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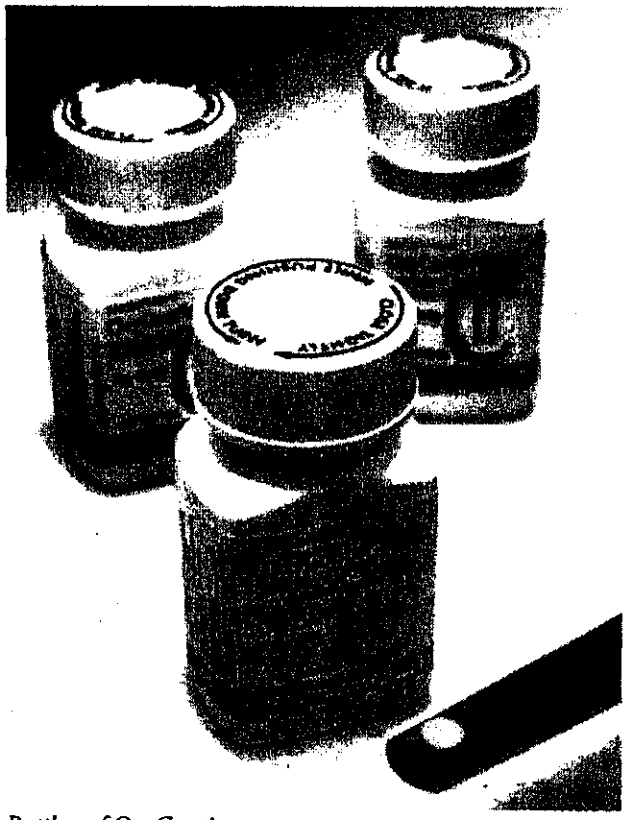
# *OxyContin Diversion and Abuse*

## Overview

Diversion and abuse of the prescription pain reliever OxyContin is a major problem, particularly in the eastern United States. The Drug Enforcement Administration (DEA) reports that, in the United States, oxycodone products, including OxyContin, are frequently abused pharmaceuticals. The pharmacological effects of OxyContin make it a suitable substitute for heroin; therefore, it is attractive to the same abuser population. Law enforcement reports indicate heroin abusers are obtaining OxyContin because the pharmaceutical drug offers reliable strength and dosage levels. In addition, if the abusers' health insurance covers an illness that the drug treats, the insurance provider may cover the cost of the drug. Conversely, OxyContin abusers who have never used heroin may be attracted to the lower priced heroin when their health insurance no longer pays for OxyContin prescriptions or when they cannot afford the high street-level price of OxyContin. For example the West Virginia, Hancock-Brooke-Weirton Drug Task Force reports that a local couple, recently sentenced for conspiracy to sell heroin, turned to heroin after their doctor refused to continue prescribing OxyContin and they could not afford the street price of the pharmaceutical. OxyContin abusers sometimes commit theft, armed robbery, and fraud to sustain their habits.

The illegal diversion, distribution, and abuse of oxycodone products, particularly OxyContin, appear to be concentrated most heavily in the East, according to respondents to the National Drug Intelligence Center (NDIC) National Drug Threat Survey 2000 and DEA reporting. OxyContin Tablet, commonly referred to as OxyContin, has become the oxycodone product of choice in Maine, Ohio, and West Virginia, and in portions of eastern Kentucky, Maryland, western Pennsylvania, and rural southwestern Virginia.



*Bottles of OxyContin*

*Photo courtesy of Roger Kerekes, Johnstown Tribune-Democrat*

- ***Kentucky**-The Kentucky State Police reports that OxyContin is the drug of choice in eastern Kentucky. The Kentucky State Police in Hazard report a significant shift from cocaine and methamphetamine abuse to OxyContin and Tylox abuse. Tylox is another trade name oxycodone product.*

- ***Maine**-The U.S. Attorney, District of Maine, identifies OxyContin as the most significant drug threat in the state.*
- ***Maryland**-The Maryland Drug Early Warning System, a real-time substance abuse monitoring program, identifies oxycodone as a leading emerging drug of abuse in 2000. The DEA reports nearly 85 percent of 1999 arrests for writing false prescriptions in Maryland involved oxycodone products, including OxyContin.*
- ***Ohio**-The Cincinnati Police Department's Pharmaceutical Diversion Squad reports a growing OxyContin threat. From January to October 2000, illicit drug dealers in Cincinnati diverted over 9,000 doses of OxyContin (31 percent of all diverted oxycodone products). During the same time period, 49 of the squad's 341 diversion investigations targeted OxyContin, resulting in 22 arrests.*
- ***Pennsylvania**-The Cambria County Drug Task Force reports that, as of September 2000, almost 30 percent of its undercover drug purchases involved OxyContin, and 31 suspects were accused of distributing tens of thousands of dollars' worth of OxyContin.*
- ***West Virginia**-The Gilbert Police Department reports OxyContin is the "worst" drug the department has ever encountered, with OxyContin abuse even surpassing marijuana abuse.*

## Background

OxyContin is a trade name product for the generic narcotic oxycodone hydrochloride, an opiate agonist. Opiate agonists provide pain relief by acting on opioid receptors in the spinal cord, brain, and possibly in the tissues directly. Opioids, natural or synthetic classes of drugs that act like morphine, are the most effective pain relievers available. Oxycodone is manufactured by modifying thebaine, an alkaloid found in opium. Oxycodone has a high abuse potential and is prescribed for moderate to high pain relief associated with injuries, bursitis, dislocation, fractures, neuralgia, arthritis, and lower back and cancer pain. It is also used post-operatively and for pain relief after childbirth. Percocet, Percodan, and Tylox are other trade name oxycodone products.

Oxycodone is a central nervous system depressant. Oxycodone's action appears to work through stimulating the opioid receptors found in the central nervous system that activate responses ranging from analgesia to respiratory depression to euphoria. People who take the drug repeatedly can develop a tolerance or resistance to the drug's effects. Thus, a cancer patient can take a dose of oxycodone on a regular basis that would be fatal in a person never exposed to oxycodone or another opioid. Most individuals who abuse oxycodone seek to gain the euphoric effects, mitigate pain, and avoid withdrawal symptoms associated with oxycodone or heroin abstinence.

OxyContin is an oral, controlled-release oxycodone that acts for 12 hours, making it the longest lasting oxycodone on the market. Patients taking shorter acting oxycodone products, such as Percocet, may need to take the product every 4 to 6 hours. While drug doses vary by individual, the typical OxyContin dose prescribed by physicians ranges from two to four tablets per day. OxyContin was developed and patented in 1996 by Purdue Pharma L.P. and was originally available in 10 milligram (mg), 20 mg, 40 mg, and 80 mg tablets. A 160 mg tablet became available in July 2000. By comparison, Percocet and Tylox contain 5 mg of oxycodone and Percodan contains just 2.25 mg. The strength, duration, and known dosage of OxyContin are the primary reasons the drug is attractive to both abusers and legitimate users.

## Abuse

The abuse of oxycodone products in general has increased in recent years. In April 2000, *The Journal of the American Medical Association* (JAMA) published a study, which examined two data collection sources. The DEA Automation of Reports and Consolidated Orders System (ARCOS) data tracks the distribution of oxycodone and other opioid analgesics and the Drug

Abuse Warning Network (DAWN) Medical Examiner (ME) and Emergency Department (ED) data ascertained the health consequences associated with its abuse from 1990 to 1996. The JAMA study found a 23 percent increase in the medical use of oxycodone with no corresponding increase in the illicit abuse of the drug. However, 1998 DAWN ME data reported a 93 percent increase in oxycodone-related deaths between 1997 and 1998 and the number of oxycodone-related DAWN ED mentions increased 24.5 percent from 1997 (4,857) to 1999 (6,429).

### Opioids, Pain, and Addiction

Addiction to opioids used for legitimate medical purposes under a qualified physician's care is rare. According to the National Institute on Drug Abuse, however, many physicians limit prescribing powerful opioid pain medications because they believe patients may become addicted to the drugs. Recent evidence suggests that, unlike opioid abusers, most healthy, nondrug–abusing patients do not report euphoria after being administered opioids, possibly because their level of pain may reduce some of the opioid's euphoric effects making patients less likely to become abusers. (Source: *NIDA INFOFAX Pain Medications*)

Several deaths have resulted specifically from the abuse of OxyContin in Kentucky, Ohio, Virginia, and West Virginia. The Pike County, Kentucky, Coroner reported 19 OxyContin-related deaths during calendar year 2000. In December 2000, seven OxyContin overdose deaths were reported in Southeastern Kentucky by two Kentucky State Police posts. *The Logan Daily News* reported in October 2000 that four Hocking County, Ohio, residents overdosed on OxyContin over an 18-day period. Two of the four died. There have been at least four OxyContin overdose deaths in Pulaski, Virginia, since 1998. In July 2000, *The Williamson Daily* reported five OxyContin-related overdose deaths in southwestern West Virginia since May 2000.

OxyContin is designed to be swallowed whole; however, abusers ingest the drug in a variety of ways. OxyContin abusers often chew the tablets or crush the tablets and snort the powder. Because oxycodone is water soluble, crushed tablets can be dissolved in water and the solution injected. The latter two methods lead to the rapid release and absorption of oxycodone. The alcohol and drug treatment staff at the Mountain Comprehensive Care Center, Prestonsburg, Kentucky, reports individuals who have never injected drugs are using OxyContin intravenously and they have never seen a drug "proliferate like OxyContin has since May 2000." The staff at this center has over 90 cumulative years' experience conducting drug evaluations.

OxyContin and heroin have similar effects; therefore, both drugs are attractive to the same abuser population. OxyContin is sometimes referred to as "poor man's heroin," despite the high price it commands at the street level. A 40 mg tablet of OxyContin by prescription costs approximately $4 or $400 for a 100-tablet bottle in a retail pharmacy. Street prices vary depending on geographic location, but generally OxyContin sells for between 50 cents and $1 per milligram. Thus, the same 100-tablet bottle purchased for $400 at a retail pharmacy can sell for $2,000 to $4,000 illegally.

| Strength | Licit Retail Price per tablet | Illicit Retail Price per tablet |
|---|---|---|
| 10 mg | $1.25 | $5 to $10 |
| 20 mg | $2.30 | $10 to $20 |
| 40 mg | $4.00 | $25 to $40 |
| 80 mg | $6.00 | $65 to $80 |
| 160 mg | $14.00 | unknown |

Source: Cincinnati Police Department Pharmaceutical Diversion Squad, November 2000

OxyContin is, however, relatively inexpensive for those covered by health insurance, since the insurance provider covers most costs associated with doctor visits and the prescription. Unfortunately, many OxyContin abusers whose health insurance will no longer pay for prescriptions and who cannot afford the high street-level prices are attracted to heroin. For example, in West Virginia the availability of lower cost heroin is attracting many OxyContin abusers who have never used heroin.

## Related Criminal Activity and Diversion

OxyContin abuse has led to an increased number of pharmacy robberies, thefts, shoplifting incidents, and health care fraud incidents, as illustrated by the following:

- ***Maine**-In June 2000, the* Bangor Daily News *reported the arrest of an individual charged with selling approximately $8,000 worth of OxyContin weekly. The OxyContin was prescribed to the individual's wife to control cancer-related pain. The husband illegally diverted some of the pills, which allegedly were paid for by Medicaid, for a substantial profit.*

- ***Maine**-In August 2000, the* Portland Press Herald *reported that law enforcement authorities dismantled a drug ring accused of obtaining OxyContin by forging prescriptions, having them filled at pharmacies in southern Maine and New Hampshire, and covering the costs with their Medicaid cards.*

- ***Ohio**-A heroin addict who learned about OxyContin at a methadone clinic committed at least seven aggravated robberies in early 2000 attempting to finance his 800-mg-a-day OxyContin habit.*

- ***Pennsylvania**-The Cambria County Drug Task Force views prescription fraud as the fastest growing crime in Cambria County; an increase in the number of pharmacy burglaries in the county is directly related to OxyContin abuse. For example, on January 1, 2001, a robber stole more than $1,000 worth of OxyContin from a local pharmacy.*

- ***Pennsylvania**-In December 2000, the Pennsylvania State Police reported an attempted armed robbery at a pharmacy in Clearfield County, where the suspect sought OxyContin.*

- ***Virginia**-The Police Chief in Pulaski reported in October 2000 that approximately 90 percent of all thefts, burglaries, and shoplifting incidents in the area were linked to the OxyContin trade.*

- ***Virginia**-Prosecutors in Tazewell County reported in October 2000 that more than 150 people have been charged with felonies associated with OxyContin abuse. Since February 1999, thieves reportedly demanded only OxyContin in at least 10 pharmacy robberies. The high number of robberies prompted some pharmacies in Tazewell County to discontinue selling OxyContin and post signs stating they no longer would carry the drug.*

Drugs such as OxyContin are diverted in a variety of ways including pharmacy diversion, "doctor shopping," and improper prescribing practices by physicians. Pharmacy diversion occurs when individuals working in pharmacies take products directly from the shelves, or when people make fraudulent prescriptions. Two pharmacists in Mercer County, West Virginia, were charged in September 2000 with illegally obtaining pain relieving hydrocodone pills. They allegedly took the pills directly off the pharmacy shelves and created fraudulent prescriptions. They then traded the drugs for sexual favors.

The most widely used diversion technique at the street level is doctor shopping. Individuals, who may or may not have a legitimate ailment requiring a doctor's prescription for controlled substances, visit numerous doctors, sometimes in several states, to acquire large amounts of controlled substances they abuse or sell to others. This problem is pronounced in southwestern Virginia and southern West Virginia.

Improper prescribing practices by unscrupulous physicians are another way of diverting pharmaceuticals, according to law enforcement sources surveyed by the NDIC. For example, a White Sulphur Springs, West Virginia, physician was sentenced on October 24, 2000, and will spend more than 2 years in federal prison for Medicaid fraud and for dispensing prescription sedatives and painkillers in exchange for

sex. Also in October 2000, a Grundy, Virginia, physician was arrested and charged with 79 counts of illegally dispensing prescription drugs, including OxyContin.

The abuse of OxyContin, as with the abuse of most prescription drugs, creates a cycle of health care fraud. For example, a corrupt physician writes a patient a prescription for a pain reliever for a nonexistent injury. The physician bills the insurance company for that, and subsequent, visits. The patient uses a portion of the prescribed pills and sells the rest for a substantial profit. This type of health care fraud is quite prominent in West Virginia, where the Huntington Drug and Violent Crime Task Force reports "there are too many doctors (in West Virginia) supplementing their income by writing improper prescriptions."

## Sentencing and Legislation

Oxycodone, including OxyContin, are Schedule II drugs under the Federal Comprehensive Drug Abuse Prevention and Control Act. Federal sentencing guidelines for diverted Schedule II pharmaceuticals are determined by the total weight of the tablets, not strength. Similar drugs of lower strength like Percocet and Tylox may weigh more than OxyContin, thus distributing the same quantities may result in stiffer penalties than for distributing OxyContin.

Authorities in Maine, in conjunction with the U.S. Government, launched a new initiative in 2000 regarding OxyContin abuse. The Maine Attorney General's Office has proposed legislation seeking to make possession of a large number of OxyContin tablets a felony; such possession is currently a misdemeanor.

## Outlook

Continued increases in the diversion and abuse of OxyContin are likely. Reliable strength, potential prescription cost coverage, and significant profit potential make OxyContin attractive to both illicit distributors and abusers. Authorities have recognized the increasing problems associated with diversion of the drug. Law enforcement officials, physicians, pharmacists, and representatives of Purdue Pharma L.P. are working together to find methods to limit diversion and abuse. Legislative initiatives are also being drafted to make OxyContin distribution less appealing by creating more stringent penalties.

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