



## **Purdue is benefiting at the expense of vulnerable patients and taxpayers**

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H.P. Lovecraft’s aphorism, “From even the greatest of horrors, irony is seldom absent,” applies to the full-page advertising campaign that pharmaceutical giant Purdue Pharma ran in many of the nation’s major newspapers late last year.

Purdue manufactures the popular and long-acting opioid OxyContin, on which many patients rely for relief from chronic and severe pain. In the 1990s, numerous clinical studies showed patients were needlessly suffering because drug laws and social stigma discouraged physicians from treating pain with highly effective opioids like OxyContin.

The American Pain Society, the National Institute on Drug Abuse, the Joint Commission on Accreditation of Health Organizations, and even the U.S. Department of Health and Human Services decried the “opiophobia” responsible for the under-treatment of pain patients.

Purdue profited immensely from the subsequent decrease in opiophobia and increase in opioid prescriptions. Yet Purdue has also found ways to stoke and to profit from opiophobia at the expense of vulnerable patients and taxpayers.

Around 2010, Purdue faced a situation where its patent on OxyContin was about to expire. At that point, generic drug manufacturers would be able to market oxycodone (the active ingredient in OxyContin) at much lower prices, and thereby cut into Purdue’s profits. But the company also knew that supporters of the War on Drugs worried that some people were snorting or injecting oxycodone for non-medical purposes.

Smelling opportunity, Purdue employed an age-old strategy drug manufacturers use to block competition and keep their prices high. The company developed a slightly different version of OxyContin, called an “abuse-deterrent formulation,” that made it harder for users to get high by snorting or injecting the drug.

It then secured a separate patent for the new version of the drug that would protect it from generic competition for years after the patent on the old version expired. Finally, within six months the company completely pulled the old version from the market and heavily marketed the new abuse-deterrent formulation as a safer alternative to generic oxycodone. In effect, Purdue took advantage of opiophobia to extend or “evergreen” its patent on OxyContin, so the company could charge consumers and taxpayers more for the drug, free from generic competition.

Amazingly, Purdue actually brags about this. Its full-page ad boasts that the company “pioneered the pharmaceutical industry’s movement toward developing opioids with abuse-deterrent properties” and supports promotion of those new formulations. Yes, the company was indeed a leader in exploiting fear to overcharge suffering patients and taxpayers.

Purdue’s opiophobia-stoking strategy isn’t just greedy. It’s dangerous. Numerous studies have suggested abuse-deterrent opioids are fueling the overdose crisis by driving non-medical users to switch to heroin and fentanyl as substitutes.

A recent National Bureau of Economic Research working paper found a “one-for-one substitution of heroin deaths for opioid deaths” after Purdue replaced the old OxyContin with the abuse-deterrent formulation.

The ad also urges the government to expand monitoring of doctors who prescribe opioids and patients who receive opioid prescriptions. Yet studies suggest such government surveillance does not reduce overdose deaths. It merely appears to intimidate doctors and likewise drive non-medical users — as well as desperate pain patients — to try illicit and riskier options like heroin and fentanyl.

The company says it supports “initiatives to limit the length of first opioid prescriptions.” There is little evidence to suggest this strategy will work, either.

Cracking down on prescription opioids is not the solution. Even as opioid prescription rates are steadily and consistently declining, even as high-dose prescribing has dropped 41 percent since 2010, opioid overdose rates are reaching record levels. The major drivers of overdose deaths in recent years have been heroin and fentanyl, not prescription opioids. Fentanyl overdoses have increased a whopping 88 percent since 2013, while prescription opioids have stabilized or receded as a cause of overdose.

Purdue does pain patients a great service when it provides them safe, effective, and affordable pain medication. But there are real victims to the opiophobia Purdue stokes and from which Purdue profits. They are patients in severe pain who find their access to pain medication curtailed or cut off; who suffer in desperation; and who turn to heroin, fentanyl, or even suicide.

For Purdue to tout the benefits of opioids while enthusiastically supporting the war on opioids and profiting from both is a most horrible irony.

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