

# Prescriber Practices in Relation to the Opioid Epidemic

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# Or, A Brief History of Commercial Success

- Promotion and marketing of OxyContin by Purdue Pharma
- Introduced in 1996: Medication did NOT have significant advantages over other opioids
- 1996 sales \$48 million \$48,000,000
- 2000 sales \$1.1 BILLION \$1,100,000,000
- HOW: “Aggressive” campaign to promote opioids in general and OxyContin in particular
- 2001: \$200 million to market and promote OxyContin
- Successfully impacted prescribing, standards of care, patient expectations and measurements of quality

# Methods

- 1996-2001: Company conducted more than 40 national pain-management and speaker training conferences
  - >5000 doctors, nurses and pharmacists attended
  - Resorts in Florida, Arizona and California
  - All-expense paid
  - Recruited and trained for Purdue's national speaker bureau
- Aggressive sales force
  - Prescriber profiles
  - Targeted the highest prescribers
  - Identified those with high numbers of chronic pain patients
  - Direct contact with large incentives for sales people (\$40 million in bonuses in 2001)

# Methods Continued

- Targeting of primary care physicians
- Focused on “non-malignant pain”(10 fold increase in Rx from 1997 to 2002 while cancer pain Rx increased only 4x)
- Disinformation
  - Risk of addiction “<1%” (Studies 0% to 50% depending on criteria and subpopulation)
  - May 2007 Guilty plea to criminal charges for misbranding by claiming less addictive and less subject to abuse and diversion than other opioids \$634 million in fines
  - Marketing directly to providers and patients without FDA review
  - >20,000 pain-related education programs funded by Purdue 1996- July 2002 – Blurring of education and marketing

# Outcomes

- Approach to pain changed with increases in all opioids being prescribed in this country
- Opioid prescribing patterns have had regional variations with increasing diversion, opioid abuse and overdose deaths following the prescribing patterns
- Joint Commission and CMS required pain questions as part of patient satisfaction in all areas of practice. Note “Patient Satisfaction” is one of the quality indicators that effect reimbursement

# Disinformation

- Pseudo-addiction
- Pain patients cannot become addicted
- 5<sup>th</sup> Vital Sign
- What is your pain rating? Was your pain treated?
- Patient “right to pain control”
- Pain-free expectation versus functional emphasis
- Discounting/exclusion of interventions that are not a medication

# Now

- CDC prescribing guidelines
- Wisconsin Medical Examining Board Opioid Prescribing Guidelines
- Provider education requirements
- Complete reassessment of how we approach pain
- Patient education
- Community education

# Resources

- Van Zee, A. The promotion and marketing of OxyContin: commercial triumph, public health tragedy. *Am J Public Health*. 2009;99:221-227. doi: 10.2105/AJPH.2007.131714
- CDC Prescribing Guidelines:  
<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- Wisconsin Medical Examining Board Opioid Prescribing Guidelines:  
[http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/MEB\\_Guidelines.pdf](http://dsps.wi.gov/Documents/Board%20Services/Other%20Resources/MEB/MEB_Guidelines.pdf)