

Opinion

Costing us plenty

By Dr. Joseph Sacco

“Ask your doctor if [insert drug name here] is right for you,” is an advertising slogan well known to anyone who watches TV.

“Direct-to-consumer” advertising of prescription drugs, once unheard-of, is wildly successful; in 2000, some \$117 billion in prescription drugs were sold to U.S. consumers, up from \$5.5 billion in 1970. Expenditures on prescription drugs are increasing at some 20 percent per year - triple the increase in costs for either hospital care or physician services, and at the head of the pack of ever increasing health care expenditures.

No wonder the pharmaceutical industry is the third most profitable, second only to oil and banking. Defenders of the pharmaceutical industry argue that the profits generated by drug sales are critical to support research in new drug development. The facts belie this argument. Only 14 percent of each dollar of pharmaceutical revenue supports new drug research. By contrast, some 21 percent of revenues in 2002 went to profit, while 33 percent was used for administrative costs such as advertising.

Further, the largest share of research dollars go not into developing new drugs to benefit sufferers of as-yet uncured diseases, but to fatten already bulging pharmaceutical coffers with “me-too drugs” that benefit few, if any, new patients.

Nexium, “Today’s Purple Pill from the Makers of Prilosec,” is a perfect example. Prilosec, the old “Purple Pill,” was once the world’s best selling drug, bringing \$6 billion annually to AstraZeneca, its manufacturer. When Prilosec went off patent in 2001 — and the per tablet price for the generic version dropped to 70 cents — revenues “plummeted” to \$100 million annually.

Behold Nexium, launched by a \$500 million advertising campaign. Touted as more potent than Prilosec, the “New Purple Pill” quickly became AstraZeneca’s new blockbuster, selling \$2.9 billion annually. Unfortunately, the “new” purple pill is nothing more than a more purified — and therefore more potent — preparation of the old one.

It is a “me — too” drug, technically different than the older version, though only minimally so, offering a similar side effect profile and no additional benefit in the treatment of a medical condition well managed with the older — and cheaper — drug.

Other “new” drugs are merely repackaged versions of old drugs. Prozac was worth \$2.6 billion annually to Eli Lilly before it went off patent in 2001. Enter Sarafem, for treatment of “Premenstrual Dysphoric Disorder.” At \$4 a pop, this “new” agent, which comes in tasteful pink and lavender capsules, is identical to Prozac. That is, identical — the same stuff. Worse, “Premenstrual Dysphoric Disorder” is not actually recognized by doctors. Sarfem, in other words, is an old drug, gussied up, and jacked up in price for the treatment of a disease that probably does not exist...

The problem goes much deeper than pharmaceutical shell games played to a gullible - if uninformed - public. At \$2.6 billion per year, the marketing outlay on direct to consumer advertising is less than half the whopping \$6.2 billion spent on the people who actually prescribe drugs - doctors.

At one “drug rep” for every 4.6 office-based physicians, and a \$13,000 annual advertising budget per doctor, American physicians are virtually saturated by pharmaceutical marketing, which includes gratis meals, travel, conferences, knick — knacks, flattery, and other perks.

Pharmaceutical companies make medications that all of us depend on for our health and well-being. Pharmaceutical marketing activities, on the other hand, reveal them to be far more concerned with profit than with public welfare. In case you haven’t heard, there are 45 million Americans without health insurance. Certainly, we can think of better ways to use the cash.

(With thanks to Dr. Bruce Soloway.)

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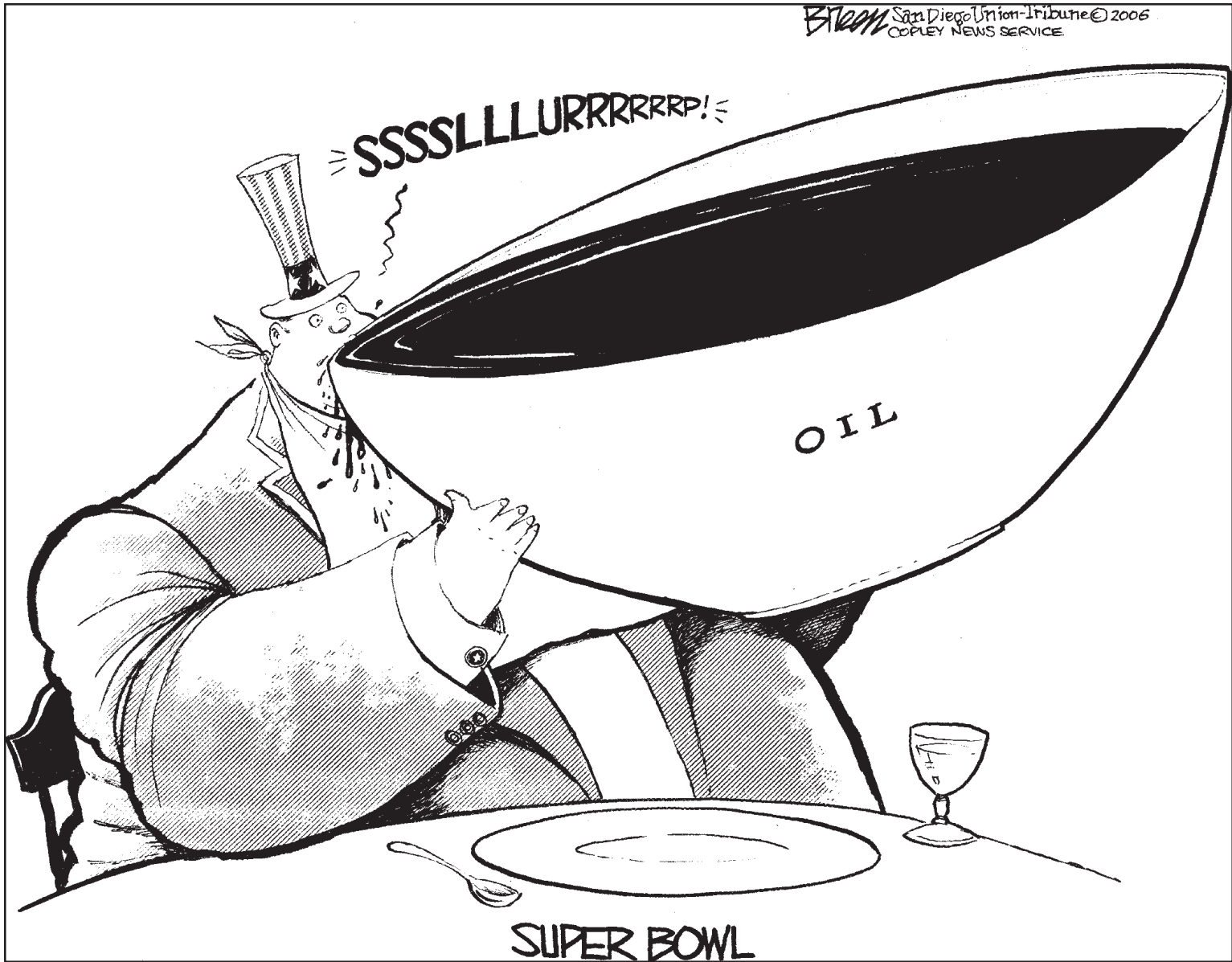
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Going to extremes

It’s no secret high gas prices are one of my biggest pet peeves right now. Not just because prices are up, but also because I’ve been forced to cut back on one of my favorite activities.

No longer am I able to head out to parts unknown when the fancy strikes. Instead, I have to find my adventures through vicarious means.

And to borrow, I’m going to extremes to do it.

I keep researching the latest data on future destinations, and I realized the logistics of a few are going to take some planning.

Fuel expenditures have gone from luxury to necessity.

I read, watch, plan for, and take to heart Dwight D. Eisenhower’s wisdom on planning: “Plans are nothing; planning is everything.”

As Nike promotes, maybe it’s time to finally bite the bullet.

I figure at this point, if I’m going to go to some of these places, I better just pony up and go.

No more planning, no more speculation, no more daydreaming — finally getting behind the wheel and heading out to parts unknown, and then some.

However, as easy and appealing as it sounds, it isn’t so easy.

Maybe I should, but maybe I’m afraid. I’ve had expectations for so long, I will inevitably have to face the possibility that things won’t go as I want them to. But one would think I would have learned by now it’s the journey, not the destination, that counts.

So, I look for excuses to not do the things I’d like to do.

“Procrastination” used to be a huge problem



Tisha Cox

● Off The Beaten Path

in my teens. I got over it, but not in this case.

If I want to go someplace, I should mark it on the calendar.

Maybe I will, but first, let me share some road tripping resources.

First, locally, Pioneer Memorial Library is a gem when it comes to books on travel, and if they don’t have it, they can get it, and for that, I thank them.

Another resource, recently discovered, is <http://www.roadtripamerica.com>.

That site has a road trip planner, that, for an amateur, could be very beneficial.

Like the site says, a road trip can be as simple as getting in the car and going. However, if a trip has a theme, it might take some planning.

My own experiences prove planning isn’t everything. Some of my most memorable road trips involved getting in the car and just going someplace.

Those have also resulted in near-disaster — catastrophic vehicle failure leading to standing stranded on the side of the road.

It’s an interesting experience, especially if companions who are along suddenly freak, or come close. Being stranded is a little scary, and having companions who flip doesn’t

make it any easier.

Solo trips are also a gamble, but I’m getting where I prefer a friend along, and if there isn’t anyone along to enjoy the trip, what’s the point?

I love road tripping, and that’s no secret.

Some trips-on-a-whim have been Pink, Okla., Rocky Mountain National Park, Breckenridge, Boulder, Cheyenne, Wyo., places in Nebraska and too many others to name.

Early mornings, late nights, too much caffeine and other junk food, windows down, music up, truck stops, bars, museums, off-the-wall attractions and more have made for many memorable occasions.

Like the time I dropped and broke my first good camera at the visitors center at Petrified Forest National Park. The look on my sister Chris’ face the first time we visited Lookout Mountain, Colo. and her happiness anytime we have done anything remotely related to William F. “Buffalo Bill” Cody.

The mesas of New Mexico at dusk, mountains blocking out the night sky in Colorado, the ancient mounds of Cahokia, New Orleans as it was before the hurricanes.

All priceless and unforgettable memories.

Yes, I gripe about the gas prices, but even now, that’s a pittance to pay for memories that will last a lifetime, “the wonders I have seen.”

Tisha Cox is a general assignment reporter/photographer for the Free Press. Her column appears on Mondays. tc Cox@nwkansan.com

Where is the room for the criminals?

From The Winfield Daily Courier

Our elected leaders in Topeka are out to sea in their war against sexual predators. Once Gov. Sebelius got on board, Senate Majority Leader Derek Schmidt, R-Independence, set a course for putting such predators in the brig, essentially forever.

The bill about to leave the Kansas Senate condemns first-time convicted sexual predators to 25 years behind bars if the victim is 14 or younger. Two convictions bring 40 years, and three, life in prison.

There is nothing in the bill about paying for more prison beds. There was apparently nothing

in the process leading to the bill about treatment or prevention. All we have heard is how expensive it is to hold sexual offenders at Larned, where treatment can take place.

That treatment rarely works, but throwing sexual predators overboard may be an unconstitutional alternative.

As the United States Supreme Court found a few years ago, the state of Kansas has a responsibility to treat convicted sexual predators fairly. This bill can hardly be said to do that.

Victims and their loved ones can cheer this bill. They have a right. But lawmakers do not have a right to run state policy onto the rocks

because they are outraged. This hurried bill ignores years of effort by the mental health community and the state to find a way to treat sex offenders. That effort has not been successful, but it has acknowledged those offenders are mentally ill.

Locking them up for life is a 16th-century solution.

The House of Representatives should change this bill to make it reasonable, workable, affordable and constitutional. If the House cannot correct the Senates course, the governor should veto this legislation and ask the Legislature to try again.

Doonesbury

● Gary Trudeau

