OxyContin® – Balancing Risks and Benefits

Testimony of
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Mr. Chairman, and Members of the Committee:

We are pleased to submit this testimony, at your request, concerning OxyContin abuse. Our objective today is to illustrate an opportunity to improve patient safety and reduce the misuse, abuse and diversion of prescription drugs such as OxyContin.

Our testimony will make the following points:

1. OxyContin abuse could have been detected and managed years earlier
2. Other prescription drugs are being abused in large volume
3. Drug safety is a large and growing problem
4. Current regulatory surveillance methods are inadequate
5. Better surveillance alternatives are available
6. An electronic "Early Warning System" should be mandated

We hope the following information will aid this Committee in identifying and devising measures to improve the health and safety of consumers, patients and easily influenced young people.

The Federal government sponsors many drug-related programs and agencies (FDA, NIDA, SAMSHA, DAWN, etc); it has many departments dedicated to law enforcement (DEA, FBI, etc.); and the pharmaceutical industry conducts thousands of educational training programs for health care professionals. The fact that OxyContin abuse literally caught the healthcare and law enforcement community by surprise underscores the larger issue of the lack of an early warning safety surveillance system. The current systems and policies don't work. Because of this failure, people are being needlessly exposed to avoidable risks.

1. OxyContin abuse could have been detected and managed years earlier

OxyContin was approved by the FDA in December, 12 1995. We have utilized our electronic surveillance capabilities to compile the information shown in Figure 1 below.

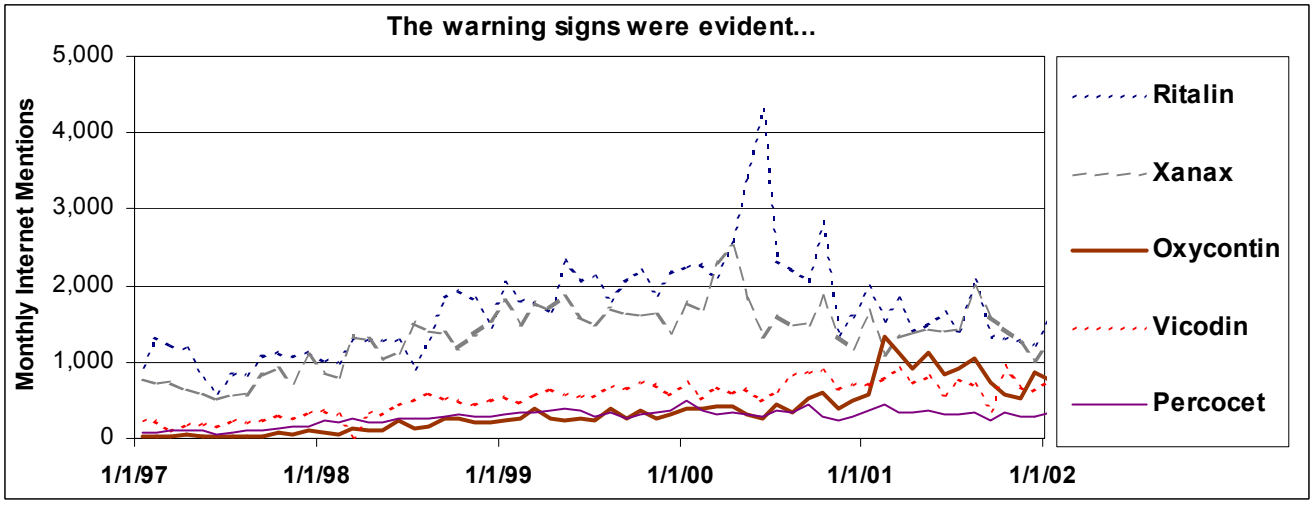

Figure 1: Monthly Internet Mentions of Several Drugs

Developed and produced by SteepRock Inc., 2002.

By mid-1998 OxyContin had achieved a volume of "street talk" on the Internet rivaling Percocet®, another opioid (narcotic) with a history of abuse, which has been on the market for 20 years. Our detailed analysis of this "street talk" confirms that abuse information is and was being exchanged. In July 2000, the FDA approved an even stronger dosage of OxyContin, at the same time that Internet mentions of the drug had soared past Percocet. The first evidence of FDA awareness of abuse came in 2000, resulting in OxyContin label changes approved July 25, 2001. In short, fully three years after regulators could have been aware of the serious problem in OxyContin abuse, action was finally taken. In the meantime, traditional media eventually uncovered the OxyContin abuse issue in early 2000, leading to an acceleration of abuser awareness, which we believe contributed to a tripling of OxyContin mentions on the Internet. (See Figure 2.)

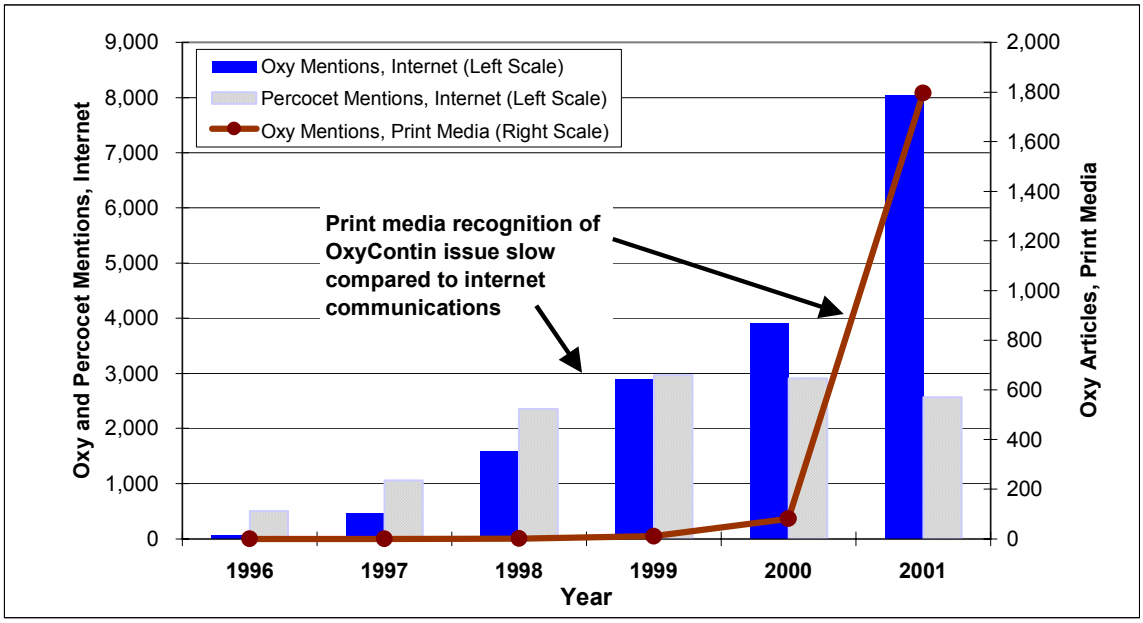

Figure 2: Print Media Lags Internet in Recognition of OxyContin Issue

2. Other prescription drugs are being abused in volume

The misuse, abuse and diversion of OxyContin is a serious issue. It has resulted in severe medical and law enforcement problems. However, its abuse must be viewed in the context of a broader, and growing, problem of prescription drug abuse that involves Schedule II opioids such as OxyContin, as well as tranquilizers, anti-depressants, amphetamines, and others.

Recent statistics from the Drug Abuse Warning Network (DAWN) Report 2001, published by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services, indicate that:

- Oxycodone based drugs, including OxyContin, Percocet, Percodan® etc. are the 15th most abused drug in the country, accounting for 1.8% of all abuse-related emergency room visits in 2000.
- Hydrocodone based drugs, including Vicodin®, Lortab®, and others (also opioids), ranked 8th on the list, constituting 3.2% of all abuse-related emergency room visits.
- Other highly abused drugs include Alprazolam (ranked 7th – including Xanax®), Clonazepam (ranked 9th – including Klonopin®), Diazepam (ranked 14th – including Valium®).

Some examples of Internet activity that we have uncovered in our electronic surveillance are shown below. It is quite clear that the Internet has served to accelerate the education of abusers.

From:
Subject: Re: How to get Dr. to upgrade fr Vike ES to Oxycontin?
Date: 2000-10-01 05:30:05 PST

Thanks to all for your replies. This is kind of a funny story. I work as a drug rep and typically mention this to my Docs as I usually get some small talk out of them and we can BS about the industry, status of the evil HMO's, etc. This usually places them at ease and I feel freer to ask for what I'd like.

In this case, about a month ago I used my patented (actually read about it here) ER technique of, "I fell on my tailbone this morning taking out the trash and am in extreme pain." I have only tried hospitals in nice areas in my work territory (i.e., not big cities, the ER's are so busy you could kill 5 hrs there), I go in there dressed for work (suit & tie) and tell them that I tried to work today and before I could get to my meetings in their area to call on Dr. So-and-So, the pain was too great and I figured I'd go into the ER. I've only done this a half dozen times, and only when all other avenues have failed, but have received Percs or Vike ES every time.

From:
Subject: Ritalin.. no effect? wtf?
Date: 1999/06/20

I got some yellow 20mg Ritalin pills the other day, and I snorted 60mg and ate 20mg (never done any type of speed before) and nothing happened except I couldn't sleep for awhile and I was kinda jittery.. I kept grinding my teeth. I got no buzz\high, I hear Ritalin is pretty sh.tty but I expected more than this. I've heard of some types of Ritalin having coatings on them making them unabusable.. could this be the problem or was I just expecting too much?

From:
Subject: Re: I'd kill for vicodan.
Date: 2001-01-26 14:01:22 PST

Dave, get some hydro or some codeine and just extract the good stuff from the PAP. Oxy has the stronger side effects, but with hydro/codeine you're almost guaranteed 100% nice floaties.
>You know, I was thinking the same thing. Hydrocodone is better.. How do you extract the APAP? And what is APAP? heh..:)
>>The APAP is like aspirin-sh.t that they toss in, partly to aid the medicine But mostly to discourage abuse. The good thing is, it's highly water soluable while the hydrocodone/codeine isn't.

From:
To: "Bill" (UC San Diego)
Subject: Re: Fentanyl Patches and IM
Date: 2000-09-23 08:30:38 PST

It's ausome to eat. Just tear it open and eat like half (that's plenty), you feel it in like 20 minutes.
"Bill" wrote in message 8qgkoi$i19$1…
>Would it be safe to inject the substance contained within Fentanyl Patches?
>I know it also contains a small amount of alcohol. Would it need to be diluted with water?

3. Drug safety is a large and growing problem

Drug safety is a very large and growing threat to patient health. Adverse drug reactions, i.e., known or unknown drug side effects, constitute a huge risk. A 1998 Journal of the American Medical Association (JAMA) study estimated that nearly 7 percent of hospitalized patients suffer a serious or fatal reaction to drugs administered during their stay, "making [adverse reactions] to prescription drugs the 4th leading cause of death in America".

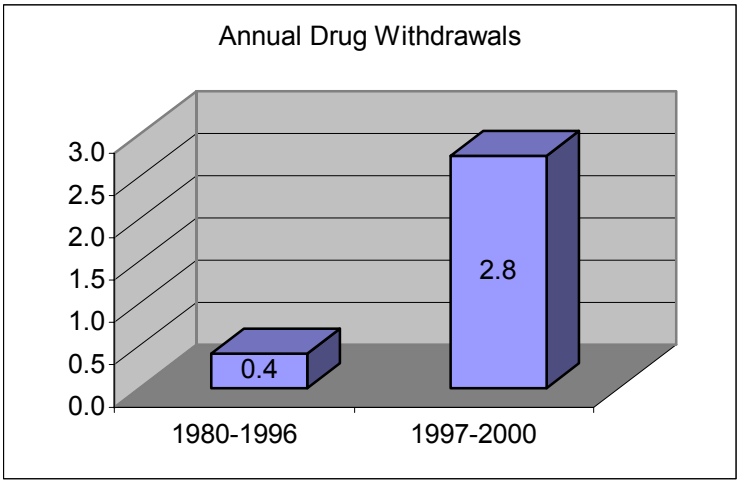

Figure 3: Drug Withdrawal Rate Accelerates Since 1997

There is considerable evidence indicating that drugs are becoming less, rather than, more safe. The FDA reports that the number of drug withdrawals because of serious side effects that have often included death, has increased dramatically. While only 7 drugs were withdrawn completely from the marketplace in the 17 years between 1980 and 1996, 11 have been withdrawn since 1997 - about seven times as many per year (see Figure 3).

4. Current regulatory surveillance methods are inadequate

The existing systems monitoring developments in drug safety, especially those related to abuse, and including the FDA's Adverse Event Reporting System (AERS), are wholly inadequate. This was documented in testimony by Dr. Janet Woodcock, Director of The FDA's Center For Drug Evaluation And Research in testimony before this Committee in February of 2000. Dr. Woodcock stated that:

> *Given the scope of the problem, and its potential to increase with the ever-growing use of pharmaceuticals and the aging of the population, a mechanism for systematic data collection is urgently needed to gain a comprehensive understanding of the incidence and scope of [adverse drug reactions]. Current data systems are not adequate to define the scope of the problem.*

Drug abuse trends are particularly difficult to monitor using existing data collection methods. Drug abuse is rarely encountered in clinical trials or investigational drug studies since patients with the disease of addiction are generally ruled out by study exclusion criteria. Therefore, the most reliable sources of high quality safety information – tightly controlled clinical trials and related scientific studies – reveal little about drug abuse patterns. Moreover, studies show that when addicts do speak with health care professionals, drug abusers frequently lie about their behavior.

Consequently, there is very little information about OxyContin and other more commonly abused drugs captured in the FDA's Adverse Event Reporting Systems (AERS). For example:

- For the entire fourth quarter of 2000, there were only 139 AERS reports mentioning OxyContin. This represents only about 40 new mentions per month (versus over 500 Internet mentions per month).
- In this same three-month period, the FDA received only 42 (of 139) adverse event reports mentioning OxyContin directly from consumers.
- Drugs such as Prozac®, Darvocet®, Vicodin® and Ativan® are mentioned far more often than OxyContin in AERS reports, even though media attention would mislead the public into thinking the opposite.

Another leading source for abuse statistics, the DAWN network operated by SAMSHA, lagged in observing what began as a rural phenomenon because it obtains its information from emergency rooms and medical examiners in 21 metropolitan areas. The 2000 National Household Survey on Drug Abuse (NHSDA) stated: "Although the non-medical use of OxyContin was rare in 2000, the NHSDA data show evidence of an emerging problem. The estimated number of lifetime non-medical OxyContin users increased from 221,000 in 1999 to 399,000 in 2000. The 2000 NHSDA was not designed to report the current use of OxyContin."[1]

5. Better surveillance alternatives are available via the Internet

There is a better way to identify and report abused-related adverse drug events. More proactive surveillance of electronic media has the potential to detect abuse much earlier than the current systems.

The Internet has revolutionized the way Americans obtain health-care information (for examples, see Figure 4). Nearly 100 million adults use the Internet to find health-related information, and over 72% said that the Internet had a major impact on their personal health. Importantly, individuals are voluntarily exchanging a huge amount of personal information on the Internet in public forums. In fact, because of its

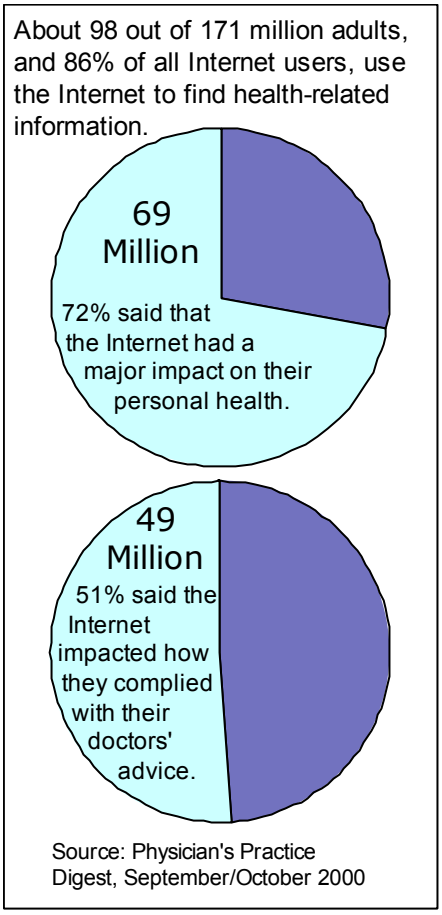

Figure 4: Internet and Health Care

[1] SAMHSA - Highlights from the 2000 National Household Survey on Drug Abuse. http://www.health.org/govstudy/BKD405/highlights.htm

anonymous nature, people tend to speak more honestly on the Internet. Further, this information is available in real time, without months or years of delay. The Internet is a vast, underutilized resource for drug manufacturers and regulators.

The number of drug mentions (that frequently include adverse event information) found on electronic sources is considerably higher than what is contained in the AERS data base, and the anonymous nature of this reporting provides more insights into drug abuse patterns than conventional methods. Further, where current studies, such as SAMSHA's 2000 National Household Survey on Drug Abuse, are published 10 months after the year-end, electronic surveillance can be compiled and analyzed for action in weeks and cost-effectively repeated several times a year. Finally, in many cases it is possible to compile from a mention the four necessary pieces of information required to file an FDA adverse event report.[2]

With electronic surveillance, regulators could have detected the trend in OxyContin abuse, and taken action, at least two years earlier. As further confirmation of the delays in perception and action characteristic of current regulatory methodology, the DEA announced in May, 2001 - *citing 1999 data* - that: "In order to combat the serious and growing problems stemming from the diversion and abuse of OxyContin, DEA has developed and initiated its *first national action plan for a prescription medication.*[3]"

6. An electronic "Early Warning System" should be mandated

The acceleration of the drug development and approval process in the early 90's, which has been instrumental in releasing so many life-saving drugs in the campaign against AIDS, cancer and other diseases, also appears to have overwhelmed our regulators' capacity for post-market surveillance. Pharmaceutical companies and government regulators can and should be gathering more information more rapidly on the use and abuse of prescription drugs. The use of automated, real-time tools such as electronic surveillance can help the healthcare industry and its regulators keep up with the explosion in prescription drug adverse events, and help improve thousands of lives.

Thank you for the opportunity to testify today.

[2] Patient Identifier, Suspect Medication, Description of Adverse Event, Reporter

[3] DEA Congressional Testimony Before the*:* Senate Committee on Appropriations and the House Committee on Appropriations Subcommittees for the Departments of Commerce, Justice, State, the Judiciary and Related Agencies May 17, 2001