

Senate Health, Education, Labor and Pensions Committee
“OxyContin: Balancing the Risks and Benefits”

Dirksen 430

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2:30 PM

Senator Jack Reed (RI)
Opening Statement

Good afternoon. I am pleased to chair this full committee hearing of the Senate Health, Education, Labor and Pensions Committee on OxyContin.

OxyContin is a synthetic time release pain medication containing oxycodone, which is a opioid similar to morphine. OxyContin is manufactured by Purdue Pharma and was approved by the Food and Drug Administration (FDA) in December 1995 to aid cancer patients and people with moderate to severe pain who require around-the-clock opioids for an extended time.

While this medication has revolutionized pain management for thousands of Americans, OxyContin, like other Schedule II narcotics, has a high potential for abuse.

Sadly, that potential for abuse has become a reality. OxyContin abusers have discovered that if the tablets are broken, the time-release mechanism of the drug is broken, enabling the abuser to achieve to a euphoric, heroin-like high. In this form and if taken with alcohol or other drugs, OxyContin is extremely deadly.

No one predicted the level of diversion and abuse that would become the legacy of this drug.

I would like to thank all of our witnesses for taking time out of their schedules to be here today to share their insights and expertise on this critical issue. This afternoon, we will hear from **Dr. John K. Jenkins**, Director, Office of New Drugs, at FDA and **Dr. H. Westley Clark**, Director of the Center for Substance Abuse Treatment at SAMHSA.

On our second panel, we have **Dr. Richard Payne**, Chief of Pain and Palliative Care Services at Memorial Sloan-Kettering Cancer Center in New York, **Dr. Art Van Zee**, of the Lee Coalition for Health in St. Charles, VA, **Ms. Nancy Green**, a certified nurse mid-wife and President of Neighbors Against Drug Abuse in Calais, Maine, **Lieutenant William R. Bess**, of the Drug Enforcement Division of the Virginia State Police, and **Dr. Paul D. Goldenheim**, Vice President for Research, Purdue Pharma L.P., Oxycontin’s manufacturer.

Last October, a Drug Enforcement Agency (DEA) report on federal autopsy data revealed that there was evidence to suggest that OxyContin played a role in the overdose deaths of 282 people over a 19 month period. Most of these overdose deaths also involved other drugs and alcohol.

In addition, OxyContin has been associated with an increasing wave of pharmacy

robberies and other violent crimes, particularly in rural areas.

OxyContin diversion and abuse has become rampant in rural parts Maine, Tennessee, Kentucky, Virginia and Massachusetts. While the trend in Oxycontin abuse originated in more rural areas, it is now beginning to make its way to urban centers along the Eastern seaboard.

There have even been armed robberies of pharmacies in my home state of Rhode Island.

While these trends are certainly cause for alarm, we must also consider the importance of OxyContin for those who suffer moderate to severe chronic pain. For many Americans, Oxycontin has meant the difference between total incapacitation from pain and being able to return to a semblance of a normal life.

Numerous studies show that pain management in this country is far from ideal. Many physicians under-treat pain for fear they will fall under DEA scrutiny.

A 2000 End-of-Life study by Brown University Associate Professor, Dr. Joan Teno, based on interviews with bereaved families of nursing home residents, reported that half of those patients experienced pain at end-of-life, while two-thirds of those families rated the pain as severe more than half the time. Families also stated that pain treatment given to their loved ones was not explained to them in a way they understood.

We clearly have our work cut out for us.

During today's hearing, I hope we can gain a better understanding of the promotion and marketing practices of OxyContin and whether or not these activities have contributed to the extensive abuse of this drug, or if federal agencies responsible for approving narcotics require additional authority in light of these new challenges.

We will gain insight into the devastation that illegal use of this drug has caused in many rural parts of America and how those areas are working to fight back. I also hope we will learn why OxyContin is considered to be a significant advancement in the treatment of pain.

I look forward to the testimony of our witnesses and thank you all again for being here this afternoon.