DEWS Maryland Drug Early Warning System

DEWS INVESTIGATES

OxyContin® Abuse in Maryland

June 2004

HIGHLIGHTS

DEWS staff have received reports of OxyContin® abuse from about one third of Maryland's jurisdictions, but very little information about this trend can be learned from traditional substance abuse indicators. We conducted interviews with five persons with a history of OxyContin abuse currently in private treatment programs.

Key Issues: How can we best access OxyContin abusers? How do they obtain OxyContin? Do they have extensive drug histories? Is there a link between OxyContin and heroin abuse?

Findings from Five OxyContin Abusers in Treatment:

- It is clear that OxyContin is being used by illicit drug abusers in Maryland.
- They obtained OxyContin from a variety of sources including physicians, friends, and drug dealers.
- They had extensive drug histories and have all been dependent on heroin.
- Identifying privately treated OxyContin abusers was difficult and will require innovative strategies.

In 2002, approximately 1.9 million people 12 or older reported non-medical use of the synthetic opiate OxyContin.[1] In Maryland, DEWS staff have received reports of the abuse of OxyContin and other oxycodone products from about eight Maryland counties since 1999. The recent indictment of 13 men and women on charges of participating in a statewide OxyContin drug trafficking ring is further evidence of the availability of illicit OxyContin in Maryland.[2]

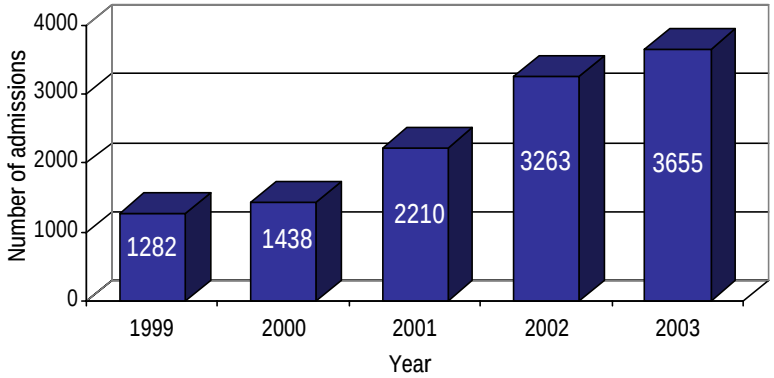
Traditional indicators like treatment admissions and emergency room visits, however, do not report information specifically about OxyContin. OxyContin is often counted with other pain relievers such as Percodan®, Percocet®, and Vicodin®.

Treatment Admissions for Other Opiates. OxyContin and other narcotic pain relievers are captured in the Maryland Substance Abuse Management Information System (SAMIS) in a category titled "other opiates." As figure 1 shows, admissions to Maryland treatment programs for other opiates nearly tripled from FY 1999 to FY 2003 (from 1282 to 3655 admissions).

In 2003, almost all of these persons were white (90%) and more than half were male (56%). Nearly three quarters of these admissions reported other drug problems. More than a quarter (28%) reported heroin as a substance of abuse and nearly a third (31%) mentioned alcohol. Almost three quarters (70%) were in private treatment and 45% were self-referrals.[3]

Emergency Department (ED) Visits for Pain Relievers. Pain relievers are the third most frequently involved drugs in drug abuse-related ED visits in the Baltimore Metropolitan area (nearly 3,900 visits in 2002). The most commonly identified pain relievers were oxycodone and methadone. As figure 2 shows, the rate of ED visits per 100,000 population increased 400% from 1995 to 2002 (from 30 to 165) and far exceeded the rate in the U.S. as a whole.[4]

Figure 1. Treatment admissions related to other opiates in Maryland nearly tripled from FY99 to FY03.



Source: Adapted from the Maryland Alcohol and Drug Abuse Administration.

We thank the physicians, counselors, other health care workers, and patients whose assistance made this study possible. The names of the subjects and several of the events they described have been changed for their protection.

DEWS Investigates provides a succinct report of the findings and implications of studies on important substance abuse-related issues in Maryland. Online copies are available at http://www.dewsonline.org. For more information, please contact Eric Wish at ewish@cesar.umd.edu or 301-405-9774.

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The OxyContin Information Gap

Data on the abuse and diversion of OxyContin have been found to be unreliable, incomplete, and often delayed.[5] We have not found a published study of OxyContin abusers currently receiving treatment. Our study attempts to address the lack of information about OxyContin abusers by conducting personal interviews with a few persons receiving treatment.

Study Methods

Our initial goal was to target people who were receiving private treatment. We had thought that such persons might be least likely to be abusing drugs other than OxyContin. Physician recruiters in three counties informed clients with a history of OxyContin abuse about the study, using a script provided by DEWS staff that asked them to call the interviewer's cell phone. Initially, we planned to conduct the interviews by phone to ensure the anonymity of the subjects. So few calls were received from patients, however, that we asked the physician recruiters to arrange appointments for the interviewer to meet the subjects at their offices. Unfortunately, despite the physician's expectations that their patients would be eager to talk to us, accessing OxyContin abusers continued to prove difficult. By the end of the three month study period, we were only able to complete five interviews–one by phone and four in person.

The Case Studies

All five of the subjects in this study are white, and three are female. They range in age from 19 to 58. Three subjects are single and two are married. One has children. All have graduated from high school, two are currently attending college, and one has a post secondary degree. Three are employed at least part time. Their annual household incomes range from $30,000 to $119,000. Table 1 provides highlights from the subjects' drug histories.

Jane

Jane began drinking and smoking cigarettes when she was 13 to 15. She has also used marijuana, powder cocaine, morphine, and heroin. She abused OxyContin after all of these drugs. Other prescription drugs she has used to get high include Vicodin and prescription diet pills.

Jane initially was prescribed OxyContin in December 2001 by her primary care physician for a pinched nerve. She asked for OxyContin after previously being prescribed Vicodin. Her initial prescription was for a 6 to 8 day supply of 80mg pills, which she took orally. When asked how she felt the first time she used OxyContin, Jane replied: "I can't say it took the pain away, but I was less aware of the pain. Anything that relieved it was great." She felt dependent immediately and was "definitely looking to find the next dose all the time."

After the first prescription, she was "detoxed" by her physician, and her dosage was gradually decreased to 20mg. "At the end of detox, I took all the pills for three days in one day and told the doctor I understood I wouldn't be getting anymore. I came upon some through a job… and I would get them [20-40mg pills] that way." At the height of her OxyContin abuse, she was taking eight or nine pills a day.

> *"If it would've been easy for me to get it, I would've used it more, but morphine was the drug I could get."*

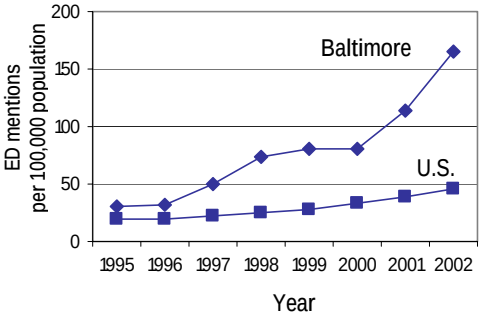
Doug

Doug began using alcohol and marijuana at age 11. He first abused powder cocaine and OxyContin at age 13. He has also used crack, LSD, ecstasy, and heroin. Other prescription drugs he has used to get high include Valium®, Vicodin, Tylenol-3®, Percocet, hydrocodeine, Xanax®, and hydrocodone.

The first time Doug obtained OxyContin, it was "in exchange for cigarettes from a kid who took them from his parents." He got two 80mg pills and took one a day.

> *The first time he used OxyContin, Doug felt "great. I had nothing to worry about. Everything was good in life…It made me up and want to do stuff."*

Figure 2. ED visits involving pain relievers are three times higher in the Baltimore metro area than nationwide.



Source: Adapted by CESAR from *The DAWN Report, Highlights from DAWN: Baltimore 2002*, March 2004.

Within a week Doug sought additional pills. For the first summer, he got them as described above, "then my friend started selling them...Back then they were harder to get. During the school year, I would only use every now and then. Then, the next summer I used them all the time."

He quickly switched from taking OxyContin orally to snorting it because "they said it would hit me quicker." Snorting allowed him to get the same effect as swallowing a pill, but right away. At the height of his abuse, Doug took 10 80mg pills in 7 days. He used OxyContin in combination with marijuana, powder cocaine, alcohol, and other prescription drugs because he liked to get high.

> *"I would use coke first and the oxy to come down because coming down off coke sucks. It makes the feeling of alcohol more intense."*

If OxyContin wasn't available or if he didn't have enough, he would use other downers like Percocet and hydrocodone to supplement the low dose of OxyContin.

Rose

Rose began using marijuana at age 12 and started drinking at 13. By age 18, she had also smoked cigarettes and used powder cocaine, PCP, crack, and speed (black beauties). She first used OxyContin in her twenties and heroin about seven years later. Other prescription drugs she has used to get high include Percocet, Quaalude®, and Loratab®.

Table 1. Drug Histories of Five Maryland OxyContin® Abusers

Subject	Illicit Drug Use History:		Timing of OxyContin and Heroin Use	Initial Source of OxyContin	Method of Use
	Pre-OxyContin	Post-OxyContin			
Jane	Alcohol, cigarettes, heroin, marijuana, powder cocaine, morphine		OxyContin was used 29 years after heroin	Prescription	Oral
Doug	Alcohol, marijuana, powder cocaine	Crack, LSD, ecstasy, heroin	OxyContin was used approximately two years prior to heroin	Acquaintance	Oral, Snorting
Rose	Marijuana, PCP, alcohol, crack, powder cocaine, cigarettes	Heroin	OxyContin was used approximately seven years prior to heroin	Prescription	Oral, Snorting, Chewing
Bill	Marijuana, alcohol, ecstasy, cigarettes, PCP	Powder cocaine, LSD, mushrooms, heroin	OxyContin was used approximately two years prior to heroin	Friends	Snorting
Pam	Alcohol, ecstasy, cigarettes, PCP, marijuana, powder cocaine, heroin	Crack, ketamine	OxyContin was used approximately three years after heroin	Drug Dealer	Snorting, Intravenous

Rose was prescribed OxyContin around 1992 by her primary care physician after being shot in the arm, but actually began using a couple months earlier. [*Note:* The manufacturer did not introduce OxyContin until 1995. Subject's start date may be inaccurate.] Her prescription was for two 20mg pills a day for three months. But "I was buying 80mg [from the street] when I was prescribed the 20s…Girl would sell her Oxys because she took Percocets and smoked weed and was good...I never ran out of them."

She took OxyContin orally and intranasally. She also chewed the pills. Rose prefered snorting because it "hits you quicker and lasts longer." The first time she used it, she "felt like a superhero. I had no pain and could do any and everything. I loved them."

Rose used OxyContin in combination with cocaine (powder and crack) and alcohol. "I like smoking crack. I would get tired from the Oxys and would nod. So, I would take a hit of crack to get back up and then some more Oxy to level back out." She would use heroin if she ran out of OxyContin, but didn't try heroin until a few years after starting OxyContin. She first used heroin when she went into withdrawal from OxyContin. She felt dependent on OxyContin within a week of initiating use.

At the height of her OxyContin abuse, Rose said that she was running out every night to get pills.

> *She took "3 to 5 Oxy 80s a day, every day, for years. I had a good connection and a good job. I was functioning and had a house and a job."*

Bill

Bill began using marijuana at age 12 or 13 and started drinking at 13. He has also smoked cigarettes and used PCP (accidentally with marijuana) by the time he was 15. He first used ecstasy and OxyContin when he was 17. He also used powder cocaine, LSD, mushrooms, and heroin as a teen. Other prescription drugs he has used to get high include Percocet, Endocet®, Vicodin, hydrocodone, and Ritalin®. Percocet and heroin are the only drugs other than OxyContin that he has felt dependent on. Currently, Bill smokes cigarettes and marijuana and uses heroin almost daily.

> *"It's [OxyContin] worse than heroin (if you snort both)…The level of addiction is higher. Withdrawal from heroin is three days of living hell and for Oxy, it's seven days… And, Oxy is harder to get and more expensive."*

Bill was already dependent on pain relievers when he first tried OxyContin nearly four years ago. He tried OxyContin because "Some boy came into them. I think he stole them from his mom, and he sold them to one of my good friends for $1 each…By then I had a habit and that's what I could get, and they were more potent than the other painkillers I was using. At one point it was easier to get OxyCon-tin than Percocet."

He took OxyContin intranasally. When he first tried OxyContin, Bill used one 20mg pill and returned to the same dealer for more within a week. The first time he used it "was a great time. I just sat in my chair and just lay there watching TV. I had a great time just watching TV."

Bill used OxyContin in combination with marijuana because marijuana enhanced the effect of the OxyContin. He felt dependent on OxyContin within a week after using it two or three times. At the height of his abuse, Bill snorted OxyContin daily. He used 60 80mg pills in 30 days.

> *"My only limits were 'I need to do this much [OxyContin] at least.' I had to [use] to feel normal, not to get messed up [suffer withdrawal symptoms]."*

Pam

Pam started drinking at age 13 and began smoking cigarettes and marijuana at age 16. She has also used powder cocaine, heroin, PCP, ecstasy, methadone (through a methadone maintenance program), crack and ketamine. She has also used dilaudid to get high. During the past year, she smoked cigarettes almost daily and used heroin on 200 days.

Pam was already dependent on heroin when she first tried OxyContin five years

What is OxyContin?

Oxycodone is a semi-synthetic opiate manufactured by modifying the chemical thebaine, an organic chemical found in opium.[6] It is the active ingredient in a number of commonly prescribed pain relief medications such as Percocet, Percodan, and Tylox®. Each of these contains oxycodone in small doses (2.5 to 10mg) combined with other active ingredients like aspirin and acetaminophen. [7] OxyContin, a much more potent form of oxycodone, was introduced by Perdue Pharma in 1995.[8] Unlike other oxycodone products, OxyContin is a time-release tablet available in strengths ranging from 10mg to 80mg. The intended use of OxyContin is for long-term relief of moderate to severe pain associated with conditions such as cancer and arthritis. It is also a drug with high abuse potential because it is possible to defeat the time-release feature of the pills simply by crushing them, allowing the user to get the full impact of the drug at once.[9] Perdue Pharma is taking steps to address this situation by developing methods for reformulating OxyContin by adding an opiate antagonist or a chemical irritant like capsaicin (the main ingredient of hot chili peppers) that would be released only if the pill was tampered with. The opiate antagonist would prevent the medication from taking effect and capsaicin would cause burning and coughing.[10] Currently, oxycodone products, and all of the medications containing it, are Schedule II controlled substances. For additional information please see oxycodone profiles on http://www.cesar.umd.edu/cesar/pubs and http://www.justfacts.org/jf/drugs/oxycodone.asp.

ago. She tried OxyContin because her dealer offered it to her. "I asked what it was, and he told me it was a prescription drug that was morphine…It was a little bit safer, and at that point in time, it wasn't as expensive. But, it also wasn't highly available, so I didn't do it a lot."

The first time she tried OxyContin, Pam purchased 4 40mg pills for $40. Her dealer continued to offer her OxyContin when he had it. The first time she used OxyContin, she found it to be very similar to heroin with "a little more taste or feeling. It seemed more medicinal."

Pam used OxyContin both intranasally and intravenously, but did not intentionally take it in combination with other drugs. She began injecting the drug about five months after she started using it. "I would only snort it if I had to–out of convenience. I would just go into a bathroom and snort a line." At the height of her abuse, Pam was taking OxyContin daily. She used 60 pills of varying strengths in 30 days. During this time, a friend was able to supply her with whatever she needed.

> *"I haven't used Oxy in the last year. I never sought treatment just for Oxy. I was actually better when doing them because I did not have the habit of going to the street and not knowing what I would get."*

Conclusions

It is clear that OxyContin is diverted for distribution in the illicit drug market in Maryland. Although our original expectation was that OxyContin abusers in private treatment would have limited drug problems, all five of the people interviewed for this study had extensive drug histories. In fact, all five were dependent on heroin and all abused cocaine and prescription drugs. They obtained OxyContin from a variety of sources including physicians, friends, and drug dealers.

We found it difficult to access the population of OxyContin abusers in private treatment. More studies are needed to understand OxyContin abuse trends, including surveys of general, treated, and criminal justice populations and ethnographic studies of high-risk populations.

Limitations

Our sample of five case studies can only begin to uncover behaviors surrounding OxyContin abuse. We do not know how much our findings apply to the larger population of users. In addition, our approach identified only people with extensive drug histories who are predisposed to getting high. It is possible that people with limited drug histories or who developed problems solely with OxyContin may not be in treatment because their drug use is sustainable and remains hidden from researchers. Such persons may have more benign drug histories and fewer drug problems than the subjects interviewed in this study.

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[9] Washington/Baltimore High Intensity Drug Trafficking Area (W/B HIDTA). (2001). OxyContin Situation Report, 2001.

[10] Blakeslee, Sandra. (2004, April 20). Drug Makers Hope to Kill the Kick in Pain Relief. *The New York Times*.