



From the desk of the CEO
Mario J. Paredes

Opioid abuse crisis demands a holistic response

THE FIGURES are staggering. “By 2017, over 200,000 Americans had died during the two preceding decades from overdoses involving legal drugs that were produced by pharmaceutical companies and prescribed by doctors.” By 2018 that figure stood at 250,000. These data are recorded in “Pain Killer—an Empire of Deceit and the Origin of America’s Opioid Epidemic,” Barry Meier’s chilling history of Purdue Pharma and the horrifying saga of OxyContin, the company’s opioid pain medicine. The drug has killed many thousands of Americans who overdosed on the drug, or whose addiction to it led them to heroin or Fentanyl, a synthetic opioid of super strength. OxyContin, writes Meier, has been the “gateway drug to the most devastating public-health disaster in the 21st century.”

The opioid crisis has been front and center in the news in 2018 and 2019. It has been widely publicized that the Sackler family, which owns Purdue Pharma, earned between \$12B and \$13B in profits from sales of OxyContin. The company has now declared bankruptcy and is targeted by thousands of lawsuits by states, counties, cities and even North American Indian tribes. The charges center on Purdue Pharma’s aggressive and misleading marketing campaigns.

When the drug was introduced in 1996, the company touted OxyContin as a safe alternative to other, highly addictive opioid painkillers, such as Vicodin and Percoset. Supposedly, the drug’s time-release feature would not give users an immediate high in contrast with shorter-acting drugs. However, to get a full on high, users crush OxyContin tablets in order to dissolve it and snort it in powder form or dissolve the powder and inject it intravenously. Even simply chewing a tablet—a method favored by teenagers—produces that effect.

By 2007, Purdue Pharma had sold more than 70 million doses of Oxycontin. The company incentivized its sales reps to push for stronger prescriptions. In the early 2000’s, OxyContin made its appearance as a street drug. Last year, reports Meier, every day 1,000 people who had abused or misused prescription drugs came to the emergency room. In fact, 50 percent of all ER admissions are cases of substance abuse. The author insists that the US Justice Department, along with the DEA and the FDA, should have gone further—toward banning OxyContin outright—when, in 2007, the company and some of its executives were convicted of charges that they had misled regulators, doctors and patients about the drug’s risk of addiction and its potential to be abused.

In 2010, Purdue was forced to reformulate OxyContin, but it has not yet been determined whether the new version of the drug has had an impact on misuse or abuse of the drug. The rate of opioid-related fatal overdoses has continued to climb year after year since 2010. Since that year, OxyContin has generated more than \$21B in US sales. However, it is sobering to bear in



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mind, as the Associated Press has reported, that although OxyContin is still the “best-selling opioid brand in the country ... the drug accounts for less than 2 percent of US opioid prescriptions.”

For all the company’s grave misdeeds, the opioid crisis cannot be blamed solely on Purdue Pharma. What is clear is that the crisis impels doctors, religious leaders, educators, national and local government officials, as well as grassroots organizations to tackle the problem with a holistic approach, one both practical and medical as well as emotional, and even spiritual. Meier cites a doctor who had favored high-dose opioid use in treating pain: “addiction is not the real problem. What we didn’t realize is that patients would use these drugs to opt out of life.” That captures the mental and emotional anguish of addicts, whose treatment requires a sensibility that goes beyond the strictly medical.

SOMOS Community Care, a network in New York City of some 700 physicians—most of them primary care doctors serving poor ethnic minorities—has been developing an innovative, holistic approach to the treatment of opioid addicts. The program has specially trained doctors leading group sessions with addicts, during which behavioral health as well as practical, medical issues are discussed. As they wean off drugs, participants are encouraged to address their overall state of health, as well as their emotional needs. The program also considers the social determinants of health, as housing or employment issues, for example, can compound addicts’ challenges and risk driving their urge to turn to drugs.

SOMOS calls on—and enables—community-based organizations to advocate at the neighborhood level against the misuse and abuse of painkillers; and schools must become safe havens, where youth are not exposed to opioids and other drugs. SOMOS will continue to lobby state and local authorities to do their part in combatting wrongful behavior on the part of pharmaceutical companies. SOMOS is promoting awareness of the opioid crisis across the board. On a very practical level, we are training our primary care physicians, many of whom have had little experience in the treatment of serious pain or in recognizing signs of drug abuse in patients. Across the country, doctors’ lack of training in the area made them particularly vulnerable to the OxyContin sales pitch.

What’s more, as Meier reports, there is growing evidence that patients whose pain is treated with opioids take longer to recover than patients who are given non-narcotic drugs. Indeed, “many experts believe that most types of pain can be successfully treated,” writes Meier, “with methods popular before the opioid era began, such as physical therapy, exercise, behavior modification, and non-narcotic drugs.”

All of society must act to combat the country’s opioid epidemic and “alter,” as Meier concludes, “the cascade of death, addiction and despair that is now a fundamental part of American life.”