

Testimony to the Senate
Committee on Health, Education, Labor, and Pensions
February 12, 2002
By Art Van Zee, MD

The OxyContin Abuse Problem

I come to you as a representative of a group called the Lee Coalition for Health, a non-profit group of professionals and community persons who have for the last ten years worked in Lee County, Virginia to promote health and wellness issues. The last two years of our efforts have been consumed by trying to help deal with the OxyContin problem in our region.

In the 25 years I have practiced as a general internist in St. Charles, a small Appalachian coal mining town, there has never been anything to compare to the epidemic of drug abuse and addiction that we have seen the last 3 years with OxyContin. Contrary to what is sometimes portrayed in the media as long term drug addicts switching to the drug du jour, what we have seen for the most part is numerous young people recreationally using OxyContin and then becoming very rapidly addicted. Many of these kids are good kids, good families, with bright, promising futures that are being destroyed in every way by their opioid addiction. Opioids--as derivatives of opium--are the most powerful pain medication--with morphine being most familiar to you. OxyContin addiction is opioid addiction, the same as morphine or heroin addiction and wreaks the same havoc on individuals, families, and communities. It is hard to find a family in Lee County that has not been touched directly or indirectly by this problem of OxyContin abuse. This is a sadly repetitive story for the numerous areas of the country now affected by this from Washington County, Maine to southern Florida.

My own personal view of the complicated OxyContin abuse problem is that there are at least three major elements involved. First, there has been an obvious problem with physician mis-prescribing and over-prescribing of this drug. Secondly, this epidemic has been a vicious indicator of the alarming degree of prescription drug abuse in this society. Thirdly, and perhaps the one closest to this committee and the FDA, is that the promotion and marketing of OxyContin by Purdue Pharma has played a major role in this problem.

Purdue Pharma, in the most extensive opioid promotion in the history of the industry, has used sophisticated marketing data to determine

which physicians in the country prescribe opioids most liberally (and in some cases, least discriminately) and have coupled that data with lucrative

financial incentives to their sales representatives. One sales rep in Florida made \$50,000 in 1999 and \$100,000 in 2000 in bonus incentives---over and above her \$50,000 salary because of the high OxyContin sales in her territory. Purdue used thousands of company sponsored talks and seminars--well shown in the medical literature to influence and increase physician prescribing of a particular product. Purdue heavily lobbied primary care physicians for the use of OxyContin--and primary care physicians traditionally have had meager training in pain management and addiction issues. The company used promotional free OxyContin pills for patients and beach hats and music CDs for physicians. In addition, Purdue engaged in an extensive and sophisticated non-branded promotion of opioids in general--in which the benefits of opioids for chronic non-malignant

pain were much over-stated and the risks trivialized. A testimony to the success

of the promotional and marketing campaign is reflected in the fact that from

1996 to 2000, the use of other commonly used opioids grew 23% while OxyContin prescriptions dispensed during the same period increased by over 1800%. The fact that OxyContin does not offer any major advantages over appropriate doses of other opioids again is testimony to the success of Purdue's campaign.

The current regulations governing the way the pharmaceutical industry can market and promote opioids, or any controlled drug--has not served well the public health in this situation. Not to drastically change

those types of regulations at this point would give sanction and safe harbor to the drug companies for the continuation of such business practices which do not serve any of us well.

The Lee Coalition for Health nearly a year ago now, initiated a national petition to recall OxyContin until it can be re-formulated to a less abusable drug. The rationale for this is as follows:

- (1) we have available equally effective opioids for treatment of severe pain. All Purdue funded studies to date have shown this-- that is, OxyContin is a good drug but not superior drug to

3)

what we have available. The Medical Letter (9/17/01) made similar conclusions. Some of our alternatives are much more cost effective, and some have less abuse

potential than OxyContin;

- (2) particularly in the light that we have equally effective opioids to treat severe pain, it is clear that the pain and suffering brought by the abuse of the drug far surpasses its benefits;
- (3) that with this fastest growing epidemic of prescription drug abuse in the US in the last 25 years, all other measures taken to stem the diversion and abuse will fall far short of what is needed;
- (4) the recall of OxyContin is NOT a recall of opioids. OxyContin is unique and its abuse unprecedented. The economics of OxyContin diversion and abuse will now perpetuate this disaster regardless of the full array of measures taken to stem the tide. It's time Purdue Pharma did what Sterling-Winthrop Laboratories did in 1983 when its narcotic was the source of increasing abuse, medical complications, and over-dose deaths in the country. It voluntarily recalled Talwin until it could be re-formulated to a preparation with much less abuse potential.

Thank you for the opportunity to speak to you today, and thank you for your attention.

Art Van Zee, MD
Lee Coalition for Health

j#####°r{u{#####

/f}“-f[,Mæi,,.yÅ

Y ; < Ø m ¶ U ç è ê - € É b
± ÷

□□□□□□□□□□□□□□□□□□□□□□□□□□□□

□□□
□□□
□□□
□□□
□□\$
□□&
□□f
□□'
□□ÿ
□□M
□□-
□□á
□□,

□□s

□□□□□□L□□□-□□□â□□□/

S ä æ è ê ì ï ð ñ ò ó ô õ ö ÷ ù ú û ü ý þ ÿ 8 t
- Ê Ì Ñ Ò Ó Ô Õ Ö ÷ ù ú û ü ý þ ÿ { Á Þ 9 x · ÷
÷ 3 q ² Ñ Ó Õ 4 6 K j l p
r

□□□r□□3□□□□

