

## Purdue Pharma and the Opioid Epidemic - Writer Barry Meier Unveils OxyContin's Pivotal Role

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Welcome to Conversations on Healthcare with Mark Masselli and Margaret Flinter, a weekly show featuring the top thought leaders in health, innovation, health policy, and the experts, who are shaping the healthcare system of the future. This week's guest is Pulitzer Prize winning writer, Barry Meier, a longtime journalist for the New York Times and one of the first reporters to sound the alarm on the opioid crisis. Mark and Margaret will talk with him about his new book Pain Killer: An Empire Of Deceit and the Origin of America's Opioid Epidemic. Lori Robertson also checks in, the award managing editor of FactCheck.org. She looks at misstatements spoken about health policy in the public domain, separating the fake from the facts and at the end with bright idea highlighting innovations that are improving health and wellbeing in everyday life. If you have comments, please e-mail us at [chcradio@CHC1.com](mailto:chcradio@CHC1.com) or find us on Facebook or Twitter, we love hearing from you. Also do not forget to leave a review and subscribe on iTunes or ever you listen to podcasts. Now, we welcome Pulitzer Prize winning writer, Barry Meier in Conversations on Healthcare.

Mark Masselli: We are speaking today with Barry Meier, Pulitzer prize winning longtime reporter for the New York Times and author of Pain Killer An Empire Of Deceit and the Origin of America's Opioid Epidemic, which is a follow-up to his 2003 book Pain Killer: A "Wonder" Drug's Trail of Addiction and Death. Both of which examine Purdue Pharma's aggressive marketing of their blockbuster opioid Oxycondone, while concealing the drug's addiction dangers. Mr. Meier recently left the New York Times which he joined in 1989 and prior to that worked for the Wall Street Journal in New York Newsday. Mr. Meier is a winner of two George Polk Awards for excellence in journalism at the intersection of business and healthcare. Barry, welcome to Conversations on Healthcare.

Barry Meier: Well, thanks for having me on.

Mark Masselli: I just wanted to say reading your book, what a service you have done to so many millions of American families, who were just wondering what happened and powerful in moving investigation into what Purdue Pharma's role in this crisis was. Back into the 1990s, you dig deeply into this. You write that Oxycondone was not a wonder drug as the company claimed. It was a gateway drug to the most devastating public health disaster in the 21<sup>st</sup> century and I wonder if you could just take our listeners back to the beginning of the opioid crisis and what you say was a methodical and illegal marketing campaign by Purdue Pharma, privately held company, owned by one family, of the Sackler family that's mushroomed into this deadly epidemic that we are grappling with today.

Barry Meier: We're in the probably the greatest public health crisis we face at the moment with opioids and so, it's very important to understand how it started. It

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started actually sort of with good intentions, certainly on part of the medical community. Pain is a pervasive problem. They were stigmas going back into the late 1980s about using narcotics to treat pain, particularly when it came to even cancer patients who were suffering terribly at the end of their lives. There was a movement by doctors to treat pain more aggressively particularly at the end of life and narcotics became principle tool to do so. Purdue Pharma had a drug that it introduced in the mid 1980s called MS Contin, which was a time release form of morphine that was used to treat cancer patients so it was very successful and very useful for pain specialist to use. Then as the pain management movement grew and evolved into the 1990s, there was a thought that opioids have been very successful in cancer pain treatment. There were millions and millions of people who suffered from chronic pain, so why do not we use it to treat other types of pain; back pain, arthritis, and Purdue developed OxyContin, which is a time release form of the drug oxycodone to kind of pit this movement. It sort of became a drug that became the principle tool for pain management activist, who wanted to treat pain more broadly.

Margaret Flintner: Well, Barry we look back at the sort of the mid till late 1990s as the time when treating pain as the fifth vital sign began to be a measure of quality that you were held to in primary care, not just in the world of terminal patients or hospice patients, but on the frontlines of primary care. This became a standard that you could treat pain to zero, which we now know is really kind of an illusion. We were really thinking about how we could do better than we had relatively few options and, as you say, part of the OxyContin marketing lure was the so-called long acting effect which made it less prone to abuse. What's kind of remarkable of course in retrospect is that the company matched itself the FDA on that notion which then gave Purdue Pharma a green light to market the drug as less addictive than other narcotics. I doubt there is a primary care provider in the country who does remember the drug salesman at their door with the peer reviewed articles and the good housekeeping seal of approval. How were they were so successful at marketing to the clinical community? What was their strategy and talk little bit about some of the kind of aggressive tactics that were used?

Barry Meier: Sure. What Purdue's own internal document show is they knew that to make OxyContin successful to convince the general practitioner, the family doctor the kind of frontline physician to use this drug they had to overcome a specific obstacle, and that obstacle was a longstanding concern among doctors that the use of opioids would lead to abuse and addiction in their patients. The entire marketing campaign for OxyContin was built around overcoming what in sales jargon they refer to as objections, the doctor would say well, wait a minute, I have seen patients becoming addicted to these kinds of drugs, so why should I use this drug? What they did is they took a couple of studies that really had nothing to do with the longterm use of opioids in pain treatment and portrayed these studies as being supportive of the idea that there would be minimal or no addiction with the use of OxyContin. Then basically the FDA's approval of

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OxyContin, the actual language that was used was that because it was a time release form or long-acting form is believe to pose less abuse liability, so that is believe was the language that is might be less prone. What Purdue did is it basically took this unique claim, one that it had never been given to any drug before and ran with it. They were given a gift by the FDA. What they did was they trained their salespeople to basically go out and lie and tell healthcare professionals that it would produce less abuse and addiction. There was an internal decision made by this company to basically deceive doctors and lie to doctors.

Mark Masselli: Following up on that deceit, it's hard to imagine how the company's executives and owners; the Sackler family, got away with this cover-up for so long and the federal prosecutors actually had developed a case that was very prosecutable but the Justice Department block this investigation and so, what happened?

Barry Meier: When I first started investigating Purdue's marketing of OxyContin and wrote the original version of painkiller, Purdue had said we first became aware of OxyContin's growing abuse in early 2000. When I was originally researching painkiller, I went back and I discovered articles in small town newspapers about OxyContin abuse. A pattern began to form which suggested to me that this claim that they only became aware of this in early 2000 was not true, but could I do, I was just a reporter, I did not have subpoena power. Lo and behold a year ago or so I received the report that was put together by the federal prosecutors who began investigating Purdue in late 2002 until mid 2006. They had an advantage to that I didn't have, which was they had subpoena power and they could go through all of Purdue's documents, records, they could bring people before grand jury. What these investigators concluded, there was no doubt in their mind that Purdue knew about the drugs abuse almost immediately after it appeared on the market and that what the company and these executives did was engaging was essentially a corporate cover-up.

I was shocked and stunned by the details and depth of the evidence that these prosecutors had uncovered. The three top operating executives of Purdue, they had acted in such a fashion that they warranted being indicted on very serious felony charges, and this report had the support at least within the mid-levels of the Justice Department. When it got up to the political levels to the heads of the Justice Department who had been appointed by the George W. Bush administration, they essentially shot this down. I mean it was extraordinary to me that folks who had powerful defense lawyers like Rudy Giuliani were basically treated differently. I thought it was very important to bring these facts to light because I think it's really vital as we go forward in dealing with this epidemic that anyone who is suspected of breaking the law, jeopardizing the public's health be dealt with the same level of justice that any other American would face.

Margaret Flinter: Well, I think we can't talk about the story without talking about

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the devastating toll that the opioid epidemic has taken across the United States. OxyContin alone can be blamed for quarter of million deaths in this country and that's just a fraction when you extrapolate it out to all the deaths caused by related conditions and particularly by the arrival of cheap synthetic narcotics like fentanyl, which is cheaper, but far more lethal. Your reporting has put us into in direct contact with the worst outcomes of the crisis and I think it would be a value to our listeners for you to talk a bit about what it looks like on the ground.

Barry Meier: A public health crisis of epic proportions, when I first started reporting on this almost 20 years ago, I was stunned by the number of deaths that there were. I was stunned by the social and public health chaos that one drug alone OxyContin was creating. I mean I thought I exposed the problems with this drug and its marketing may be this whole thing is going to go away. I was like incredibly naïve, the number of deaths has quadrupled. As you mentioned, we now have these counterfeit and illicit and unbelievably deadly forms of fentanyl that have appeared on the markets. Essentially we're dealing with a hydra, we're dealing with a problem that has many causes that's going to require many different kinds of solutions from corporate leaders to community leaders to law enforcement officials, one of the places though, however we do need to focus on what may be the easiest part of problem and then it's a question of how pain is treated. We have to make more types of pain treatment available, not simply opioids, I mean this -- we've been sort of pushed into this method of pain treatment by the profit motives both the pharmaceutical industry and the insurance industry so we have to start looking at alternative pain treatments. Then we also have to look at addiction treatments, giving them other supportive measures that will help them deal with and hopefully overcome their addiction. I think we need to focus our treatments, the people who are addicted to these drugs and the people who are affected with pain as compassionately as possible.

Mark Masselli: We are speaking today with Barry Meier, longtime New York Times reporter, winner of the Pulitzer Prize and author of Pain Killer: An Empire of Deceit and the Origins of America's Opioid Epidemic. Barry, a number of States' attorney generals have since filed class action suits against Purdue Pharma's executives and company owners. Massachusetts leveled new charges right after the release of your book and I am wondering if you could share with our listeners what further legal challenges the company is facing.

Barry Meier: As state would have it I covered with the tobacco cases for the New York Times back in the early 2000.

Margaret Flinter: Good, excellent training.

Mark Masselli: Yeah.

Barry Meier: Well, I've seen this play a lot. I've covered a lot of stories and

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**[inaudible 00:13:30]** kind of rushing into the bridge, settling cases. We've seen this play out actually before with OxyContin because there were a slew of lawsuits filed against Purdue Pharma 15 years ago that were quickly resolved. They were state cases that were filed against Purdue Pharma that were quickly resolved and settled. Maybe, it's just a function of getting older and grouchier but I think we need the truth to come out and I think it should be our guiding principle going forward. Let's not take the easy money, let's force these companies to disclose everything they knew, let's find out once and for all what the Sackler family knew about marketing of this drug and the reports of abuse of OxyContin. When I received this Justice Department report that have been written a decade ago; that report contained the first concrete evidence that members of the Sackler family were told about abuse both of OxyContin and its predecessor drug MS Contin.

We need to know what these companies knew. If we are going to seek compensation for people who were affected by these drugs, I think we first need to know the depth of knowledge that both the company and the Sackler family had. There's already been articles in The Times and elsewhere about how this judge in Ohio wants to resolve this case right away. Let's not rush there, because those kinds of settlements really just enrich lawyers. I think as a society we have been so devastated by this epidemic we really owe it to ourselves to know who knew what and when they knew it.

Margaret Flinter: We are seeing a decline in the number of prescriptions being written for these drugs and yet at the same time the death toll continues to rise. The healthcare system remains pretty under-resourced to handle the sheer magnitude of this public health crisis and the complexities of treating and managing addiction. What more needs to be done?

Barry Meier: Well, it's a question of resources and finances and underlying that I believe it's also the issue of what pressure is going to be placed on insurers to provide treatment services. Here I see a great role that can be played by employers, corporate leaders have an obligation to their employees to make sure that the health care they provide to their employees is the best possible healthcare available. I would like to see the major leaders of corporations in this country say we have employees, who may in fact become addicted and we are going to insist if you as an insurer want our business you are going to have to provide our employees with the best possible service and get them back to work as soon as possible.

Mark Masselli: I was thinking about the big tobacco settlements. While there was a tremendous treasure trove of money that was received, many states robbed those dollars that were supposed to go to tobacco cessation programs. Also corporate leaders how are servants of shareholders, and I'm just wondering what you're seeing in the shareholder class action arena in terms of holding people accountable?

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Barry Meier: Even speaking about the insurance companies, I mean they for years would only fund the use of pain pills, if the doctor wanted to send someone to physical therapy or to alternative forms of pain treatment they denied coverage. I consider that completely unacceptable and they bear tremendous responsibility for the vast increase in the use of these pills over the past 20 years. You have companies and insurers refusing to provide alternative services and the only way to break that cycle is for a reframing of how we treat pain and how we treat addiction. Addiction is a very, very complicated health condition, while drugs like buprenorphine are very good in reducing cravings that individuals who are afflicted also need other services as well, psychological counseling, behavioral counseling. In the same way that we try to treat pain with throwing pills at people, we can't think we are going to get ourselves out of this addiction problem by throwing pills at people. We have to provide them with comprehensive services and those comprehensive services are costly and we are going to have to make those funds available somehow.

Margaret Flinter: We've been speaking today with Barry Meier, longtime reporter for the New York Times, Pulitzer Prize winner and the author of *Pain Killer: An Empire of Deceit and the Origin of America's Opioid Epidemic*. You can find the book online at [barymeierbooks.com](http://barymeierbooks.com) or at your local bookstore and you could follow him on Twitter @BarryMeier. Barry, we want to thank you for your tenacious reporting on this critically important story and for joining us on *Conversations on Healthcare* today.

Barry Meier: It was my great pleasure. Thank you so much.

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Mark Masselli: At *Conversations on Healthcare*, we want our audience to be truly to know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and managing editor of [FactCheck.org](http://FactCheck.org), a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what you have got for us this week?

Lori Robertson: Well, last week, we looked at the decline in opioid prescriptions over the past 6 or 7 years and we noted that while dispensed prescriptions for opioids have been declining, total deaths from opioids overdoses have continued to increase. Let's take a closer look at those figures. More than 42,000 people died of overdoses related to prescription and illicit opioids in 2016, that's five times more than in 1999 according to the figures from the CDC and more than those who died in car accidents in 2016. The CDC's provisional numbers for 2017 show a continued increase in opioid overdose deaths to 46,041 for the 12 months ending in October 2017. The CDC warns though these numbers include incomplete data, so the figure is likely higher. The continued increase has been driven by illicit opioid use including heroin and synthetic opioids. As dispensed

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prescriptions declined, the rise in yearly deaths related to prescription opioids slowed. Between 2011 and 2015, the number was relatively stable; however, overdose deaths from illicit opioids nearly tripled in that same time period. The NAS report said “driven in part by a growing number of people whose use began with prescription opioids.” Fentanyl, which is a prescription opioid, but can be manufactured illegally is 50 to 100 times more potent than morphine. To be clear, it's often difficult to pinpoint which drug caused fatal overdose because people who have died often test positive for multiple drugs, that's why expert say deaths are opioid related and that's my fact check for this week. I'm Lori Robertson's, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at [www.chcradio.com](mailto:www.chcradio.com), we'll have FactCheck.org's Lori Robertson; check it out for you here on Conversations on Healthcare.

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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and to everyday lives. Currently some 30 million Americans have type 2 diabetes and that number is expected to climb substantially in the coming decades. Patients who are newly diagnosed often find it difficult to process the behavioral change required to keep their disease in check. Amazon and pharmaceutical entity Merck teamed up to launch a competition for developers to create a tool that would help folks better manage their diabetes. The winner, Sugar Pot developed by Seattle-based startup Wellpepper.

Anne Weiler: The challenge was how do you help someone newly diagnosed with type 2 diabetes and we already had interactive care plans for people with type 2 diabetes. They were mobile and then we thought well sure we can voice enable those care plans. We came up with about 20 different ideas and what we thought that was the most interesting was this integrated care plan that included a device which is a voice-powered scale and foot scanner that looks for diabetic foot ulcers and we thought the scale was a nice way of fitting into a routine that someone already had in their day.

Mark Masselli: CEO, Anne Weiler says they were intrigued by the opportunity to incorporate Alexa's Voice Technology for coaching purposes along with some simple technologies that exist.

Anne Weiler: The three components are voice-enabled scale and foot scanner, a mobile care plan because voice is not always the best interface. Sometimes, you

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are at work and you don't want to be talking to someone about your symptoms and your side effects and then a voice interaction that could happen with any sort of Alexa device.

Mark Masselli: Chief technology officer, Mike Van Snellenberg said creating a user-friendly interface was important, and they got great feedback from consumers who said they quickly adapted to their Sugar Pot interface.

Mike Van Snellenberg: You need to have very low touch light-weight interactions and things that do not interfere with a person's life and can kind of gently nudge them in the right direction. I think voice is a great application for that.

Mark Masselli: Their Sugar Pot design is essentially an image scanner placed on top of a scale with an Alexa speaker while weights are measured and feet photographed. Alexa offers suggestions for weight management and other behaviors that will empower patients to make lasting behavior changes. Sugar Pot is simple constructed, Alexa enabled, weight and foot ulcer scanner that empowers newly diagnosed diabetes patients to shift their behavior to better manage their disease, providing a flow of important clinical information for their providers who can benefit from the real time monitoring of patient health data. Now, that's a bright idea.

**[Music]**

Mark Masselli: You have been listening to Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

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