

NACDS

NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

STATEMENT ON  
REDUCING THE INCIDENCE OF ARMED ROBBERIES  
INVOLVING OXYCONTIN<sup>®</sup> IN COMMUNITY  
PHARMACIES

SUBMITTED TO  
SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR AND  
PENSIONS  
UNITED STATES SENATE  
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Mr. Chairman and members of the Committee, NACDS appreciates the opportunity to submit this statement for the record regarding the abuse of OxyContin<sup>®</sup> and measures to curb diversion and reduce the number of armed robberies in community pharmacies.

NACDS represents nearly 190 chain pharmacy companies that operate about 34,000 retail pharmacies all across the United States. Chain pharmacy is the single largest segment of pharmacy practice. We filled about 70 percent of the 3 billion prescriptions provided across the nation last year.

### **OxyContin Robberies on the Rise**

Our members' pharmacies have been targeted by OxyContin<sup>®</sup> abusers for armed robberies. We are concerned for the safety of our pharmacists, technicians, clerks, cashiers, and our customers. Some pharmacies have even contemplated not carrying the product. We support an all-out effort on the part of the manufacturer to reformulate the product to produce one that is equally effective for legitimate patients with chronic pain but, at the same time, resistant to potential diversion and abuse of the drug. Any pressure that can be exerted on the manufacturer, the Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA) to expedite the development of such a product will be instrumental in eliminating this public health crisis.

### **OxyContin is a Safe and Effective Drug When Used as Prescribed**

OxyContin<sup>®</sup> is an opioid analgesic used to treat pain. Each tablet of OxyContin<sup>®</sup> delivers to the patient, over a period of twelve hours, a controlled release dose of oxycodone. OxyContin<sup>®</sup> is a Schedule II drug with recognized abuse potential. Introduced by Purdue Pharma in 1995, OxyContin<sup>®</sup> is used to treat chronic moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The benefit to patients who suffer with chronic pain is that medication is limited to two doses per day rather than four to six times per day.

OxyContin<sup>®</sup> prescriptions have increased twenty fold since 1996 to approximately 6 million prescriptions in 2000. There is no doubt that OxyContin<sup>®</sup> is safe when taken as prescribed and effective for treating chronic pain.

## **Diversion and Abuse of OxyContin**

However, diversion and abuse of OxyContin<sup>®</sup> is also on the rise. Diversion of OxyContin<sup>®</sup> began in rural areas of Maine, Kentucky, and West Virginia and is now spreading into urban areas. To date, at least fourteen states have experienced increases in abuse and diversion of OxyContin<sup>®</sup>. The controlled release formulation is easily compromised. Abusers crush the tablet and then swallow, snort or inject a solution to experience large amounts of oxycodone that give them a “high”.

DEA’s Office of Diversion Control reported 700 OxyContin<sup>®</sup> thefts in the U.S. between January 2000 and June 2001. Florida reported 82 thefts compared to 90 in Pennsylvania, 69 in Kentucky, 74 in Ohio and 34 in California. Massachusetts has had over 60 robberies since January alone. Pharmacists are increasingly fearful of becoming the next target for an OxyContin<sup>®</sup> robbery.

Deaths and overdoses have also been reported. Usually, these reports are the result of the abuse of opiates or a combination of drugs and alcohol. (Twenty U.S. metropolitan areas reported that oxycodone related deaths have increased 400% and emergency room visits have increased 100%.) Drug treatment programs in the most affected states (WV, PA, KY, and VA) report that 50-90% of newly admitted patients identified OxyContin<sup>®</sup> as their primary drug of abuse.

## **DEA Action Plan**

DEA has implemented an action plan that NACDS fully supports. The plan includes investigation of unscrupulous and/or unethical medical professionals, forged and fraudulent prescriptions, pharmacy theft, and doctor shopping. DEA also has focused on gathering data to better define the scope of the problem. Information on prescriptions, deaths, emergency room visits, thefts, and drug treatment program admissions is targeted as well as investigations, arrests, and administrative actions.

## **Potential Solutions to OxyContin Diversion**

NACDS has explored numerous potential solutions to OxyContin<sup>®</sup> abuse and, in particular, as it impacts the increasing incidence of armed robberies in community pharmacies. We have

commissioned a study to be conducted on the best practices for pharmacies. Recommendations will be given on practices that will reduce safety risks to employees and customers. Benchmarking current efforts by pharmacies, other retailers and banks as well as advice from law enforcement agencies will be used as the basis for the recommendations. The study will be presented at the NACDS Fall Conference scheduled for October 28-31, 2001 in San Antonio, Texas.

Reformulation of the product, in our estimation, is the number-one priority for stemming this serious public health problem. On August 8, 2001, the company announced the development of a reformulated version of OxyContin<sup>®</sup>. The addition of naloxone, a narcotic antagonist, would deter intravenous abusers. (Naloxone was added to Talwin for the same reason several years ago and the product, Talwin NX, is no longer a commonly abused product.) Purdue Pharma has also mentioned the potential of developing a “smart pill” that would destroy oxycodone when crushed.

### **Time is of Essence**

However, Purdue Pharma estimates this new formulation could take as many as three years to market. This timeframe is unacceptable. We urge the FDA and the manufacturer to expedite the approval, production and marketing of a reformulated version of OxyContin<sup>®</sup> to make the new product available to the public as soon as possible. At the same time, all of the existing OxyContin<sup>®</sup> should be phased out and recalled if necessary.

This reformulation would achieve the balance that we are all hoping to accomplish – keeping the product on the market for legitimate patients suffering with chronic pain and reducing the potential for abuse and diversion. Armed robberies that threaten our pharmacists, our customers and our stores would also decrease as a direct result. We thank you for the opportunity to comment on this serious public health issue.