

The Flexner Deans' Lecture Series Vanderbilt University Hospitals

“The Promotion & Marketing of OxyContin Twenty
Years Later: an opioid crisis, lessons learned, and
needed changes”

October 19, 2020

ART VAN ZEE, MD
STONE MOUNTAIN HEALTH SERVICES
ST. CHARLES CLINIC
ST. CHARLES, VIRGINIA



Financial Disclosures:
none

MY DEEPEST GRATITUDE TO VANDERBILT— FACULTY & HOUSE STAFF

- Drs. TE Brittingham, Grant Liddle, Roger DePrez, John Oates, Anderson Spickard, William Salmon, Gottlieb Friesinger, Josh Billings, William Schaffner, John Flexner, John Leonard, Allen Kaiser, John Sergent
- House staff: Frederick Billings, Seth Cooper

General overview of the talk

- The Vanderbilt Student Health Coalition & its legacy
- Personal story—how I became involved with the opioid crisis
- Brief overview of the national opioid crisis
- The Promotion & Marketing of OxyContin
- Litigation: outcomes needed for the public health
- Lessons learned & opportunities for change









Miners in St. Charles
circa 1949





VANDERBILT STUDENT HEALTH COALITION

- ▶ 1969—
- ▶ WW “Bill” Dow & Dr. Amos Christie—early movers & shakers
- ▶ Health Fairs in northeast Tennessee and southwest Virginia
- ▶ > 800 students and multiple faculty members participated
- ▶ 1973---first Health Fair in St. Charles
- ▶ 1974---second Health Fair in St. Charles
- ▶ --co-directors---Nancy Raybin & Polly McClanahan
- ▶ <http://coalition.web.unc.edu/about/timeline-of-the-student-health-coalition>

Vanderbilt Student Health Coalition-St. Charles Health Fair July, 1973

A FREE MEDICAL SERVICE FOR EVERYONE JUNE 28 - JULY 13 ST CHARLES SCHOOL

You and your neighbors are invited to the St. Charles Health Fair, June 28 to July 13 at the St. Charles School. This FAIR will be a free medical service for everyone sponsored by the Vanderbilt University Student Health Coalition of Nashville, Tennessee and the St. Charles Health Fair Committee. Doctors, nurses, medical and nursing students, and community workers will be at the FAIR. All of the services provided by the FAIR will be free of charge to everyone.

All children and adults should plan on coming to the FAIR from June 28 to July 7. Children's physical exams, blood tests, and immunizations will be given at this time. Adults will have their blood, urine, and hearts tested and their chests x-rayed. All adults will be given a return appointment between July 9 and July 13 for their physical exam.

Some treatments will be available. The doctors will discuss the results of the exam and tests with you and send a copy of the results to your regular doctor, as well as the Lee County Health Department, if you so wish. Nursing staff will remain for several weeks after the FAIR to help with adult and child follow-up.

If you need a ride to the FAIR, transportation will be available. Leave your name and directions to your home with Edith Rogers (383-4319) (call after supper)

If you have any further questions, please don't hesitate to call Nancy Raybin (383-4319) or Richard Henighan (546-1901).

We hope we'll see you all at the FAIR.

St. Charles Health Fair Committee

Health Fair Reaches Many

Many Lee Countains went to the fair -- the Health Fair that is, and took advantage of the free medical service sponsored by the Vanderbilt University Student Health Colation and the St. Charles Health Fair Committee. The Fair has left St. Charles, but during the two and a half weeks that it was here over 750 adults and children were given physical exams, immunizations, and lab tests.

The fair could not have been the great success that it was without the help of Community people serving as helpers, preparing meals, and providing homes.

Two students from Vanderbilt School of Nursing are remaining in St. Charles until the middle of August. The main emphasis of their work during the past week has been completing whatever medical attention is needed for those children examined at the St. Charles Health Fair. Before any of this follow-up work could be attempted, the nursing students first investigated the referral resources offered in this area. Among the main sources upon which they are relying are the Lee County

Health Department, Dlenowisco, the various doctors in this area, and the services at the hospital in Harlan. Making home visits, helping parents arrange necessary doctor appointments for their children, and sometimes arranging for transportation is all part of their weekly schedule. Within the next week, the students hope to complete their work concerning the children and begin concentrating on the needs of those adults seen at the Health Fair. Without the generous help from the Catholic sisters in St. Charles or the students from Clinch Valley College a thorough job could never be attempted during these few short weeks of summer that remain.

Health Council Organized For St. Charles Area

The St. Charles Health Fair sponsored by the Vanderbilt University Student Health Colation and the St. Charles Health Fair Committee drew crowds of well over 750 people who came to receive free physical exams, lab. tests, and immunization.

The Fair only lasted two weeks and unfortunately not everyone who wanted to be seen by the doctors could be seen. Therefore, on July 26 a community meeting was called at the St. Charles School lunchroom for all area residents who wanted a doctor and nurse who could provide medical services especially for the people of the St. Charles area are a would staff such a clinic.

The community meeting was held on July 26. Well over 60 residents came to discuss their medical needs and possible long-range solutions to their problems. The meeting was initially conducted by Nancy Raybin who was associated with the Health Fair. A chairman, secretary and a committee of representatives from each area was then elected to lead and direct the newly formed St. Charles Health Council. The esthursiasm is high and the group is determined to improve the health facilities for their friends

The committee met again on July 30, in order to write their charter as a non-profit organization, make committee assignments, and to plan their next steps. The committee became the Board of Directors who will serve until new elections in December 1973. Charlie Provence, the chairman became the President, C. P. Giles was elected the Vice President and Nell Stewart was elected Secretary - Treasurer. The following people are the members of the Board: Charlie Provence, Eunice Haynes, Rev. Eugene Huff, Edna Tabor, Mary Kirk, Howard Elliott, Jim Dean, Curtis Ricker, Lucy Henigan, James Hobbs, C. P. Gilbes, Beth Davies, Lilly Mooneyhan, French Cooper, Rev. Kenneth Ellis, Janie Holman and Nell Stewart.

The St. Charles Health Council will meet again on August 9, 1973 at 7:30 in the School Lunchroom. The entire community is urged to attend. The charter will be presented and the other committee assignments will be announced. The Fund-raising committee is presently planning ways to raise necessary funds and your suggestions will be appreciated. A building has been acquired in St. Charles which will serve as the temporary office and future

Local fund raising

Quilts, cake walks,
Fried chicken dinners,
Door to door, car washes,
Theater.....and more fried
Chicken, beans, and
Corn bread





These and many other people of the St. Charles area are working constantly toward the day when a clinic will be built on this site. The land has been purchased and much has been accomplished.

Rummage sales and numerous other ways of raising funds are planned and carried out by the St. Charles Health Council, a non-profit corporation formed to promote and complete the clinic.



Province Honored By St. Charles Health Council

Charles Province of Pennington Gap, was honored in a most surprising manner last Thursday night.

Having been literally brought to the Pennington High School cafeteria, he was asked to walk into a crowd of about 200 friends who were

Clinic Fund Raising Effort Nets \$1100

The current effort now underway by the Western Lee County Health Clinic, Inc., to raise funds for a clinic building is now underway and going strong.

This endeavor, like the one at St. Charles, started with the health fairs. These events brought the urgent need for such clinics to the attention of

the people of both areas in a most dramatic manner. Free physical examinations were offered to the people of these areas and the findings of the examinations convinced the people of these two areas of Lee County that certain medical services were urgently needed

in their immediate areas.

St. Charles now has a building, some equipment and a limited amount of personnel. It is the hope of the people of this area that the clinic will soon be staffed with a doctor and a nurse practitioner.

Local effort in raising funds has far surpassed what was anticipated.

Now the same effort is underway in the western area



CLINIC PLANS DISCUSSED — A group of officials of the St. Charles Health Council discuss plans for the future at a recent meeting. Seated, left to right, are Howard Elliott, Nancy Raybin, Charlie Provence and Curtis Ricker; standing, left to right, are Ezra F. Cooper and Janie Holman.

St. Charles Area Seeks Medical Unit

By **GEORGE DALTON**
H-C Correspondent

ST. CHARLES, Va. — The

750 persons came to receive free physical exams, lab tests and immunization. The fair only last-

More than 60 residents attended this first meeting to discuss their medical needs and possible long-range solutions to their problems.

A chairman, secretary and a committee of representatives from the area were then elected to lead and direct the formation of the St. Charles Health Council.



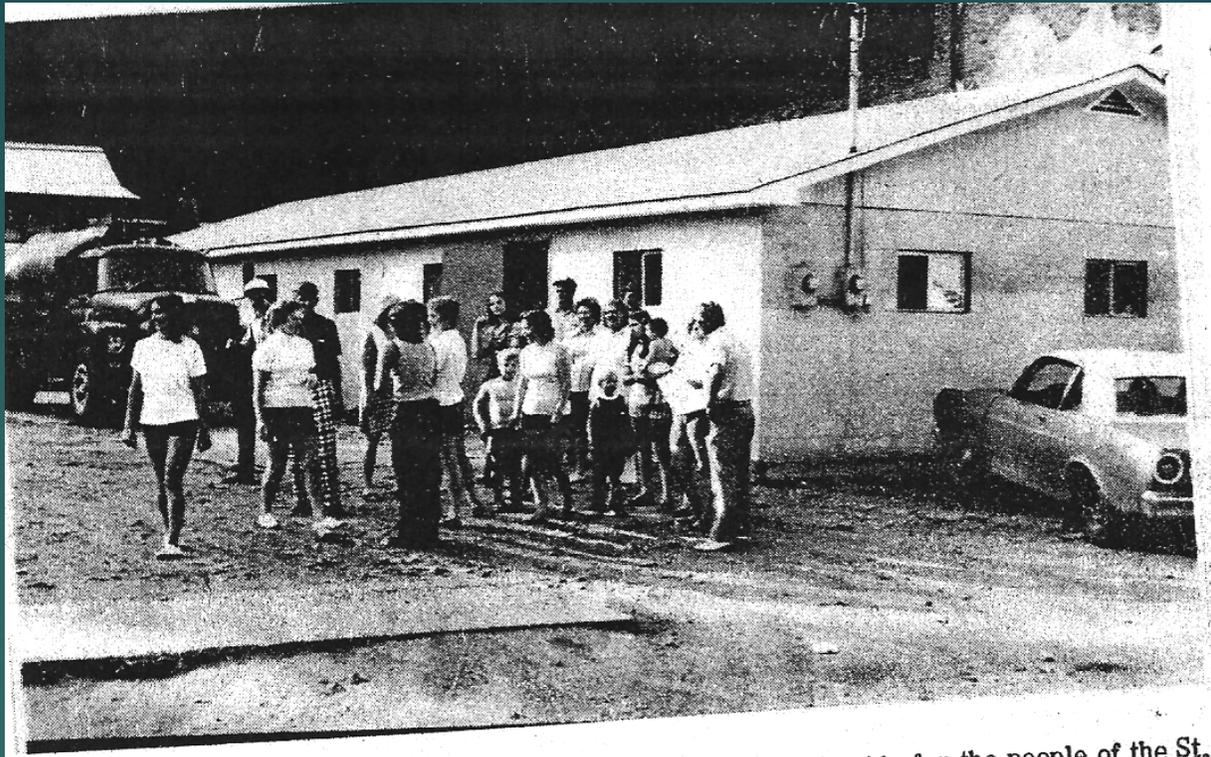
The St. Charles Health Clinic A Vision Of Hope



Before and After

You can see by these pictures the St. Charles Health Clinic is coming right along despite the cold weather the

est speaker at meeting y
Miss Pat Colmans of Lake C
Tenn. who discussed at len
with the group a propo
for ways and means of obta
ing equipment for the cli



The recently completed clinic building is a source of real pride for the people of the St. Charles area. Their next goal is equipment and personnel for the building.

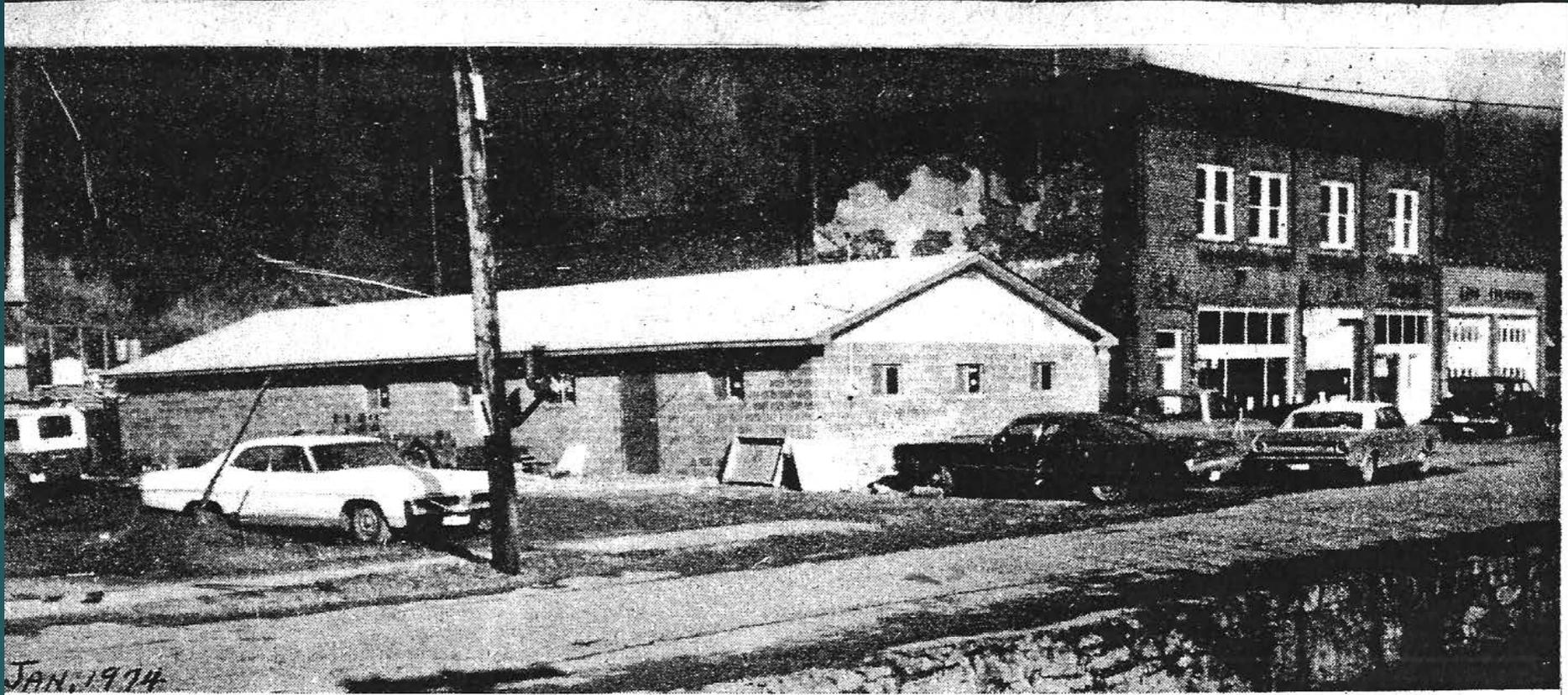
St. Charles Takes Pride In Recent Accomplishments

At one time St. Charles and the surrounding coal camps was where the action was in Lee County. All that changed when the coal business almost died and folks had to move away to find other employ-

ment. The rough times lasted generally wiped from the face of the earth. In some places it is almost impossible to tell where they stood. St. Charles, for a while, looked as if it might be doomed to the same fate. But things are changing now and for the better! The

of change.

Perhaps the entire change can be credited to the booming coal business. This thriving industry has, no doubt, played a part in the transition that is now taking place in the area. High wages and employment for those who



Pictured above is the clinic building presently being constructed in St. Charles. The 76 ft. x 30 ft. building will house 12 rooms, plus facilities for waiting rooms, according to Curtis Ricker, Chairman of the Finance Committee. Ruth Ricker, Aileen Shepherd and Howard Heron are also included in fund raising. Sam and Burl Hughes are the carpenters in charge of construction.

The St. Charles Health Council, a Virginia grass roots self-organized group, constructed this new health clinic with initial help from the Campaign for Human Development, and the facilitation of Sister Beth Davies, CND.



20th Anniversary—St Charles Community Health Clinic 1996



Reminiscing

Former and present members of the board of directors of the St. Charles Health Council met recently at the St. Charles Community Health Clinic to reminisce about the council and the growth of the original idea of building a clinic in the town. Pictured, left to right, are: Janie Holman, New Stewart, Tony Lawson (clinic executive director), Edna Tabor, Rochester Woodard (board president), Charlie Province, Sister Beth Davies, and Louise Wade.

St. Charles Health Council To Celebrate Anniversary

The St. Charles Community Health Council will hold a meeting on October 1, 1993.

October 1, 1993



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(805) 685-3100 www.maps.com

Stone Mountain Health Services 2019

-- a Federally funded Community Health Center--

- ▶ 11 medical clinics in 7 counties southwest VA
- ▶ One dental clinic site—one dentist
- ▶ 17 primary care providers—6 MDs & 11 mid-levels
- ▶ 2 Black Lung & respiratory care centers
- ▶ 2019: 17,183 patients; 65,709 clinic visits
- ▶ Behavioral Health: 6 clinical psychologists,
2 LCSW, 1 MSW



How I became involved in the problem



▶ GENERAL OUTLINES OF OUR
BUPRENORPHINE TREATMENT
PROGRAM

Buprenorphine treatment ---case study

- “TJ” – 42 yowm, Harlan County, hard working construction worker, opioid use disorder wth OxyContin, IVDA & had Hepatitis C
- Entered into our buprenorphine treatment program early 2003
- Didn’t do well, returned to using, dropped out of treatment program
- Re-entered treatment program 3 months later
- Few lapses the next few months---then able to stop
- Abstinent from all illicit drug use since 12/31/2003
- Has been working in the coal mines the last ten years
- Has been able to be a good, responsible, & very involved father and husband
- By himself, built a house for his family
- Remains in treatment on bup/naloxone 12 mgm daily

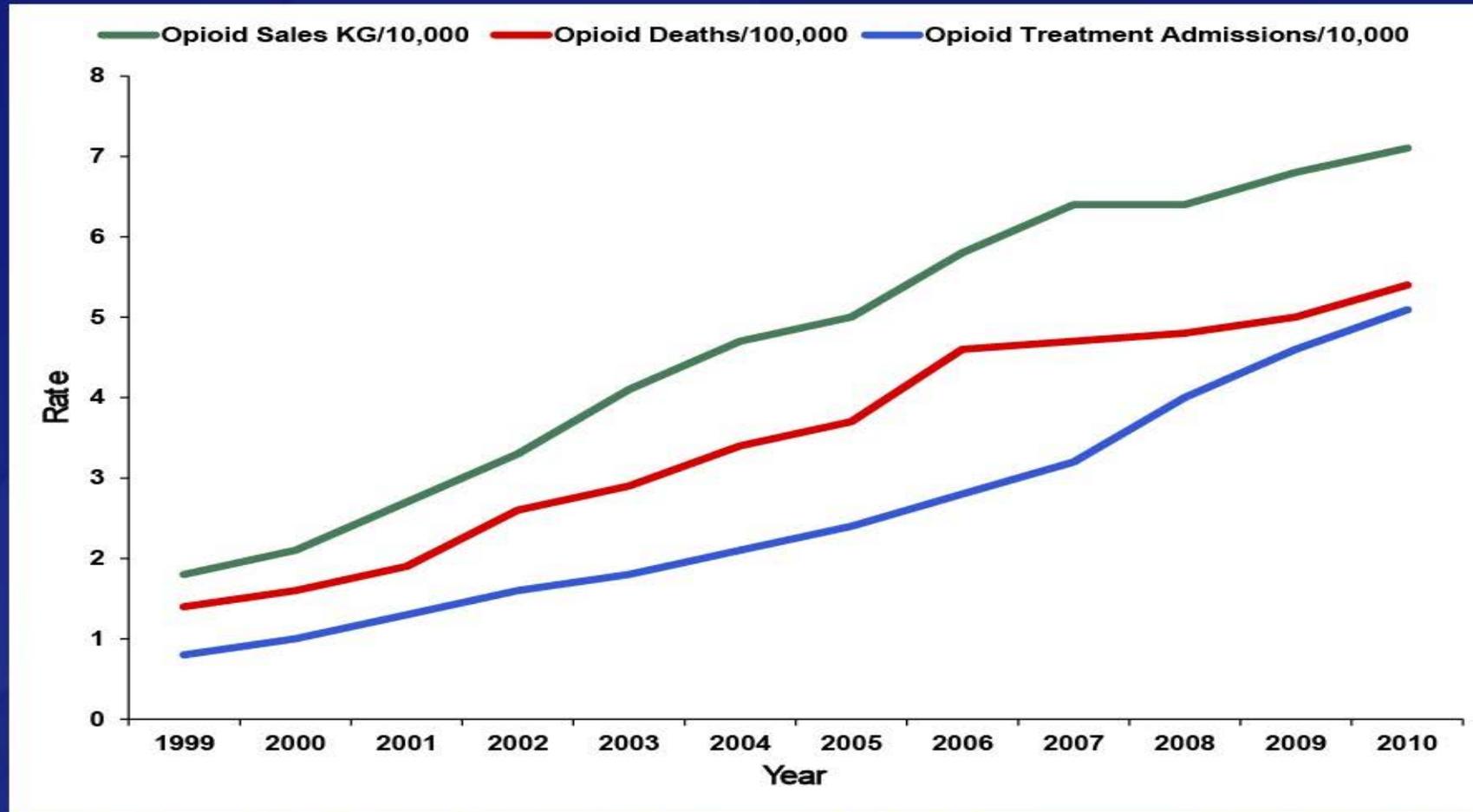


The Prescription Opioid Crisis is brought
to us by the Medical Profession
& the Pharmaceutical Industry

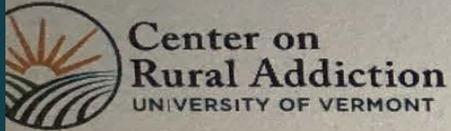
The Opioid Epidemic

- 1999 to 2010: Quadrupling of prescribed opioids
- 1997 to 2011: 900% increase in people seeking treatment for opioid use disorder
- Since 1999, almost 400,000 people have died of opioid overdoses
- From 2002 through 2011, 80% of people who use Heroin reported use began with Rx opioids

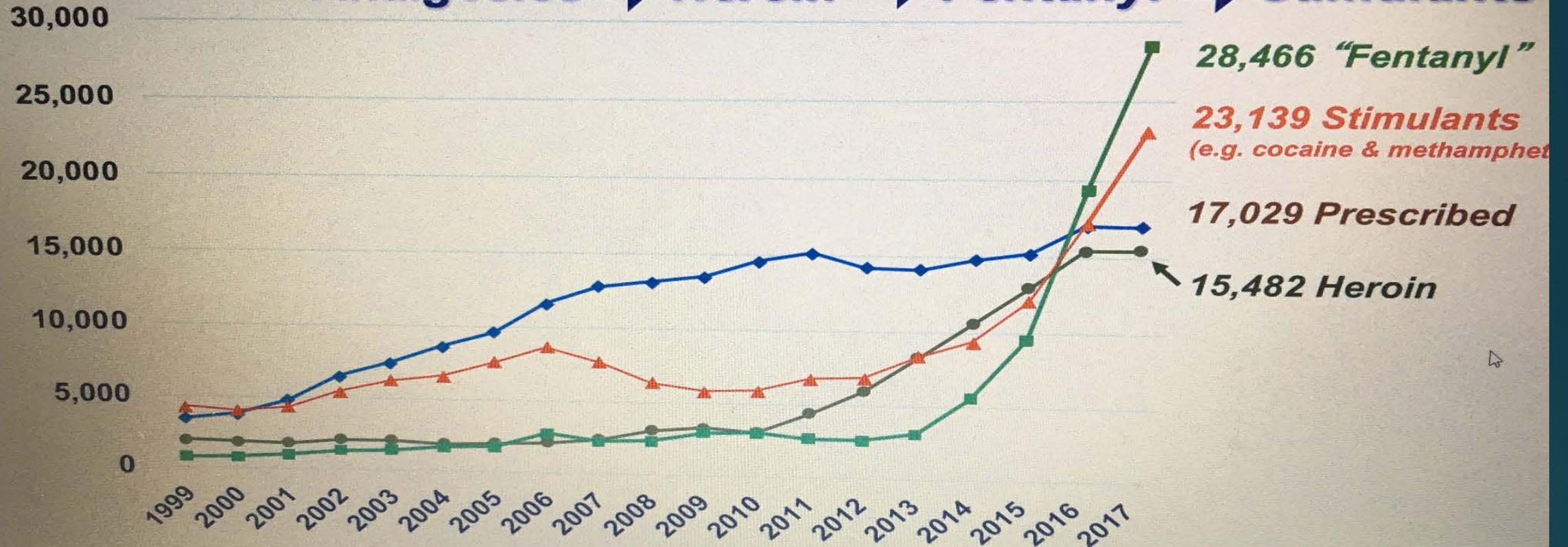
Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010



CDC. *MMWR* 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w. Updated with 2009 mortality and 2010 treatment admission data.



Evolution of Drivers of Overdose Deaths: *Analgesics* ➡ *Heroin* ➡ *Fentanyl* ➡ *Stimulants*



Compton WM & Jones CM, *Ann NY Acad Sci*, 2019; Data from CDC WONDER Database

From: Richard Rawson, PhD. "Treatment for Individuals who use cocaine and methamphetamines"—webinar September 2, 2020

Physician Prescribing & Misprescribing

- ▶ Legitimate physicians influenced by the changing narrative on pain management and by the influence of the pharmaceutical industry
- ▶ The worst of market-place medicine—pill mills

FLORIDA

- center of nation's RX opioid problem
- "pill mills" & lax prescribing
- marketplace medicine at its worst
- Broward County 2009: all 50 of the top oxycodone prescribing doctors in the nation were in Florida, 33 in Broward County alone
- Broward Co.—more pain clinics than McDonald's & Walmarts combined
- Broward Co.—in 2007—4 pain clinics
- in 2009 115 pain clinics

- Chronic Pain • Detox • Weight Loss
- Stop Smoking • Auto Accidents

ACCEPTING ALL COMPETITOR COUPONS
THE ONE OF ALL

We Can Help!

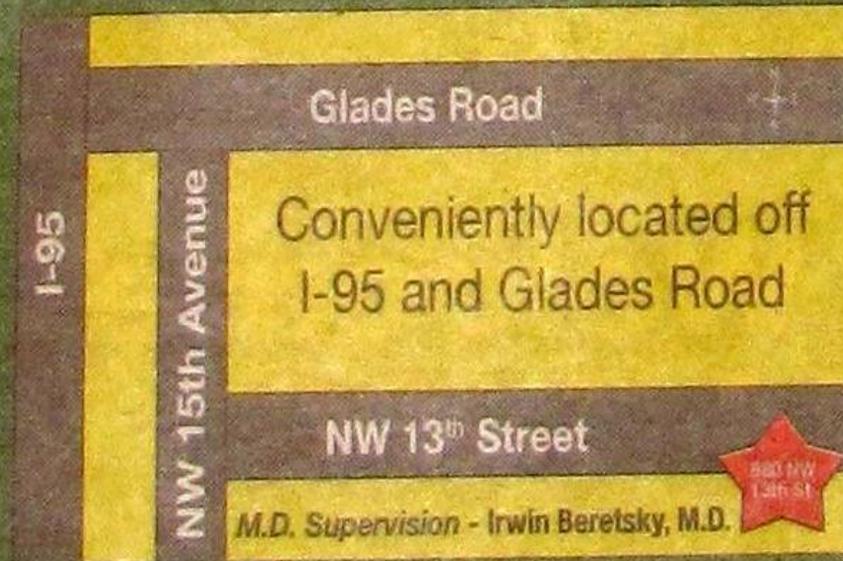
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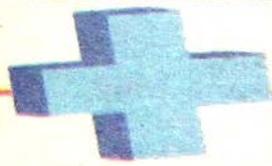
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PHARMACEUTICAL INDUSTRY MARKETING

Focus on Purdue Pharma
Marketing & Promotion of OxyContin



Ethics in Public Health Research

The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy

Art Van Zee, MD

I focus on issues surrounding the promotion and marketing of controlled drugs and their regulatory oversight. Compared with noncontrolled drugs, controlled drugs, with their potential for abuse and diversion, pose different pub-

Stamford, CT), a sustained-release oxycodone preparation, illustrates some of the key issues. When Purdue Pharma introduced OxyContin in 1996, it was aggressively marketed and highly promoted. Sales grew from \$48 million in

double-blind studies comparing OxyContin given every 12 hours with immediate-release oxycodone given 4 times daily showed comparable efficacy and safety for use with chronic back pain⁴ and cancer-related pain.^{5,6} Randomized

array of approaches to promote OxyContin.

PROMOTION OF OXYCONTIN

From 1996 to 2001



OxyContin Beach Hats—for physicians

“SWING IS ALIVE”

“Swing in
the right
direction
with
OxyContin”



CD music swing tunes—for physicians

- 
- OxyContin was not a “miracle” drug
 - Oxycodone offered no advantage over other potent opioids
 - OxyContin was comparable to short acting oxycodone
 - OxyContin was comparable to CR morphine
in efficacy & safety

IR oxycodone vs CR oxycodone

Comparable Efficacy & Safety

Hale Clin J Pain '99

BACK PAIN

Kaplan J Clin Oncol '98

CANCER

Stambaugh J Clin Pharm '01

CANCER

OxyContin—NDA--1995

Medical Officer Review (MOR)

Summary of safety

“The best conclusion is that the efficacy of the CR (oxycodone) is equivalent to the IR, with an adverse profile that is as good as the IR. I would not allow a ‘better’ claim.”

--Curtis Wright, MRO

OxyContin NDA (cont)

Summary of efficacy

"CR oxycodone appears to be a BID alternative to conventional QID oxycodone. Approval is recommended. Care should be taken to limit competitive promotion. This product...has not been shown to have a significant advantage beyond reduction in frequency of dosing."

--Curtis Wright, MRO



OxyContin Marketing & Promotion
was the most heavily financed,
extensive opioid marketing
campaign in the history of the industry

\$200 million in 2001

General narrative of the marketing campaign

- There is an epidemic of untreated pain in the country
- Trivialized the risks ("addiction is rare.....")
- Oversold the benefits
- Opioids can be very effective for chronic non-cancer pain (80+ per cent of the opioid market)

“CME” events

- 1996-2001, Purdue conducted 40 national pain-management & speaker-training conferences. More than 5,000 physicians, pharmacists, nurses attended these all-expenses-paid symposia, where they were recruited & trained for Purdue’s national speaker bureau.
- 1996-2002, Purdue funded more than 20,000 pain-related educational programs.
- High potential for blurring marketing & education
- These types of events have been shown to influence physician prescribing

Wazana A. “Physicians & the Pharmaceutical Industry: is a gift ever just a gift?”
JAMA. January 19, 2000

Use of sales reps to influence Physician Prescribing

- Use of sophisticated marketing data, physician profiling, targeting the high prescribing physicians, coupled with lucrative incentives for the sales reps
- From 1996 to 2000, Purdue increased sales force from 318 to 671 & physician call list from about 40,000 to 80,000 physicians
- In 2001, average sale rep salary \$55K, annual bonuses averaged \$71K with bonus range from \$15K to nearly \$240K
- In the first quarter of 2011, 639 Purdue reps nationwide made 173,647 physician visits
- In 2013, McKinsey (consultant to Purdue) recommends intensifying concentration on the highest prescribers----who prescribe 25 times more than the low prescribers--& their data showed that that increased prescribing even more
- (continued)

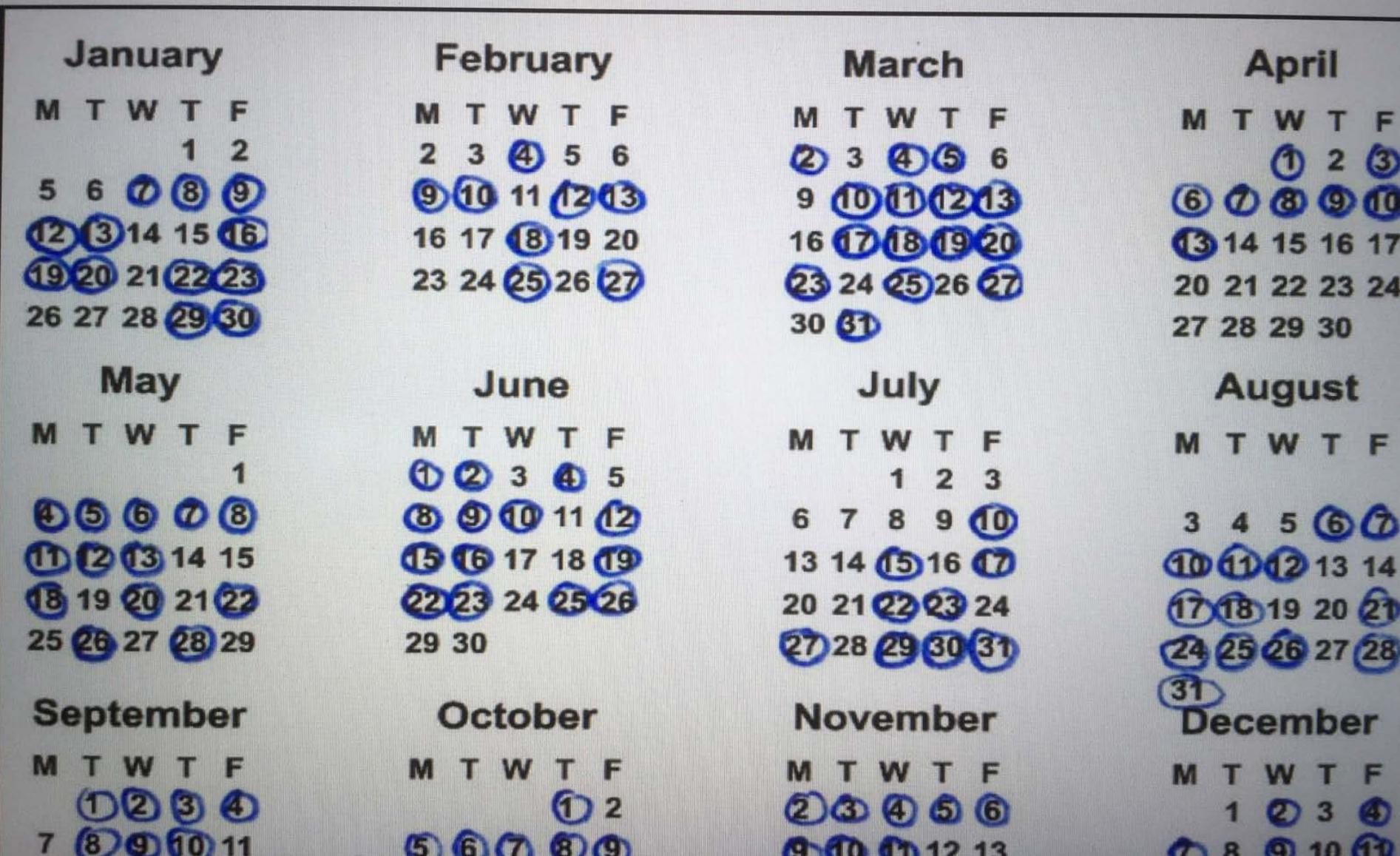
Sales reps & physician prescribing (cont)

- Purdue had a "Core" list & "SuperCore" list of the largest prescribers in Massachusetts--& reps were ordered by management to concentrate on them---even though the reps had told management some of these were "dangerous" doctors/prescribers. Two of the "SuperCore" doctors were visited 195 times by sales reps before they lost their licenses & were sent to prison.

- Sales reps and physician prescribing (cont.)
- The top OxyContin prescriber in Massachusetts from 2008 to 2012-----prescribed > 347,000 OxyContin tablets (including 200,000 of the 80 mgm); was made a speaker on the Purdue speakers' bureau----until he lost his license in 2012
- "In Massachusetts, Purdue identified 'high value doctors' and managers ordered the reps to keep promoting drugs to them even after reps warned Purdue that the doctors were involved in diversion & abuse..."

Sales reps (cont)

Purdue Sales Rep Visits to One Massachusetts Doctor



AMA PHYSICIAN MASTERFILE

“SALES & ROYALTIES FOR PROPRIETARY DATA OF THIS SORT PROVIDE MORE THAN TWICE THE REVENUE COLLECTED THROUGH MEMBERSHIP DUES”

TO OPT OUT: <https://www.ama-assn.org/practice-management/masterfile/ama-physician-masterfile>

Mike Magee, MD. “Code Blue: Inside America’s Medical Industrial Complex” p. 14

Trivializing, Misrepresenting the risk of Addiction

- Promotional literature and audiotapes for physicians
- Brochures & videotapes for patients
- Through its "Partners Against Pain" website
- Claimed that the risk of addiction from OxyContin was extremely small
- Purdue trained its sales force to carry the message that the risk of addiction was "less than one percent"

- "While opioids can be abused and may be habit forming, clinical experience shows that 'addiction' to opioids legitimately used in the management of pain is very rare.....in trials in almost 25,000 patients with no history of drug dependence, there were only 7 case of iatrogenic drug addition." Partners Against Pain—"Professional Education" module, circa 2000



In 2007, in the Federal Court House in Abingdon, Virginia, Purdue pled guilty to criminal charges of misbranding OxyContin by claiming it was less addictive and less subject to abuse and diversion than other opioids, and paid \$634 million in fines.

- The Porter and Jick 'Study' – a letter to the NEJM Jan 10, 1980
- Reported that of 11,882 patients who received at least one narcotic preparation while hospitalized, there were only four cases of reasonably well document addiction.."

The Porter & Jick Letter to the Editor, NEJM. January 10, 1980

TO THE EDITOR

Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

Jane Porter

Hershel Jick, M.D.

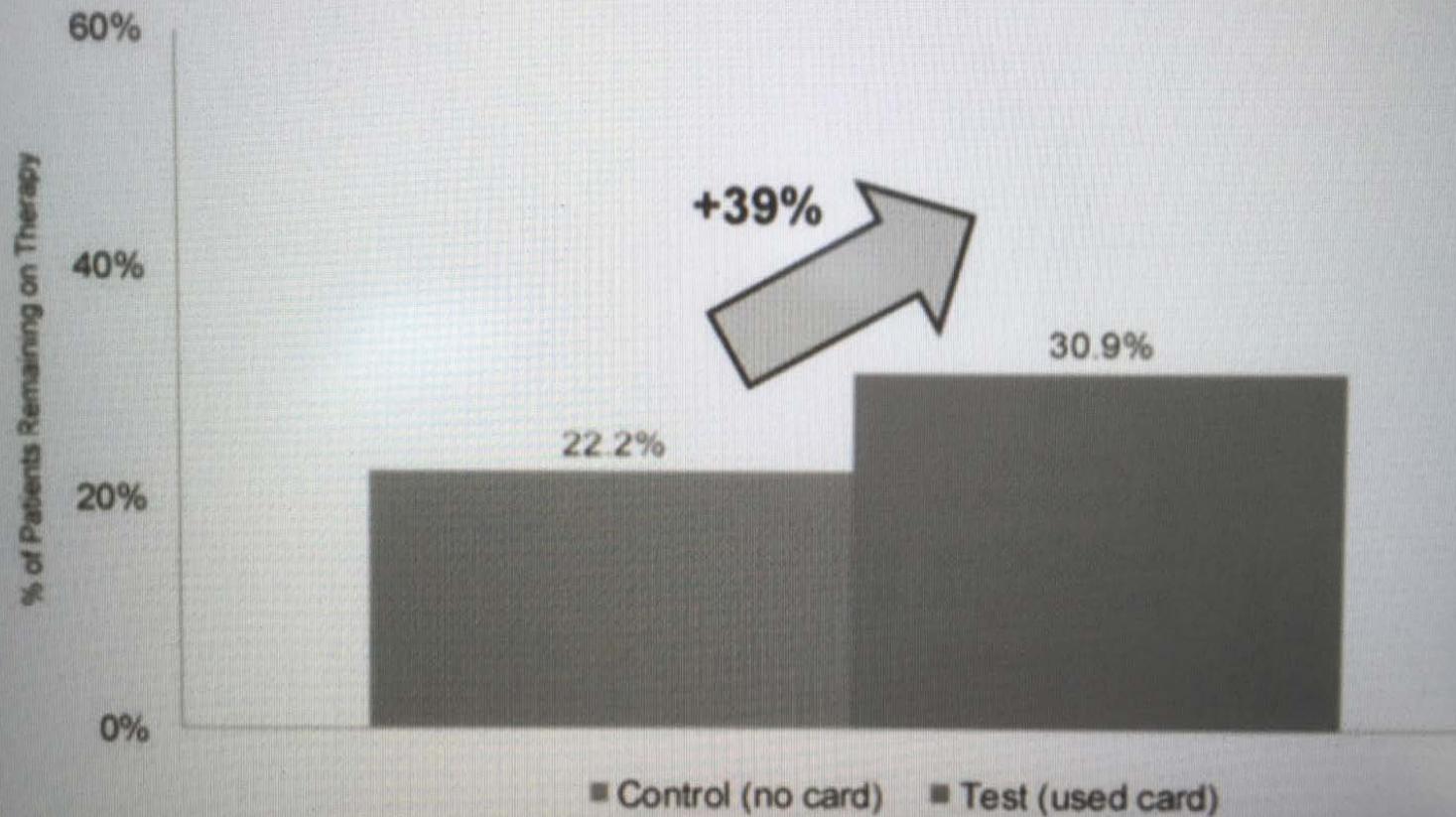
Boston Collaborative Drug Surveillance Program Boston
University Medical Center, Waltham, MA 02154

Patient starter coupon program for OxyContin

- Provided patients with a free limited-time Rx for a 7-30 day supply of OxyContin
- 34,000 coupons had been redeemed nationally by 2001 when program ended
- Later followed by a “savings card”
 - in 2009, more than 160,000 patients had used the opioid savings card

Savings cards are effective in keeping patients on OxyContin

More New Patients Remain on Therapy After 90 Days When a Savings Card Is Redeemed



Purdue internal strategy presentation from 2011³⁷

Financial ties between the Opioid Industry & Third Party Advocacy Groups

- Purdue Pharma, Janssen Pharmaceuticals, Mylan N.V., Depomed, Inc, and Insys Therapeutics gave nearly \$9 million in payments to 14 outside groups working on chronic pain and other opioid-related issues between 2012 and 2017
- These groups include: American Academy of Pain Medicine, American Chronic Pain Association, American Pain Foundation, The National Pain Foundation, American Pain Society, among others
- "Initiatives from the groups in this report often echoed and amplified messages favorable to increased opioid use----and ultimately, the financial interests of opioid manufacturers."

Purdue extensively promoted opioids for chronic non-cancer pain

- VERY LIMITED EVIDENCE ON THE EFFICACY FOR CHRONIC PAIN
- VERY CLEARLY THE RISKS ARE HIGHER

Purdue promoted extensively for a more liberal use of opioids--to primary care docs who often have less training in pain & addiction issues than some other specialities

Original Investigation | Substance Use and Addiction

Association of Pharmaceutical Industry Marketing of Opioid Products With Mortality From Opioid-Related Overdoses

Scott E. Hadland, MD, MPH, MS; Ariadne Rivera-Aguirre, MPP; Brandon D. L. Marshall, PhD; Magdalena Cerdá, DrPH, MPH

Abstract

IMPORTANCE Prescription opioids are involved in 40% of all deaths from opioid overdose in the United States and are commonly the first opioids encountered by individuals with opioid use disorder. It is unclear whether the pharmaceutical industry marketing of opioids to physicians is associated with mortality from overdoses.

OBJECTIVE To identify the association between direct-to-physician marketing of opioid products by pharmaceutical companies and mortality from prescription opioid overdoses across US counties.

DESIGN, SETTING, AND PARTICIPANTS This population-based, county-level analysis of industry marketing information used data from the Centers for Medicare & Medicaid Services Open Payments database linked with data from the Centers for Disease Control and Prevention on opioid prescribing and mortality from overdoses. All US counties were included, with data on overdoses from August 1, 2014, to December 31, 2016, linked to marketing data from August 1, 2013, to December 31, 2015, using a 1-year lag. Statistical analyses were conducted between February 1 and June 1, 2018.

Key Points

Question To what extent is pharmaceutical industry marketing of opioids to physicians associated with subsequent mortality from prescription opioid overdoses?

Findings In this population-based cross-sectional study, \$39.7 million of opioid marketing was targeted to 6 physicians across 2208 US counties between August 1, 2013, and December 31, 2015. Increased county-level opioid marketing was associated with elevated overdose mortality 1 year later, an association mediated by opioid



Hadland SE, et al. JAMA (continued)

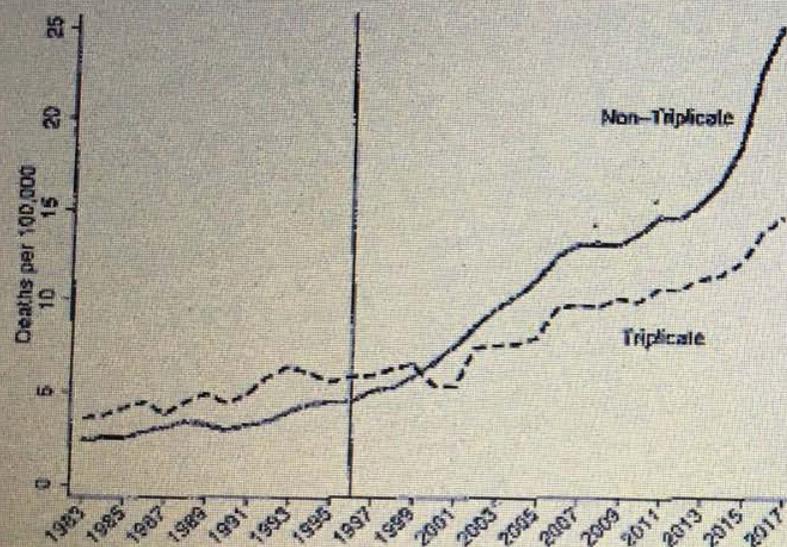
“Conclusions and Relevance: In this study, across U.S. Counties, marketing of opioid products to physicians was associated with increased opioid prescribing and, subsequently, with elevated mortality from overdoses. Amid a national opioid crisis, re-examining the influence of the pharmaceutical industry may be warranted.”

- Bureau of Economic Research –November, 2019

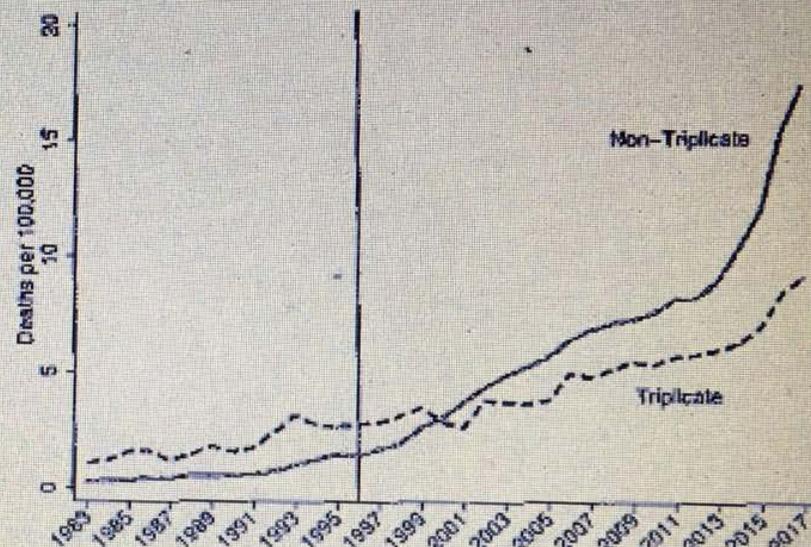
“ORIGINS OF THE OPIOID CRISIS AND ITS ENDURING IMPACT”

- Purdue marketed much less in state-based triplicate prescription programs
- OxyContin distribution was 50% lower in “triplicate states”
- “While triplicate states had higher rates of overdose deaths prior to 1996, this relationship flipped shortly after the launch and triplicate states saw substantially slower growth in overdose deaths, continuing even twenty years after OxyContin’s introduction.”

Figure 2: Drug Overdose Death Rates By Triplicate State Status



A: All Drug Overdose Deaths



B: Opioid Overdose Deaths

es: We use geocoded NVSS data to construct total overdose and opioid overdose deaths per 100,000. See Section 3.1 for codes used in each period. The vertical line marks the introduction of OxyContin in 1996.

The complex litigation---what will it bring?

Big Pharma Is Starting to Pay for the Opioid Crisis. Make Those Payments Count.

Money from Johnson & Johnson and Purdue Pharma could make a big difference — but only if it goes to the right places.

By [The Editorial Board](#)-----New York Times, August 28, 2019

- 1998 Big tobacco & 46 states agreement--\$125 billion paid over 20 years
- In 2019, less than 3% nationally of the tobacco proceeds has been spent on public health matters related to tobacco use

Maura Healey, Attorney General, Massachusetts

Editorial—Washington Post, Sept. 16, 2019

Explaining why she & 24 state attorney generals are rejecting the proposed settlement by Purdue

- Lack of accountability
- Lack of justice
- Lack of transparency

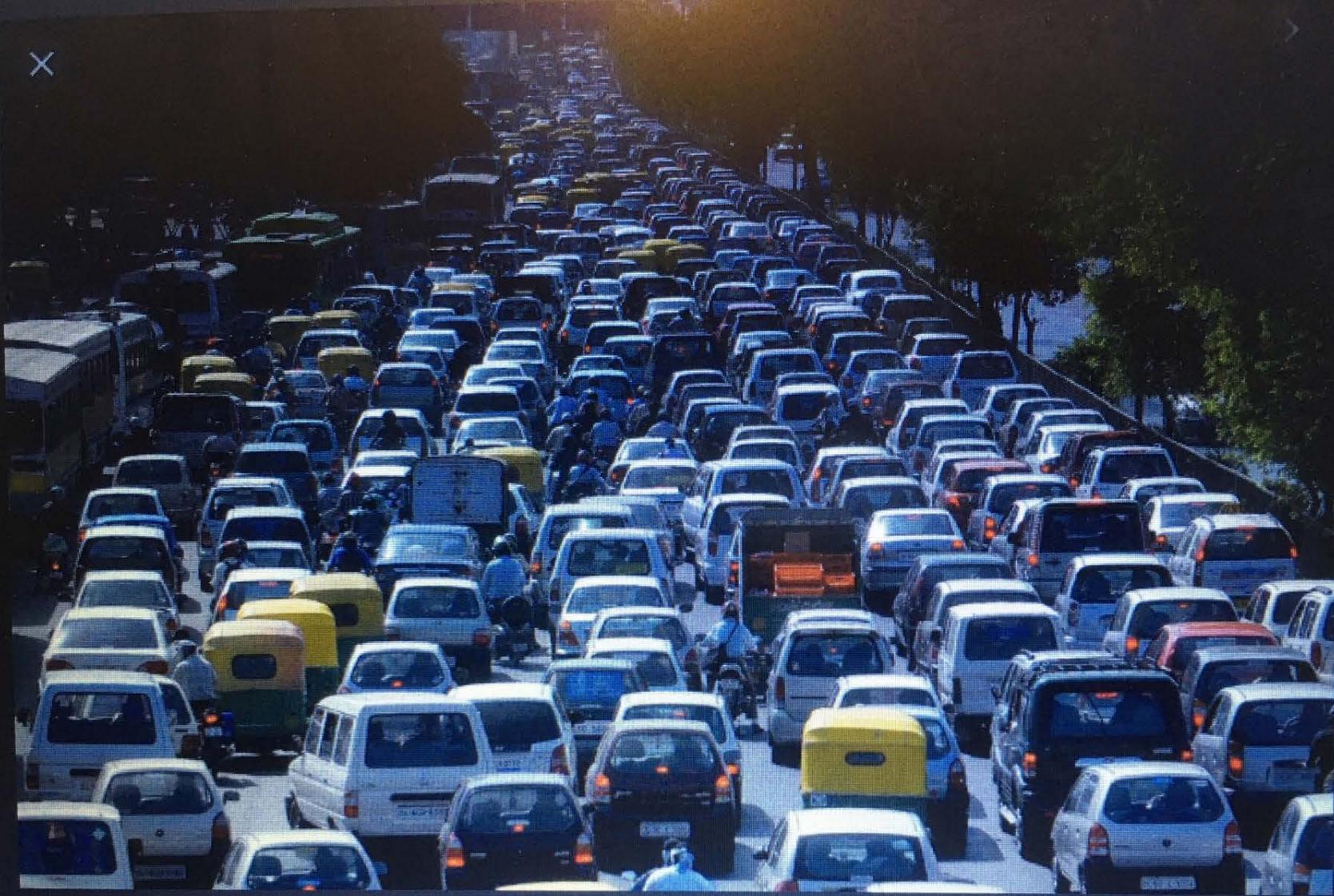


What to do with the settlement monies

We need transparency & accountability----
that the monies go to prevention and
treatment & aren't siphoned off for other needs

Personal conclusions:

- That the marketing of opioids, particularly OxyContin, played a major role in igniting the country's tragic opioid crisis
- That whatever happens with the massive litigation with the opioid industry, we must look at the story behind the story---and make changes in regulatory oversight and the ways in which the pharmaceutical industry can market abusable & addictive drugs.
- That the most effective way to prevent a similar public health tragedy in the future would be to prohibit the marketing of any controlled drug.
- Alternative means of education for health care providers---free of pharmaceutical industry influence---must be developed for protection of the nation's public health.



 The Odyssey Online



Nashville's Nightmare Traffic Jam



Further reading:

Pain Killer: A "Wonder" Drug's Trail of Addiction and Death. Barry Meier. 2003

Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic.
Barry Meier. 2018

Dopesick: Dealers, Doctors, and the Drug Company that Addicted America
Beth Macy. 2018

American Overdose: The Opioid Tragedy in Three Acts.
Chris McGreal. 2018

Dreamland: the True Tale of America's Opiate Epidemic.
Sam Quinones

Death in Mud Lick: A Coal Country Fight against the Drug Companies that Delivered the
Opioid Epidemic. Eric Eyre. 2020

Massachusetts AGO Amended Complaint. Unredacted. January 31, 2019

Further reading (continued)

“The Promotion & Marketing of OxyContin: Commercial Triumph, Public Health Tragedy.”
Art Van Zee, MD. American Journal of Public Health. Feb., 2009

The Opioid Epidemic: what everyone needs to know
Yngvild Olsen and Joshua M. Sharfstein. 2019

Pharma: Greed, Lies, and the Poisoning of America.
Gerald Posner. 2020



Thank you !

Art Van Zee, MD
St. Charles Clinic
Stone Mountain Health Services
St. Charles, Virginia

avzee@stonemtn.org