

# Billionaire Opioid Executive Stands to Make Millions More on Patent for Addiction Treatment

## STORY AT-A-GLANCE

- An estimated 202,600 Americans died from opioid overdoses between 2002 and 2015; 74 percent of farmers report being addicted to opioids, or know someone who is
- Addiction to narcotic pain relievers places an enormous economic burden on society, costing the U.S. an estimated \$504 billion each year (2.8 percent of gross domestic product)
- The massive increase in opioid sales and subsequent addiction rates have been traced back to an orchestrated marketing plan aimed at misinforming doctors about the drug's addictive potential
- Sackler family members who own Purdue Pharma were intimately involved in the false advertising of OxyContin. A recent investigation reveals the Sacklers also own Rhodes Pharma — one of the largest producers of generic opioids
- Dr. Richard Sackler — who was deeply involved in the marketing of OxyContin — was recently awarded a patent for a new, faster-dissolving form of buprenorphine, used in the treatment of opioid addiction, thus making money both on the promulgation of addiction and its treatment

## By Dr. Mercola

An estimated 202,600 Americans died from opioid overdoses between 2002 and 2015,<sup>1</sup> and drug overdoses are now the leading cause of death among Americans under the age of 50.<sup>2</sup>

Chronic opioid use also accounted for 20 percent of the increase in male unemployment between 1999 and 2015<sup>3</sup> and, remarkably, 74 percent of farmers report being addicted to opioids, or know someone who is.<sup>4</sup>

Aside from the staggering death toll, addiction to narcotic pain relievers also places an enormous economic burden on society, costing the U.S. an estimated \$504 billion each year (2.8 percent of gross domestic product), according to a November 2017 White House report.<sup>5,6</sup>

## Opioid Epidemic Is No Random Fluke

Adding insult to injury, evidence suggests opioid makers are directly responsible. They knew exactly what they were doing when they claimed opioids — which are chemically very similar to heroin — have an exceptionally low addiction rate when taken for pain.

In fact, the massive increase in opioid sales and subsequent addiction rates have been traced back to an orchestrated marketing plan aimed at misinforming doctors about the

drug's addictive potential, and it is this false advertising campaign that seeded the current opioid epidemic — an epidemic so great it has even [lowered the national life expectancy](#).

Purdue Pharma, owned by the [Sackler family](#), was one of the most successful in this regard, driving sales of OxyContin up from \$48 million in 1996 to \$1.5 billion in 2002.<sup>7</sup>

Studies now show addiction affects about 26 percent of those using opioids for chronic non-cancer pain, and 1 in 550 patients on opioid therapy dies from opioid-related causes within 2.5 years of their first prescription.<sup>8</sup>

Meanwhile, Purdue's sales representatives were extensively coached on how to downplay the drug's addictive potential, claiming addiction was occurring in less than 1 percent of patients being treated for pain.

Evidence also shows Sackler family members were intimately involved with the marketing machinations behind OxyContin.<sup>9,10</sup> In fact, attorney Mike Moore — who represents Ohio, Louisiana and Mississippi in lawsuits against Purdue Pharma — claims to have evidence connecting the Sackler family "directly, and personally, to corporate misdeeds" committed in the 1990s and 2000s.<sup>11</sup>

In 2007, Purdue Pharma did plead guilty to charges of misbranding "with intent to defraud and mislead the public," and paid \$634 million in fines.<sup>12</sup> Alas, a decade later, it's quite clear the company has not changed its ways to any significant degree. It, and the Sackler family, is still in the business of profiting from addiction.

## **OxyContin Maker Patents Opioid Addiction Treatment**

As reported by STAT News earlier this month, Dr. Richard Sackler — who, according to Esquire journalist Christopher Glazek,<sup>13</sup> was deeply involved in the marketing of OxyContin as head of the company's research and development, sales and marketing divisions — was recently awarded a patent for a new, faster-dissolving form of buprenorphine, a mild opioid drug used in the treatment of opioid addiction. As noted by STAT News:<sup>14</sup>

*"... Sackler is listed as one of six inventors on the patent, which was issued in January [2018] ... Critics told the [Financial Times] that they were disturbed that the patent could enable Sackler to benefit financially from the addiction crisis that his family's company is accused of fueling."*

Indeed, the company is currently fighting more than 1,000 lawsuits brought by tribes, cities, counties and states across the U.S., which claim Purdue Pharma helped orchestrate the opioid addiction epidemic and should therefore help pay for the societal costs.

President Trump has also stated he would like to see a federal lawsuit be brought against opioid makers.<sup>15</sup>

Apparently, Sackler decided to pursue avenues to cash in on the epidemic instead. Salon magazine<sup>6</sup> reported on the patent saying, "Sackler made billions off of sales of a drug that caused a massive public health crisis — and now he stands to make more billions by selling the public a solution." But that's not all. The Sacklers have actually been profiting from addiction in more ways than one for over a decade.

## **Purdue Pharma Secretly Owned Generic Oxycontin Too**

As reported by Financial Times<sup>17</sup> and the New York Post,<sup>18</sup> the Sackler family also secretly owns Rhodes Pharma, "one of the biggest producers of generic opioids, which had never before been linked to the family."

What's more, this company was launched just four months after Purdue Pharma's guilty plea back in 2007. When combined, Purdue Pharma and Rhodes Pharma account for about 6 percent of the total opioid market in the U.S.

So, "not only did the Sacklers fail to scale back its marketing of OxyContin after the plea, they further cashed in on the pill crisis — by launching the second firm and selling more of the drug under a different name," the New York Post writes, adding:

*"Rhodes [Pharma] was set up as a 'landing pad' in case the under-fire drug maker needed a clean start amid the 2007 criminal charges, a former senior manager at Purdue told the paper.*

*Together, both firms accounted for 14.4 million opioid prescriptions in 2016. Rhodes Pharma also makes other highly addictive opiates such as morphine, oxycodone and hydromorphone, according to the FDA."*

## **Purdue Pharma to Offer Free Opioid Addiction Therapy**

Sackler's new buprenorphine patent is actually held by Rhodes Pharma and, according to Bloomberg, Purdue has offered to donate an undisclosed number of treatment doses of this drug as part of any settlement that might come out of the 1,000 lawsuits currently pending. University of Kentucky law professor Richard Ausness told Bloomberg:

*"I'd have to say this is a pretty clever move. Over the last 20 years, Purdue hasn't shown any real contrition or remorse, so I see this offer of free step-down drugs as a savvy negotiating tactic to limit what they have to pay in any settlement."*

## **Opioids Still Being Widely Overprescribed**

In related news, recent research<sup>19</sup> published in the Annals of Internal Medicine shows nearly one-third of opioid prescriptions given in an outpatient setting are not backed by a

documented medical reason for the prescription,<sup>20</sup> suggesting the drugs are still being widely overprescribed and misused.

According to the authors, their findings "show the need for stricter rules on patients' needs for the highly addictive drugs."

Of the opioid prescriptions handed out during 809 million doctor's visits across the U.S. between 2006 and 2015, only 5 percent were prescribed for cancer-related pain; more than 66 percent were given for non-cancer pain — the most common being back pain, diabetes-related pain and arthritis — while just over 28 percent were prescribed in cases where no pain-related condition could be ascertained in the patient's medical record.

Curiously, the most common nonpain conditions for which an opioid was prescribed were high blood pressure and high cholesterol.

Dr. Harshal Kirane, director of addiction services at Staten Island University Hospital in New York City, who was not part of the study, told HealthDay News,<sup>21</sup> "Despite numerous policy changes, recent analyses suggest national opioid prescribing rates have not meaningfully decreased ... Lax prescribing practices remain widespread."

Seeing how doctors are largely failing to significantly cut down on opioid prescriptions, might cutting insurance coverage do the trick? Both Cigna and Blue Cross Blue Shield of Florida have stopped paying for OxyContin, and as of January 2019, Blue Cross Blue Shield of Tennessee will no longer pay for it either.<sup>22</sup>

They all still pay for other brands of opioids, though, which may water down the impact of the decision. According to Blue Cross Blue Shield of Tennessee, the decision to drop OxyContin was primarily based on the fact that it still has a higher street value and is easier to crush, snort or inject than other opioids.

## **Struggling With Opioid Addiction? Seek Help!**

Regardless of the brand, it's vitally important to realize that opioids are extremely addictive drugs that are not meant for long-term use for nonfatal conditions. Chemically, opioids are very similar to heroin, and if you wouldn't consider shooting up heroin for that toothache or backache, you really should reconsider taking an opioid to relieve the pain as well.

The misconception that opioids are harmless pain relievers has at this point killed hundreds of thousands of people, and destroyed the lives of countless more, including the families and friends of those who have died. Don't be so quick to be the next in line.

Some marketing materials for opioids still claim the drug will not cause addiction "except in very rare cases," describing the adverse effects patients experience when quitting the drug as a "benign state" and not a sign of addiction. This simply isn't true.

Panic is one psychological side effect commonly experienced when quitting these drugs, and this can easily fuel a psychological as well as physical dependence on the drug.

It's important to recognize the signs of addiction, and to seek help. If you've been on an opioid for more than two months, or if you find yourself taking higher dosages, or taking the drug more often, you're likely already addicted and are advised to seek help from someone other than your prescribing doctor. Resources where you can find help include:

- Your workplace Employee Assistance Program
- The [Substance Abuse Mental Health Service Administration](#)<sup>23</sup> can be contacted 24 hours a day at 1-800-622-HELP

## Treating Your Pain Without Drugs

With all the health risks associated with opioid painkillers, I strongly urge you to exhaust other options before resorting to these drugs. The good news is there are many natural alternatives to [treating pain](#). Following is information about nondrug remedies, dietary changes and bodywork interventions that can help you safely manage your pain.

**Medical cannabis** — [Medical marijuana](#) has a long history as a natural analgesic and is now legal in 31 states. You can learn more about the laws in your state on [medicalmarijuana.procon.org](#).<sup>24</sup>

**Kratom** — [Kratom](#) (*Mitragyna speciosa*) is a plant remedy that has become a popular opioid substitute.<sup>25</sup> In August 2016, the DEA issued a notice saying it was planning to ban kratom, listing it as Schedule 1 controlled substance. However, following massive outrage from kratom users who say opioids are their only alternative, the agency reversed its decision.<sup>26</sup>

Kratom is safer than an opioid for someone in serious and chronic pain. However, it's important to recognize that it is a psychoactive substance and should be used with great care. There's very little research showing how to use it safely and effectively, and it may have a very different effect from one person to the next. The other issue to address is that there are a number of different strains available with different effects.

Also, while it may be useful for weaning people off opioids, kratom is in itself addictive. So, while it appears to be a far safer alternative to opioids, it's still a powerful and potentially addictive substance. So please, do your own research before trying it.

**Low-Dose Naltrexone (LDN)** — Naltrexone is an opiate antagonist, originally developed in the early 1960s for the treatment of opioid addiction. When taken at very low doses (LDN, available only by prescription), it triggers endorphin production, which can boost your immune function and ease pain.

**Curcumin** — A primary therapeutic compound identified in the spice [turmeric](#), [curcumin](#) has been shown in more than 50 clinical studies to have potent anti-inflammatory activity. Curcumin is hard to absorb, so best results are achieved with preparations designed to improve absorption. It is very safe and you can take two to three every hour if you need to.

**Astaxanthin** — One of the most effective oil-soluble antioxidants known, [astaxanthin](#) has very potent anti-inflammatory properties. Higher doses are typically required for pain relief, and you may need 8 milligrams or more per day to achieve results.

**Boswellia** — Also known as boswellin or "Indian frankincense," this herb contains powerful anti-inflammatory properties, which have been prized for thousands of years. This is one of my personal favorites, as it worked well for many of my former [rheumatoid arthritis](#) patients.

**Bromelain** — This protein-digesting enzyme, found in pineapples, is a natural anti-inflammatory. It can be taken in supplement form, but eating fresh pineapple may also be helpful. Keep in mind most of the bromelain is found within the core of the pineapple, so consider eating some of the pulpy core when you consume the fruit.

**Cayenne cream** — Also called [capsaicin cream](#), this spice comes from dried hot peppers. It alleviates pain by depleting your body's supply of substance P, a chemical component of nerve cells that transmit pain signals to your brain.

**Cetyl myristoleate (CMO)** — This oil, found in dairy butter and fish, acts as a joint lubricant and anti-inflammatory. I have used a topical preparation of CMO to relieve ganglion cysts and a mild case of carpal tunnel syndrome.

**Evening primrose, black currant and borage oils** — These oils contain the fatty acid gamma-linolenic acid, which is useful for treating arthritic pain.

**Ginger** — This herb is anti-inflammatory and offers pain relief and stomach-settling properties. [Fresh ginger](#) works well steeped in boiling water as a tea, or incorporated into fresh vegetable juice.

## Dietary Changes to Fight Inflammation and Manage Your Pain

Unfortunately, physicians often fall short when attempting to effectively treat chronic pain, resorting to the only treatment they know: prescription drugs. While these drugs may bring some temporary relief, they will do nothing to resolve the underlying causes of your pain. If you suffer from chronic pain, making the following changes to your diet may bring you some relief.

**Consume more animal-based omega-3 fats** — Similar to the effects of anti-inflammatory pharmaceutical drugs, [omega-3 fats](#) from fish and fish oils work to directly or indirectly modulate a number of cellular activities associated with [inflammation](#). While drugs have a powerful ability to inhibit your body's pain signals, omega-3s cause a gentle shift in cell signaling to bring about a lessened reactivity to pain.

Eating healthy seafood like anchovies or sardines, which are low in environmental toxins, or taking a high-quality supplement such as krill oil are your best options for obtaining omega-3s. DHA and EPA, the omega-3 oils contained in krill oil, have been found in many animal and clinical studies to have anti-inflammatory properties, which are beneficial for pain relief.

**Radically reduce your intake of processed foods** — Processed foods not only contain chemical additives and excessive amounts of sugar, but also are loaded with damaging omega-6 fats. By eating these foods, especially fried foods, you upset your body's ratio of omega-3 to omega-6 fatty-acids, which triggers inflammation. Inflammation is a key factor in most pain.

**Eliminate or radically reduce your consumption of grains and sugars** — Avoiding grains and sugars, especially fructose, will lower your insulin and leptin levels. Elevated insulin and leptin levels are one of the most profound stimulators of inflammatory prostaglandin production, which contributes to pain.

While healthy individuals are advised to keep their daily fructose consumption below 25 grams from all sources, you'll want to limit your intake to 15 grams per day until your pain is reduced. Eating sugar increases your uric acid levels, which leads to chronic, low-level inflammation.

**Optimize your production of vitamin D** — As much as possible, regulate your [vitamin D](#) levels by regularly exposing large amounts of your skin to sunshine. If you cannot get sufficient sun exposure, taking an oral vitamin D3 supplement, along with vitamin K2 and magnesium, is highly advisable. [Get your blood level tested](#) to be sure you're within the therapeutic range of 60 to 80 ng/mL year-round.

## Bodywork Methods That Reduce Pain

The following bodywork methods have also demonstrated effectiveness for pain relief and pain management.

•**Acupuncture** — An estimated 3 million American adults receive [acupuncture](#) annually,<sup>27</sup> most often for the treatment of chronic pain. A study<sup>28</sup> published in the Archives of Internal Medicine concluded acupuncture has a definite effect in reducing back and neck pain, chronic headache, osteoarthritis and shoulder pain, more so than standard pain treatment.

•**Chiropractic adjustments** — While previously used most often to treat [back pain](#), chiropractic treatment addresses many other problems, including asthma, carpal tunnel syndrome, fibromyalgia, headaches, migraines, musculoskeletal pain, neck pain and whiplash.

According to a study<sup>29</sup> published in the Annals of Internal Medicine, patients with neck pain who used a chiropractor and/or exercise were more than twice as likely to be pain-free in 12 weeks compared to those who took medication.

•**Massage therapy** — Massage releases endorphins, which help induce relaxation, relieve pain and reduce levels of stress chemicals such as cortisol and noradrenaline. A systematic review and meta-analysis<sup>30</sup> published in the journal Pain Medicine, included 60 high-quality and seven low-quality studies that looked into the use of massage for various types of pain, including bone and muscle, fibromyalgia, headache and spinal-cord pain.

The study revealed massage therapy relieves pain better than getting no treatment at all. When compared to other pain treatments like acupuncture and physical therapy, massage therapy still proved beneficial and had few side effects. In addition to relieving pain, massage therapy also improved anxiety and health-related quality of life.

•**Emotional Freedom Techniques (EFT)** — EFT continues to be one of the easiest and most effective ways to deal with acute and chronic pain. The technique is simple and can be applied in mere minutes. A study<sup>31</sup> published in Energy Psychology examined the levels of pain in a group of 50 people attending a three-day EFT workshop, and found their pain dropped by 43 percent during the workshop.

Six weeks later, their pain levels were reported to be 42 percent lower than before the workshop. As a result of applying EFT, participants felt they had an improved sense of control and ability to cope with their chronic pain. In the video below, EFT expert Julie Schiffman, teaches you how to use EFT to address chronic pain.

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