

SOURCE: CBH-FM (HALIFAX)
DATE: APRIL 06, 2004
REFERENCE: 0604DOC2

PROGRAM: MARITIME NOON
TIME: 12:10 P.M.
LENGTH: 07:00 MINUTES

KATHRYN RAYMOND OF PURDUE PHARMA CANADA
RE: OXYCONTIN

JIM NUNN (Host): In this hour of the program, powerful medicine. What the company that makes OxyContin is prepared to do in Cape Breton to help with problems with the drug.

Cape Breton police is investigating another death that may be linked to prescription drug abuse. If the most recent case is concerned, it will be the 20th death on Cape Breton Island during the last year and a half linked to drugs. A significant number of those deaths have been blamed on the misuse of the prescription painkiller OxyContin.

Last month, the College of Physicians and Surgeons of Nova Scotia made public a letter which it distributed to its members asking that they be more careful in how they prescribe drugs like OxyContin. We spoke with Dr. Cameron Little, the Registrar of the College. And here's a portion of what Dr. Little had to say to Maritime Noon about that letter to doctors.

DR. CAMERON LITTLE (Registrar, College of Physicians and Surgeons of Nova Scotia): One of the problems of course is that if a physician is known to the addict community as being an easy mark or someone who will prescribe without too much inquiry, that physician will be inundated. The word gets out on the street that you can go to see this particular physician. So we tried to give them some, give some questions that they can ask themselves or reflect on their practice, certain prescribing behaviours that may contribute to drug diversion. For instance, prescribing on demand if someone comes in and they say they want OxyContin. They've been on it in the past and there's no one available to prescribe it. Accepting the diagnosis of a patient and frequently people will say we're out of town and I'm in town here. I've got this terrible cancer in my back and I'm on OxyContin. You know, some people will even say well you'll say, a physician might say well I'll try some Tylenol III and they'll say oh no, no, only OxyContin or any a particular drug will work. These are sort of signs that that individual may be diverting the drugs if they get them. In addition we tried to, we've given them a contact to the Prescription Monitoring Association of their consultant who can give them confidential advice about prescribing drugs and that individual has a list of physicians around the province with a special interest in addiction medicine. They could also serve as advisors.

NUNN: That's Dr. Cameron Little who is the Registrar of the College of Physicians and Surgeons of Nova Scotia. Well, the company that makes OxyContin wants to get involved in the battle against the misuse of its drug in Cape Breton. Purdue Pharma Canada is the company and it has offered to send experts to Cape Breton to help educate doctors and pharmacists there. The company is also part of a Newfoundland task force on OxyContin abuse there. But Cape Breton officials have said no to Purdue's offer to help. Katheryn Raymond is the Manager of Health Care Education with Purdue Pharma Canada and she joins us now from Pickering, Ontario.

Hello, Ms. Raymond.

KATHRYN RAYMOND (Purdue Pharma Canada): Hi Jim. How are you doing this afternoon?

NUNN: Fine, thank you. Thank you for talking to us. What makes OxyContin such a prime candidate for abuse?

RAYMOND: That is a challenging question, Jim, and it is something that we believe over the years as guidelines have been developed for physicians to understand the need to treat appropriate pain and giving them recommendations on how they can assess and treat, that the product has gained notoriety in the world on the street because there's been more use of it in the appropriate use of physicians according to, using the new guidelines.

NUNN: It's a pretty effective painkiller.

RAYMOND: It is a very effective painkiller and that is an important part of what our education does is to encourage physicians to assess and treat and document and follow up those patients who do have legitimate pain.

NUNN: Well, what should doctors and pharmacists know about this drug? About prescribing it?

RAYMOND: Well, Jim I think one thing that's important is that OxyContin is an opioid. It is one of several opioid analgesics and as such our educational programs to physicians and pharmacies...

NUNN: You'd better help me with that, Ms. Raymond. An opioid analgesic?

RAYMOND: An opioid analgesic painkiller.

NUNN: Yeah. What's that mean?

RAYMOND: A painkiller?

NUNN: No.

RAYMOND: Or an opioid?

NUNN: An opioid analgesic.

RAYMOND: An opioid is commonly, is from the poppy seed, the opiate is the base drug of that...

NUNN: Oh yes, okay.

RAYMOND: ...and an opioid is a common group given to things like Oxycodone, Codeine, Morphine, those types of things and they become the base drug of products such as Tylenol III, Percocet, OxyContin, Morphine, that type of product. So they are the base product, the base molecule within moderate, painkillers that relieve moderate to severe pain. Physicians and pharmacists it's important that when they are considering prescribing these that they follow certain guidelines, asking certain questions, as Dr. Little recommended in your previous segment, asking themselves questions prior to prescribing an opioid for any patient. They all require good documentation, good questions, good follow-up.

NUNN: What's your response to doctors who having witnessed all of these deaths in Cape Breton simply say they wouldn't prescribe OxyContin to anybody under any circumstances.

RAYMOND: I think that's a reaction to the fact that there's a number of them getting on the street and there's no question that when they hear deaths that they've received may be related to a particular product, that they are very concerned about it, as we as a company are very concerned when that aspect of the drug gets used in the illicit supply chain.

NUNN: I should think you would be. What kind of help would you be prepared to offer were you to be welcomed to Cape Breton to try to help?

RAYMOND: Jim, I think it's important that when a task force or a community group gets together and decides what they would like to have happen in their community that we facilitate what they are asking us to do. For us to come in and say here's what we think is needed, that's not a very good partnership. So we'd like to work with them and what we've offered to Newfoundland which I also know that you mentioned, is ongoing educational support to all health care professionals and we've offered other things to Newfoundland because they have requested us to consider looking at it. But it's very important that it's a partnership, that we work with the group to try and facilitate what they feel they need in their area.

NUNN: Okay. But the Cape Bretonners have said they're not interested in having representatives of your company, what do you think of their decision?

RAYMOND: We did see in the Chronicle Herald that there has been recommendation that they do not want us there. Our recommendation or our answer to that would be that we have offered it. We will continue to offer help for education to physicians, pharmacists, health care professionals and we will await their final decision.

NUNN: And what are you doing in Newfoundland where they have agreed to have your assistance? What are you doing there other than advising doctors and pharmacists?

RAYMOND: There have been a number of task force sub-committees that have come out of the main task force that was struck last December and we have been working with them on considering supplying tamper evidence prescription pads to physicians that would be, that they could use for writing any narcotic or opioid analgesic. We have been working with them on education of health care professionals. They have developed a plan and a budget for us to put together, that they put together and say to us could we, could we help facilitate that development and implementation of educational programs around the province. We also are looking at a couple of other things related to can or should we be facilitating their need for an electronic monitoring system.

NUNN: Is OxyContin among the more successful drugs marketed by your company?

RAYMOND: OxyContin is one of the more successful products although we had previously others in the area of pain. This is an area that produced and involved in for almost 15 years now.

NUNN: What do you say to those who, having heard about the connection between OxyContin and addiction and criminal behaviour, that OxyContin ought to be simply taken off the market?

RAYMOND: Well our answer to that would be we believe that the most appropriate way to ensure that access for patients who have legitimate pain who do often need to be rotated from one strong opioid analgesic to others for various reasons, that it's important that physicians continue to have options available for these patients. If it's not one drug that is on the street being abused, another one is likely to come to the surface and I think there's evidence in other areas that this is legitimately true. So our answer is to encourage and again, the appropriate use, follow up, to reduce the risk of the product being diverted to the streets but making sure that it does become available and continue to be available for those physicians who need it as an option.

NUNN: Katheryn Raymond, thank you.

RAYMOND: Thank you, Jim.

NUNN: Bye now. Katheryn Raymond is the Manager of Health Care Education with Purdue Pharma Canada, the company which manufactures OxyContin. We reached her in Pickering, Ontario.

We'd like to hear your views of the OxyContin story. What do you think of the offer from Purdue Pharma to help with OxyContin problems in Cape Breton and the response of the Chief of Police in Cape Breton? Call the Maritime Noon answering machine if you have a comment. The number is 1-800-565-5463. That's 1-800-565-5463. Or you can send us an e-mail at marnoon@cbc.ca.