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The Family That Built an Empire of Pain

The Sackler dynasty's ruthless marketing of painkillers has generated billions of dollars—and millions of addicts.

By Patrick Radden Keefe

While the Sacklers are interviewed regularly on the subject of their generosity, they almost never speak publicly about the family business, Purdue Pharma—a privately held company, based in Stamford, Connecticut, that developed the prescription painkiller OxyContin. Upon its release, in 1995, OxyContin was hailed as a medical breakthrough, a long-lasting narcotic that could help patients suffering from moderate to severe pain. The drug became a blockbuster, and has reportedly generated some thirty-five billion dollars in revenue for Purdue.

But OxyContin is a controversial drug. Its sole active ingredient is oxycodone, a chemical cousin of heroin which is up to twice as powerful as morphine. In the past, doctors had been reluctant to prescribe strong opioids—as synthetic drugs derived from opium are known—except for acute cancer pain and end-of-life palliative care, because of a long-standing, and well-founded, fear about the addictive properties of these drugs. “Few drugs are as dangerous as the opioids,” David Kessler, the former commissioner of the Food and Drug Administration, told me.

Purdue launched OxyContin with a marketing campaign that attempted to counter this attitude and change the prescribing habits of doctors. The company funded research and paid doctors to make the case that concerns about opioid addiction were overblown, and that OxyContin could safely treat an ever-wider range of maladies. Sales representatives marketed OxyContin as a product “to start with and to stay with.” Millions of patients found the drug to be a vital salve for excruciating pain. But many others grew so hooked on it that, between doses, they experienced debilitating withdrawal.

Since 1999, two hundred thousand Americans have died from overdoses related to OxyContin and other prescription opioids. Many addicts, finding prescription painkillers too expensive or too difficult to obtain, have turned to heroin. According to the American Society of Addiction Medicine, four out of five people who try heroin today started with prescription painkillers. The most recent figures from the Centers for Disease Control and Prevention suggest that a hundred and forty-five Americans now die every day from opioid overdoses.

Andrew Kolodny, the co-director of the Opioid Policy Research Collaborative, at Brandeis University, has worked with hundreds of patients addicted to opioids. He told me that, though many fatal overdoses have resulted from opioids other than OxyContin, the crisis was initially

precipitated by a shift in the culture of prescribing—a shift carefully engineered by Purdue. “If you look at the prescribing trends for all the different opioids, it’s in 1996 that prescribing really takes off,” Kolodny said. “It’s not a coincidence. That was the year Purdue launched a multifaceted campaign that misinformed the medical community about the risks.” When I asked Kolodny how much of the blame Purdue bears for the current public-health crisis, he responded, “The lion’s share.”

In the summer of 1990, a Purdue scientist sent a memo to Richard and several other colleagues, pointing out that MS Contin could “face such serious generic competition that other controlled-release opioids must be considered.” The memo described ongoing efforts to create a product containing oxycodone, an opioid that had been developed by German scientists in 1916.

Oxycodone, which was inexpensive to produce, was already used in other drugs, such as Percodan (in which it is blended with aspirin) and Percocet (in which it is blended with Tylenol). Purdue developed a pill of pure oxycodone, with a time-release formula similar to that of MS Contin. The company decided to produce doses as low as ten milligrams, but also jumbo pills—eighty milligrams and a hundred and sixty milligrams—whose potency far exceeded that of any prescription opioid on the market. As Barry Meier writes, in “Pain Killer,” “In terms of narcotic firepower, OxyContin was a nuclear weapon.”

Before releasing OxyContin, Purdue conducted focus groups with doctors and learned that the “biggest negative” that might prevent widespread use of the drug was ingrained concern regarding the “abuse potential” of opioids. But, fortuitously, while the company was developing OxyContin, some physicians began arguing that American medicine should reexamine this bias. Highly regarded doctors, like Russell Portenoy, then a pain specialist at Memorial Sloan Kettering Cancer Center, in New York, spoke out about the problem of untreated chronic pain—and the wisdom of using opioids to treat it. “There is a growing literature showing that these drugs can be used for a long time, with few side effects,” Portenoy told the Times, in 1993. Describing opioids as a “gift from nature,” he said that they needed to be destigmatized. Portenoy, who received funding from Purdue, decried the reticence among clinicians to administer such narcotics for chronic pain, claiming that it was indicative of “opiophobia,” and suggesting that concerns about addiction and abuse amounted to a “medical myth.” In 1997, the American Academy of Pain Medicine and the American Pain Society published a statement regarding the use of opioids to treat chronic pain. The statement was written by a committee chaired by Dr. J. David Haddox, a paid speaker for Purdue.

Richard Sackler worked tirelessly to make OxyContin a blockbuster, telling colleagues how devoted he was to the drug’s success. The F.D.A. approved OxyContin in 1995, for use in treating moderate to severe pain. Purdue had conducted no clinical studies on how addictive or prone to abuse the drug might be. But the F.D.A., in an unusual step, approved a package insert for OxyContin which announced that the drug was safer than rival painkillers, because the patented delayed-absorption mechanism “is believed to reduce the abuse liability.” David

Kessler, who ran the F.D.A. at the time, told me that he was “not involved in the approval.” The F.D.A. examiner who oversaw the process, Dr. Curtis Wright, left the agency shortly afterward. Within two years, he had taken a job at Purdue.

A major thrust of the sales campaign was that OxyContin should be prescribed not merely for the kind of severe short-term pain associated with surgery or cancer but also for less acute, longer-lasting pain: arthritis, back pain, sports injuries, fibromyalgia. The number of conditions that OxyContin could treat seemed almost unlimited. According to internal documents, Purdue officials discovered that many doctors wrongly assumed that oxycodone was less potent than morphine—a misconception that the company exploited.

A 1995 memo sent to the launch team emphasized that the company did “not want to niche” OxyContin just for cancer pain. A primary objective in Purdue’s 2002 budget plan was to “broaden” the use of OxyContin for pain management. As May put it, “What Purdue did really well was target physicians, like general practitioners, who were not pain specialists.” In its internal literature, Purdue similarly spoke of reaching patients who were “opioid naïve.” Because OxyContin was so powerful and potentially addictive, David Kessler told me, from a public-health standpoint “the goal should have been to sell the least dose of the drug to the smallest number of patients.” But this approach was at odds with the competitive imperatives of a pharmaceutical company, he continued. So Purdue set out to do exactly the opposite.

Sales reps, May told me, received training in “overcoming objections” from clinicians. If a doctor inquired about addiction, May had a talking point ready. “ ‘The delivery system is believed to reduce the abuse liability of the drug,’ ” he recited to me, with a rueful laugh. “Those were the specific words. I can still remember, all these years later.” He went on, “I found out pretty fast that it wasn’t true.” In 2002, a sales manager from the company, William Gergely, told a state investigator in Florida that Purdue executives “told us to say things like it is ‘virtually’ non-addicting.”

May didn’t ask doctors simply to take his word on OxyContin; he presented them with studies and literature provided by other physicians. Purdue had a speakers’ bureau, and it paid several thousand clinicians to attend medical conferences and deliver presentations about the merits of the drug. Doctors were offered all-expenses-paid trips to pain-management seminars in places like Boca Raton. Such spending was worth the investment: internal Purdue records indicate that doctors who attended these seminars in 1996 wrote OxyContin prescriptions more than twice as often as those who didn’t. The company advertised in medical journals, sponsored Web sites about chronic pain, and distributed a dizzying variety of OxyContin swag: fishing hats, plush toys, luggage tags. Purdue also produced promotional videos featuring satisfied patients—like a construction worker who talked about how OxyContin had eased his chronic back pain, allowing him to return to work. The videos, which also included testimonials from pain specialists, were sent to tens of thousands of doctors. The marketing of OxyContin relied on an empirical

circularity: the company convinced doctors of the drug's safety with literature that had been produced by doctors who were paid, or funded, by the company.

David Juurlink, who runs the division of clinical pharmacology and toxicology at the University of Toronto, told me that OxyContin's success can be attributed partly to the fact that so many doctors wanted to believe in the therapeutic benefits of opioids. "The primary goal of medical practice is the relief of suffering, and one of the most common types that doctors see is pain," he said. "You've got a patient in pain, you've got a doctor who genuinely wants to help, and now suddenly you have an intervention that—we are told—is safe and effective."

Keith Humphreys, a professor of psychiatry at Stanford, who served as a drug-policy adviser to the Obama Administration, said, "That's the real Greek tragedy of this—that so many well-meaning doctors got co-opted. The level of influence is just mind-boggling. Purdue gave money to continuing medical education, to state medical boards, to faux grassroots organizations." According to training materials, Purdue instructed sales representatives to assure doctors—repeatedly and without evidence—that "fewer than one per cent" of patients who took OxyContin became addicted. (In 1999, a Purdue-funded study of patients who used OxyContin for headaches found that the addiction rate was thirteen per cent.)

Almost immediately after OxyContin's release, there were signs that people were abusing it in rural areas like Maine and Appalachia. If you ground the pills up and snorted them, or dissolved them in liquid and injected them, you could override the time-release mechanism and deliver a huge narcotic payload all at once. Perversely, users could learn about such methods by reading a warning label that came with each prescription, which said, "Taking broken, chewed or crushed OxyContin tablets could lead to the rapid release and absorption of a potentially toxic dose." As more and more doctors prescribed OxyContin for an ever-greater range of symptoms, some patients began selling their pills on the black market, where the street price was a dollar a milligram. Doctors who were easily manipulated by their patients—or corrupted by the money in play—set up so-called pill mills, pain clinics that thrived on a wholesale business of issuing OxyContin prescriptions.

The company did not pull the drug from shelves, however, or acknowledge that it was addictive. Instead, Purdue insisted that the only problem was that recreational drug users were not taking OxyContin as directed. "Their rap has always been that a bunch of junkies ruined their product," Keith Humphreys, the Stanford professor, said. In 2001, Michael Friedman, Purdue's executive vice-president, testified before a congressional hearing convened to look into the alarming increase in opioid abuse. The marketing of OxyContin had been "conservative by any standard," he maintained. "Virtually all of these reports involve people who are abusing the medication, not patients with legitimate medical needs."

The truth was that the dangers of OxyContin were intrinsic to the drug—and Purdue knew it. The time-release formula meant that, in principle, patients could safely ingest one giant dose every twelve hours. They could sleep through the night—a crucial improvement over conventional painkillers, such as morphine, which require more frequent dosing. One of Purdue's initial

advertising campaigns featured a photograph of two little dosage cups, one marked “8 A.M.” and the other “8 P.M.,” and the words “Remember, Effective Relief Just Takes Two.” But internal Purdue documents, which have emerged through litigation, show that even before the company received F.D.A. approval it was aware that not all patients who took OxyContin were achieving twelve-hour relief. A recent exposé by the Los Angeles Times revealed that the first patients to use OxyContin, in a study conducted by Purdue, were ninety women recovering from surgery in Puerto Rico. Roughly half the women required more medication before the twelve-hour mark. The study was never published. For Purdue, the business reason for obscuring such results was clear: the claim of twelve-hour relief was an invaluable marketing tool. But prescribing a pill on a twelve-hour schedule when, for many patients, it works for only eight is a recipe for withdrawal, addiction, and abuse. Notwithstanding Purdue’s claims, many people who were not drug abusers—and who took OxyContin exactly as their doctors instructed—began experiencing withdrawal symptoms between doses. In March, 2001, a Purdue employee e-mailed a supervisor, describing some internal data on withdrawal and wondering whether or not to write up the results, even though doing so would only “add to the current negative press.” The supervisor responded, “I would not write it up at this point.” In testimonials collected by Purdue Pharma in 2001, pain patients praise OxyContin, but they also describe needing more than the recommended dose—once every twelve hours.

Doctors who prescribed OxyContin were beginning to report that patients were coming to them with symptoms of withdrawal (itching, nausea, the shakes) and asking for more medication. Haddox had an answer. In a 1989 paper, he had coined the term “pseudo-addiction.” As a pain-management pamphlet distributed by Purdue explained, pseudo-addiction “seems similar to addiction, but is due to unrelieved pain.” The pamphlet continued, “Misunderstanding of this phenomenon may lead the clinician to inappropriately stigmatize the patient with the label ‘addict.’ ” Pseudo-addiction generally stopped once the pain was relieved—“often through an increase in opioid dose.”

In August, 2010, Purdue quietly replaced OxyContin with a drug that was subtly different. The company had been granted patents for a reformulated version of OxyContin. If you crushed these new pills, they became not a fine, dissolvable powder but an unwieldy gummy substance. Purdue had received F.D.A. approval for the reformulation, in part, by touting the ostensible safety of the new product. The F.D.A. had approved a label, the first of its kind, that included a claim about the drug’s “abuse deterrent” properties.

In an interview, Craig Landau, Purdue’s C.E.O., told me, “A very large proportion of Purdue’s R. & D. efforts post-2001 was dedicated toward addressing the specific vulnerability of the original OxyContin product.” To a casual observer, it might have seemed that the makers of OxyContin, after years of obstructing efforts to curb the disastrous impacts of their painkiller, had finally seen the error of their ways. But Purdue was almost certainly motivated by another consideration: it needed to block competition from generic drugs. Arthur Sackler had often used the pages of the Medical Tribune to criticize generics. In 1985, the paper had published a story,

“Schizophrenics ‘Wild’ on Weak Generic,” describing how “all hell broke loose” at a veterans’ hospital after the psychiatric unit switched from a brand-name antipsychotic to a generic. (According to the Times, the F.D.A. investigated and found that the story was bogus, because “the generic had been introduced six months before the purported problems began.”) I spoke with a leading patent lawyer who frequently represents manufacturers of generic drugs, and she said that companies often make a minor tweak to a branded product shortly before the patent expires, in order to obtain a new patent and reset the clock on their exclusive right to produce the drug. The patent for the original OxyContin was set to expire in 2013.

Purdue had long denied that the original OxyContin was especially prone to abuse. But, upon receiving its patents for the reformulated drug, the company filed papers with the F.D.A., asking the agency to refuse to accept generic versions of the original formulation—because they were unsafe. The F.D.A., ever obliging, agreed, blocking any low-cost generic competition for Purdue. For more than a year, Purdue continued to sell the original formulation of OxyContin in Canada. According to a recent study, OxyContin sales in Windsor, Ontario—just across the border from Detroit—suddenly quadrupled, a clear indication that the pills were being purchased for the U.S. black market. Through I.M.S. tracking data, Purdue would have been able to monitor the Canadian surge, and to deduce the reason for it. (The company acknowledges that it was aware of the spike in sales, and maintains that it alerted authorities, but will not say when it did so.)

By the time Purdue reformulated OxyContin, the country was in the middle of a full-blown epidemic. Andrew Kolodny, the addiction specialist, told me that many older people remain addicted to the reformulated OxyContin, and continue to obtain the drug through prescriptions. These people purchase the drug legally, and swallow the pills whole, as instructed. “That’s Purdue’s market now,” Kolodny said. Younger people, who can less readily secure prescriptions for pain—and for whom OxyContin may be too expensive—have increasingly turned to black-market substitutes, including heroin. As Sam Quinones details in his 2015 book, “Dreamland: The True Tale of America’s Opiate Epidemic,” heroin dealers from Mexico fanned out across the U.S. to supply a burgeoning market of people who had been primed by pill addiction. This is one dreadful paradox of the history of OxyContin: the original formulation created a generation addicted to pills; the reformulation, by forcing younger users off the drug, helped create a generation addicted to heroin. A recent paper by a team of economists, citing a dramatic uptick in heroin overdoses since 2010, is titled “How the Reformulation of OxyContin Ignited the Heroin Epidemic.” A survey of two hundred and forty-four people who entered treatment for OxyContin abuse after the reformulation found that a third had switched to other drugs. Seventy per cent of that group had turned to heroin.

Perhaps the most surprising aspect of Quinones’s investigation is the similarities he finds between the tactics of the unassuming, business-minded Mexican heroin peddlers, the so-called Xalisco boys, and the slick corporate sales force of Purdue. When the Xalisco boys arrived in a new town, they identified their market by seeking out the local methadone clinic. Purdue, using I.M.S. data, similarly targeted populations that were susceptible to its product. Mitchel Denham,

the Kentucky lawyer, told me that Purdue pinpointed “communities where there is a lot of poverty and a lack of education and opportunity,” adding, “They were looking at numbers that showed these people have work-related injuries, they go to the doctor more often, they get treatment for pain.” The Xalisco boys offered potential customers free samples of their product. So did Purdue. When it first introduced OxyContin, the company created a program that encouraged doctors to issue coupons for a free initial prescription. By the time Purdue discontinued the program, four years later, thirty-four thousand coupons had been redeemed.

But Purdue has continued to fight aggressively against any measures that might limit the distribution of OxyContin, in a way that calls to mind the gun lobby’s resistance to firearm regulations. Confronted with the prospect of modest, commonsense measures that might in any way impinge on the prescribing of painkillers, Purdue and its various allies have responded with alarm, suggesting that such steps will deny law-abiding pain patients access to medicine they desperately need. Mark Sullivan, a psychiatrist at the University of Washington, distilled the argument of Purdue: “Our product isn’t dangerous—it’s people who are dangerous.”

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