, made it illegal for convicted felons to run pill mills. In Portsmouth, the community organized marches to protest pill mills.

House Bill 93 was an important step in regulating the market for prescription painkillers. Portsmouth’s pill mill protest marches show how communities can pull together to support and enact change.



The closure of many pill mills was a step in the right direction. New businesses, such as Sole Choice, a shoelace company that resurrected the older business Mitchellace, opened in Portsmouth. All over town, there were new places for residents to “meet and converse.”

On Quinones’s final visit to Portsmouth he sees addicts recovering and people embracing a sense of community they’d lost over years of economic depression. The Counseling Center doubled in size during the epidemic, and has since opened the Clubhouse, a place for people to hang out in a sober environment. Mary Ann Henson, a former addict, manages the Clubhouse. Portsmouth’s gradual recovery inspires its citizens that they, too, could return “to that place called **Dreamland**.”

In a reversal of what happened in the 1990s, older local businesses are now replacing pill mills as the driving force of Portsmouth’s economy. More places for Portsmouth’s residents to “meet and converse” means the town will regain the sense of community it had when the Dreamland pool existed.



The Counseling Center’s growth shows that Portsmouth is setting aside the stigmas associated with drug use to understand and support addicts. Mary Ann Henson’s transformation from addict to manager of the Clubhouse is evidence of Quinones’s belief that a heightened sense of community can result in recovery and growth in towns hit hard by the opiate epidemic. The emergence of new gathering places like the Clubhouse hints at Portsmouth’s symbolic return “to that place called Dreamland.”



AFTERWORD

According to the CDC, heroin overdoses tripled between 2010 and 2013. The Xalisco Boys may have been the first to “systematically exploit” the new market the pill epidemic created for heroin, but today, the number of dealers entering that market has increased as former pill addicts continue to move toward heroin.

Simultaneously, though, a wave of criticism enveloped the country, driven by families of addicts. In addition, governments have been forced to reconsider how they will respond to a surplus of addicts with records: many are beginning to see jail “as an investment, not a cost,” advocating for more treatment facilities in prisons. In these ways, Quinones sees heroin “as an agent of change.”

When Quinones returns to Portsmouth in fall 2015, he sees more new businesses and community events. Quinones feels optimistic that Portsmouth can return to the town it was when **Dreamland** reigned.

The Xalisco Boys “systematically exploit[ed]” the new market the opiate epidemic created for heroin, just as Purdue exploited the new market the pain revolution created for painkillers. New regulations on prescription painkillers do little to halt the epidemic, as painkiller addicts have moved on to illegal drugs like heroin.



The surplus of addicts has forced governments to reshape their existing ideas about addicts and addiction. Seeing jail “as an investment, not a cost” represents a gradual shift from stigmatizing drug use to trying to understand and treat it. In this way, heroin has acted “as an agent of change,” inspiring a massive shift in perspective.



Quinones sees community as a remedy to addiction, so the appearance of new businesses in Portsmouth reflects a shift in a positive direction: Portsmouth might be able to return to the town it was when the Dreamland swimming pool existed.



The epidemic might be the natural result of a country increasingly driven into isolation. Scared parents raised children who grew up to themselves be afraid. Quinones cites an *Atlantic* article, “The Coddling of the American Mind,” that reports a generation of college students unwilling to engage with uncomfortable ideas. These trends are symptomatic of America’s notion “that we should be protected from pain at all cost.” Additionally, the American public has for too long sought solace in “stuff,” feeling it will bring them happiness. It’s in America’s isolation, Quinones believes, that “heroin thrives.” Ultimately, he decides that “the antidote to heroin is community.”

Quinones believes that the pain revolution helped create of a generation of Americans unwilling and unable to experience pain and discomfort. This supposedly “coddled” generation turned to “stuff” to counteract their fear of pain, which resulted in a public addicted to both drugs and excess. Because Quinones views addiction—to “stuff” and to drugs—as an isolating behavior, he believes that seeking comfort and support in one’s community can be “the antidote to heroin” (and to excess). In other words, America needs to become less involved with itself and more involved with and concerned for others.





HOW TO CITE

To cite this LitChart:

MLA

Charles, Carly. "Dreamland." *LitCharts*. LitCharts LLC, 30 Nov 2019. Web. 3 Mar 2022.

CHICAGO MANUAL

Charles, Carly. "Dreamland." LitCharts LLC, November 30, 2019. Retrieved March 3, 2022. <https://www.litcharts.com/lit/dreamland>.

To cite any of the quotes from *Dreamland* covered in the Quotes section of this LitChart:

MLA

Quinones, Sam. *Dreamland*. Bloomsbury. 2015.

CHICAGO MANUAL

Quinones, Sam. *Dreamland*. New York: Bloomsbury. 2015.