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Pulse Check: Trends in Drug Abuse November 2001

Special Topic: Synthetic Opioids

This *Pulse Check's* special topic discusses the illegal diversion and abuse of synthetic opioids. The topic was selected after several respondents providing information for the last *Pulse Check* issue expressed concern about the diversion and abuse of synthetic opiates, with several specifically citing OxyContin®. The category synthetic opioids was used for the current special topic as it includes a wide range of prescription pain medication, and ONDCP was interested in learning to what extent such medications were being diverted and abused. However, while respondents were asked about the diversion and abuse of synthetic opioids in general for this *Pulse Check*, sources who discussed this emerging issue specifically cited the diversion and abuse of one particular prescription opiate, OxyContin®. As a result, the bulk of this section refers specifically to OxyContin®.

OxyContin® (oxycodone hydrochloride controlled-release) tablets are prescribed to patients suffering from severe persistent pain—a legitimate medical need. However, concern has increased about the diversion and abuse of OxyContin® and other analgesics in some areas of the country. The manufacturer, Purdue Pharma, has been working proactively with law enforcement and the medical community to provide education on the appropriate use of OxyContin® and has recently launched a pilot campaign in several cities to warn youth about the dangers of prescription drug abuse. This special topic section presents findings on the diversion and illegal use or abuse of OxyContin® as reported by *Pulse Check* sources, not on legitimate medical use by patients who use these products at the direction of their physicians.

OxyContin® is the trade name for a high-dose, 12-hour-time-release form of oxycodone, an opioid analgesic, often prescribed for relief from chronic pain and taken orally.

Oxycodone is also the active ingredient in other schedule II prescription drugs, such as Percodan®, Percocet® and Tylox®; however, OxyContin® contains a higher concentration of oxycodone (currently 10-, 20-, 40-, and 80-milligram tablets are available) than similar pain relievers.

Since the drug became available in 1996, there have been reports on the diversion and abuse of OxyContin®, especially in rural areas of Northeastern and Southeastern States, such as Kentucky, Maine, Maryland, Pennsylvania, Virginia, and West Virginia, and in rural areas of Ohio. OxyContin® is often referred to by the media as "hillbilly heroin" or "poor main's heroin" for its heroinlike effects and for the initial abuse of the drug in low SES rural areas. These terms, however are misnomers because it is more expensive than heroin when bought illicitly and because its abuse has moved from only lower SES rural areas to include metropolitan areas in 2001.

Reports of crimes committed in order to obtain OxyContin® (such as pharmaceutical burglaries, home invasions, and prescription fraud) and negative health consequences (including deaths, overdoses requiring emergency department visits, and addiction requiring treatment) increased through 2000 and 2001. Although the nonmedical use of OxyContin® was rare in 2000, the most recent (2000) National Household Survey on Drug Abuse (NHSDA) shows a significant increase ($p < 0.01$) in the number and percentage of lifetime nonmedical use of OxyContin® since 1999. Finally, the most recent data from emergency department mentions of the synthetic opiate, oxycodone, which includes OxyContin®, Percocet®, Percodan®, and Tylox®, increased 68 percent (from 6,429 to 10,825) between 1999 and 2000, according to the Drug Abuse Warning Network (DAWN).

***Pulse Check* sources reflect mixed views on the accuracy of media attention:**

Although most responding *Pulse Check* sources believe that the media has portrayed the diversion of OxyContin® accurately in their communities, several sources believe that the media has either underplayed or overemphasized the problem. For example, the New Orleans law enforcement source states, "The media hasn't given it (diverted Oxy-Contin®) much media time, but it is a big problem." The Baltimore non-methadone source, the Memphis epidemiologic source, and the Philadelphia non-methadone source agree that the media has underplayed the problem in their communities. However, two sources in Portland (ME) (law enforcement and methadone treatment) state that initially the media underplayed the problem, but that now it is addressed adequately. They also believe that media attention has helped prompt legislation to make it harder to forge prescriptions.

By contrast, many sources (the law enforcement source in Birmingham and Washington, DC; the epidemiologic sources in Boston, New Orleans, Philadelphia, Seattle,

and Sioux Falls; and the non-methadone source in Sioux Falls) believe that the media has overemphasized the problem. Several admit that the reason the media might be emphasizing the problem is that "such drugs are very addictive." However, the opinion of several sources is that not only has the media overplayed the problem of diverted synthetic opiates like OxyContin® in their communities, but also they have helped encourage abuse. For example, the Boston epidemiologic source states, "Large amounts of media coverage have probably led to increased use by alerting opiate addicts to a possible market....it has probably increased illicit (OxyContin®) sales." The Portland (ME) epidemiologic source reports that the intense press coverage is accurate for the area, but that media attention "may have increased the value of illicit OxyContin®; it may have increased the desire to obtain it."

In summer 2001, increased reports of abuse of the drug and related crimes prompted the FDA to strengthen warnings and precautions in the labeling of the product. Purdue Pharmaceuticals undertook a number of activities aimed at reducing diversion and abuse, including issuing a warning in the form of a letter distributed widely to physicians, pharmacists, and other health care professionals, and the suspension of sales of the strongest formulation of the tablet (160 milligrams).

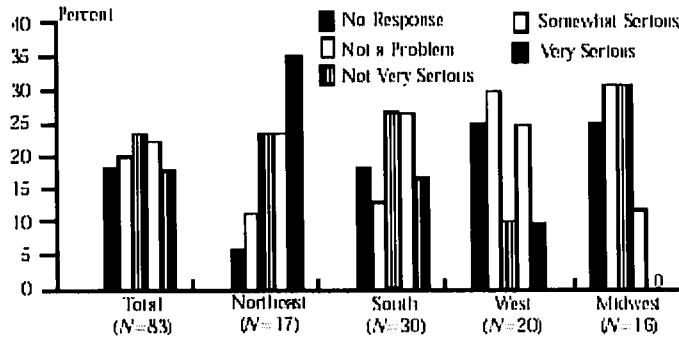
This *Pulse Check* special section corroborates increased levels of OxyContin® diversion and abuse and finds that its diversion and abuse are reported as highest in the Northeast and eastern parts of the South and lowest in the Midwest. Furthermore, sources who provided demographic information about OxyContin® abusers and sellers were mostly from the Northeast and (to a lesser extent) the Southeast, highlighting that it is not yet a large problem in the West and Midwest. This section also supports reports that although OxyContin® diversion and abuse occur mostly in rural areas, they have also recently emerged in metropolitan areas (especially those in the Northeast and Southeast), such as Baltimore, Boston, Denver, Detroit, Miami, Philadelphia, St. Louis, and Washington, DC.

OXYCONTIN®: THE PERCEPTION

How serious a problem is OxyContin® abuse and diversion in *Pulse Check* cities? (Exhibit 1) Nearly one-third (32 of 83) of *Pulse Check* sources (law enforcement, epidemiologic, ethnographic, methadone treatment, and non-methadone treatment) perceive OxyContin® diversion or abuse as a somewhat serious or very serious problem in their communities, 23 percent (19) perceive it as not a very serious problem, 20 percent (17) perceive it as not a problem, and 18 percent (15) did not respond to the question. Sources in the Northeast perceive OxyContin® diversion and abuse as a more serious problem than in other regions, with 35 percent of those sources reporting it as a very serious problem and 24 percent reporting it as a somewhat serious problem. Seventeen percent of sources in the South report the problem as very serious, and 27

percent report it as somewhat serious. By contrast, only 10 percent of western sources report it as very serious and 25 percent as somewhat serious; and finally, no midwestern sources report it as very serious and only 13 percent report it as somewhat serious.

Exhibit 1. How much of a problem is OxyContin® diversion and abuse, by U.S. region?



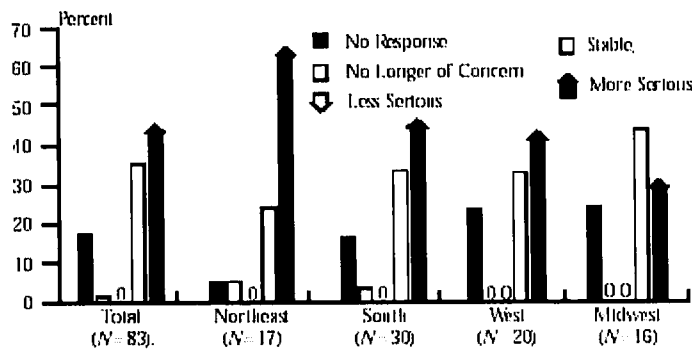
Sources: Law enforcement, epidemiologic, ethnographic, and methadone and non-methadone treatment respondents

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How has the perceived problem changed between fall 2000 and spring 2001? (Exhibits 2 and 3) Nearly half (37 of 83) of *Pulse Check* sources perceive OxyContin® diversion and abuse as escalating in their communities since the last reporting period, and no sources report the problem as declining. As with perceived levels of seriousness, increases in OxyContin® diversion and abuse are largest in the Northeast, with 65 percent of sources reporting increases. Increases were lowest in the Midwest, with 31 percent of sources reporting increases.

Moreover, among sources who report the diversion and abuse of OxyContin® as a very serious problem (in Billings, Birmingham, Boston, Columbia [SC], Honolulu, Miami, New Orleans, Philadelphia, and Portland [ME]), all report an intensification of the perceived problem except in Honolulu, where it remained stable since the last reporting period.

Exhibit 2. How has the perceived OxyContin® problem changed since the last reporting period, by U.S. region?



Sources: Law enforcement, epidemiologic, ethnographic, and methadone and non-methadone treatment respondents

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Exhibit 3. How serious a problem is OxyContin® diversion and abuse in Pulse Check cities and how has the problem changed (fall 2000 vs spring 2001)?*

Very serious	Somewhat serious
<ul style="list-style-type: none"> Boston, MA^{LM} Philadelphia, PA^L Portland, ME^{L, M} Birmingham, AL^N Columbia, SC^M Miami, FL^L New Orleans, LA^L Billings, MT^M Honolulu, HI^N (adult care) 	<ul style="list-style-type: none"> Boston, MA^M Portland, ME^M Birmingham, AL^L Columbia, SC^L Miami, FL^M Washington, DC^L Sioux Falls, SD^L Billings, MT^L Honolulu, HI^{LM} Los Angeles, CA^L
<ul style="list-style-type: none"> Not very serious Boston, MA^{L, M} Philadelphia, PA^M Birmingham, AL^L Baltimore, MD^{L, M} El Paso, TX^M Chicago, IL^L Detroit, MI^L St. Louis, MO^{L, M} Billings, MT^L Denver, CO^{L, M} New York, NY^L Columbia, SC^M Memphis, TN^L New Orleans, LA^M Washington, DC^M Detroit, MI^L 	<ul style="list-style-type: none"> Philadelphia, PA^{L, M} Birmingham, AL^M Memphis, TN^L St. Louis, MO^M Seattle, WA^M Not a problem New York, NY^{L, M} Baltimore, MD^L Columbia, SC^L El Paso, TX^{L, M} Chicago, IL^{LM} Detroit, MI^N Sioux Falls, SD^{L, M} Billings, MT^L Denver, CO^{L, M} Honolulu, HI^N (among adolescents) Seattle, WA^{L, M}

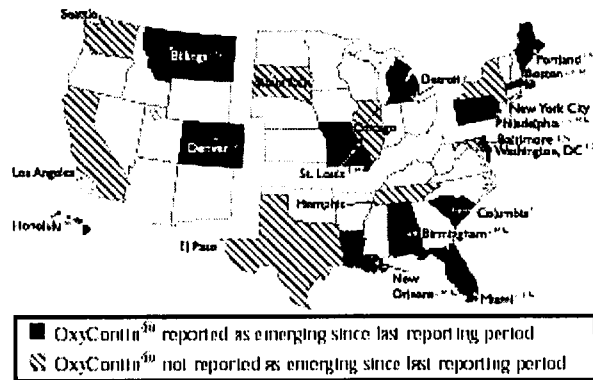
^LLaw enforcement respondents ^MMethadone treatment respondents
^EEpidemiologic and ethnographic respondents ^NNon-methadone treatment respondents

**Information was not provided by law enforcement sources in Los Angeles, St. Louis, and Seattle; epidemiologic sources in Chicago, El Paso, and Honolulu; methadone treatment sources in Detroit, Los Angeles, Miami, New Orleans, and New York; and non-methadone treatment sources in Los Angeles, Memphis, Sioux Falls, and Washington, DC.*

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Where is OxyContin® abuse emerging across the country? (Exhibit 4) More sources (law enforcement, epidemiologic, ethnographic, and methadone and non-methadone treatment) report OxyContin® as the emerging drug of abuse in their communities than any other drug this reporting period. For example, 31 of 84 sources in most (14) Pulse Check cities report OxyContin® as an emerging drug of abuse, compared with 25 sources in 15 cities who report ecstasy as an emerging drug of abuse. By stark contrast, in the last *Pulse Check*, OxyContin® was reported as the emerging drug of abuse only by the epidemiologic source in Portland (ME). During this reporting period, more sources in northeastern and southern (especially southeastern) cities report OxyContin® as an emerging drug of abuse than in cities elsewhere.

Exhibit 4. Where is the diversion and abuse of OxyContin® emerging?



^LLaw enforcement respondent ^EEpidemiologic/ethnographic respondent
^MMethadone treatment respondent ^NNon-methadone treatment respondent

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OXYCONTIN®: THE DRUG

How available is diverted OxyContin®? (Exhibit 5) Across the country, more than two-thirds (18 of 26) of law enforcement, epidemiologic, and ethnographic respondents in 12 cities (Billings, Birmingham, Boston, Chicago, Detroit, Honolulu, Miami, New Orleans, Philadelphia, Portland [ME], Seattle, and Washington, DC) report diverted the OxyContin® as somewhat or widely available. Furthermore, most (17 of 23) respondents report increased availability of the diverted product since the last reporting period, 5 report it as stable, and only 1 (the Portland [ME] epidemiologic source) reports declining availability. In general, sources in

the Northeast report higher levels of diverted OxyContin® than those elsewhere.

Exhibit 5. How available is diverted OxyContin® in 17 Pulse Check cities, and how has availability changed (fall 2000 vs spring 2001)?*

See larger version of Exhibit 5

City	Law enforcement sources						Epidemiologic and ethnographic sources					
	No response	Not available	Not very available	Somewhat available	Widely available	Change	No response	Not available	Not very available	Somewhat available	Widely available	Change
Atlantic												
Boston MA					/	*			/			**
New York NY			/			**	/					NR
Philadelphia PA					/	*				/		NR
Portland ME					/	*				/		*
South												
Baltimore MD	/					NR			/			**
Birmingham AL				/		*			/			*
Memphis TN	/					NR			/			NR
Atlanta GA				/		*					/	*
New Orleans LA				/		*	/					NR
Washington DC				/		*				/		*
Midwest												
Chicago IL				/		*			/			NR
Detroit MI				/		**				/		**
St. Louis MO			/			*	/					NR
St. Louis MO	/					NR			/			*
West												
Billings MT				/		*	/					NR
Honolulu HI				/		*					/	*
Seattle WA				/		*	/					NR

*Sources did not provide information in Columbia (SC), Denver, El Paso, and Los Angeles.

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How is diverted OxyContin® referred to across the country? (Exhibit 6) Diverted OxyContin® is most often referred to as "oxy" or "OC's," according to law enforcement, epidemiologic, ethnographic, and methadone and non-methadone treatment respondents. Additionally, the pills are referred to as "blues" in Miami, "forties" and "horse pills" in Boston, and "O's" in Philadelphia.

Exhibit 6. How is diverted OxyContin® referred to in Pulse Check cities?

Slang Term	City
Oxy	Billings, Boston, Detroit, Honolulu, Philadelphia, Portland (ME), Washington, DC
OC's	Birmingham, Boston, Miami, Portland (ME)
Oxy-cotton	Memphis, Philadelphia
Blues	Miami
Forties, horse pills	Boston
O's	Philadelphia

Sources: Law enforcement, epidemiologic, ethnographic, methadone treatment, and non-methadone treatment respondents

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DIVERTED OXYCONTIN®: SALES

How is OxyContin® diverted and sold illicitly? According to law enforcement sources, OxyContin® is diverted in a variety of ways within *Pulse Check* communities, including fraudulent prescriptions, "doctor shopping," legitimately obtained pills sold illicitly, and pharmaceutical robberies. The most common way to divert the drug (as reported in Billings, Boston, Honolulu, New Orleans, Philadelphia, Portland [ME], Sioux Falls, and Washington, DC) is through filling fraudulent prescriptions: diverted OxyContin® sellers either make their own prescription forms or steal blank prescription pads and write their own prescriptions to obtain the drug. Another frequently reported method of diverting OxyContin® (as reported in Boston, Detroit, New Orleans, Philadelphia, and Portland) is doctor shopping: people, posing as patients, fake legitimate pain to numerous doctors, and doctors prescribe the drug. Often, people who doctor shop use some of the pills obtained through the prescriptions. Patients who obtain and use the drug legitimately, as prescribed by doctors for pain, but sell some of the pills illicitly, are also frequently mentioned by sources (in Birmingham, Boston, Detroit, and Washington, DC). Pharmaceutical robberies are mentioned in Billings, Boston, New Orleans, and Portland (ME). Additionally in Portland (ME), where armed robberies of pharmacies for OxyContin® have increased drastically, doctors and pharmacy employees have been involved in OxyContin® theft and may help plan the robberies. Also in that city, home invasions of clients who have legitimately filled OxyContin® prescriptions have been reported, with the suspicion that pharmacists are involved in obtaining patient information. Finally, in New Orleans, some shipments of the drug are thought to come via U.S. mail from Mexico.

Except in Boston and Miami, epidemiologic and ethnographic sources did not provide information about the sources of diverted OxyContin®. According to the Boston epidemiologic source and in agreement with the law enforcement source in that city, low SES patients with legal OxyContin® prescriptions sell some of the pills illicitly. In Miami, organized diversion efforts are conducted by dealers who recruit patients from substance abuse treatment and mental health facilities. Dealers drive these patients in vans to doctors who prescribe OxyContin®. After the prescriptions have been written and filled, patients return to the vehicles, give most of the pills to the dealers, and keep a few pills for themselves. Dealers often target and recruit methadone and other treatment clients because of their vulnerability to addiction.

Once OxyContin® is diverted, it is sold hand-to-hand, mostly through acquaintance networks, according to law enforcement respondents. Additionally, beepers and delivery-type services are used to distribute the drug illicitly in Billings, Boston, Honolulu, and New Orleans.

What are diverted OxyContin® prices across the country, what are the most common units sold, and how is it packaged? (*Exhibit 7*) Diverted OxyContin® costs

\$1 per milligram in most cities where law enforcement, epidemiologic, and ethnographic sources responded (in Boston, Chicago, Miami, and Philadelphia). In Billings, prices are \$1–\$1.50 per milligram, and in Washington, DC, they are \$1–\$2 per milligram.

The most common pill unit of diverted OxyContin®, according to law enforcement, epidemiologic, ethnographic, and treatment sources, is the 40-milligram tablet, followed by the 20- and 80-milligram tablets. Interestingly, methadone and nonmethadone treatment sources report higher milligram units (typically 80 milligrams) sold than their law enforcement and epidemiologic counterparts.

According to eight of nine law enforcement, epidemiologic, and ethnographic respondents (in Baltimore, Boston, Detroit, Miami, Philadelphia, Portland [ME], and Washington, DC), diverted OxyContin® is sold as loose pills. Additionally, law enforcement respondents in Boston and Portland (ME) report that it is sold in prescription bottles, and the Billings law enforcement source reports that it is sold in small zipper coin bags.

Exhibit 7. What are the most commonly sold units of diverted OxyContin®?

City		Most common unit sold (in milligrams)
Northeast	Boston, MA	10, 40
	Philadelphia, PA	20, 40, 80
	Portland, ME	20, 40, 80, 160
South	Baltimore, MD	20, 40
	Birmingham, AL	80
	Columbia, SC	40, 80
	Miami, FL	20
	Washington, DC	20, 40
Midwest	Detroit, MI	40, 80
	St. Louis, MO	40
West	Billings, MT	20, 40
	Honolulu, HI	20, 80

Sources: Law enforcement, epidemiologic, ethnographic, methadone treatment, and nonmethadone treatment respondents

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How often is diverted OxyContin® available? According

to the Portland (ME) law enforcement and epidemiologic sources and the New Orleans law enforcement source, for the past year, OxyContin® has been available continually on the illicit drug market. By contrast, according to epidemiologic sources in Birmingham and Washington, DC, and the law enforcement source in Honolulu, the drug has been available on the illicit drug market only periodically. Other respondents claim that the drug is so new to the illicit drug market that they cannot assess whether the drug is available continually or periodically.

Who sells diverted OxyContin®? According to all (nine) responding law enforcement sources, diverted OxyContin® sellers are independent. The law enforcement sources in New Orleans, Portland (ME), Seattle, and Washington, DC, add that they tend to be heroin addicts or often associate with heroin users.

According to law enforcement, epidemiologic, and ethnographic respondents in Billings, Honolulu, Memphis, Philadelphia, and Washington, DC, diverted OxyContin® sellers tend to be adults (>30 years). Young adults (18–30 years) predominate in two cities: Birmingham and Portland (ME). Furthermore, according to the New Orleans law enforcement source, participants in the club scene are starting to become involved with the sale and use of diverted OxyContin®.

What other drugs do diverted OxyContin® dealers sell?

According to all law enforcement, epidemiologic, and ethnographic respondents (11 of 11), diverted OxyContin® dealers sell other drugs, most commonly heroin (as reported in Baltimore, Boston, Honolulu, New Orleans, Portland [ME], and Washington, DC) and other diverted prescription drugs, especially other opiates (as reported in Honolulu, New Orleans, Philadelphia, Portland [ME], and Washington, DC). Diverted OxyContin® dealers also sell cocaine in Baltimore, and marijuana and methamphetamine in Billings.

Do diverted OxyContin® sellers use the drug? According to seven of eight law enforcement respondents (in Birmingham, Honolulu, New Orleans, Philadelphia, Portland [ME], Sioux Falls, and Washington, DC), OxyContin® sellers are somewhat or very likely to use the drug. Three epidemiologic sources responded to the question: the Portland and Washington, DC, respondents agree with their law enforcement counterparts that OxyContin® sellers are very likely to use the drug, but the Memphis respondent cites sellers as not very likely to use the drug.

In what types of other crimes are diverted OxyContin® sellers involved? According to most law enforcement, epidemiologic, and ethnographic respondents (8 of 12), sellers of diverted OxyContin® are somewhat or very likely to be involved in other crimes, including the following: nonviolent crimes in Billings, Boston, New Orleans, Portland (ME), and Washington, DC; violent crimes in Honolulu and Portland; prostitution in Boston and Portland; and gang-related crimes in Portland, where crimes involving diverted

OxyContin® have increased according to the law enforcement source. Only by respondents in Birmingham, Memphis, and Philadelphia are diverted OxyContin® sellers regarded as not involved in other crimes.

Where is diverted OxyContin® sold? (Exhibit 8) Diverted OxyContin® is sold in the central city and rural areas, according to most law enforcement and epidemiologic respondents. However, suburbs are the predominant sales locales in Philadelphia, and the drug is sold throughout all areas of Boston and Portland (ME). According to the law enforcement source in Washington, DC, most sales occur in the central city, but the buyers reside in the suburbs.

According to law enforcement, epidemiologic/ethnographic, and treatment respondents, diverted OxyContin® is sold most often in private residences, followed by streets and around methadone treatment clinics. The reported number of diverted OxyContin® sales settings is highest in Boston and New Orleans.

Exhibit 8. Where is diverted OxyContin® sold and abused across 17 Pulse Check cities?*

See larger version of Exhibit 8

City	Streets		Private Res. choices		Public Housing		Inside Cars		Crack Houses		Private Parties		Methadone Clinics		Night clubs/Bars		Aronson Super-Markets		College Campus		Playgrounds		Conv. Rates		Shopping Malls		Total # Settings			
	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use	Set	Use		
Boston, MA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13	1
Philadelphia, PA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	2	7	
Portland, ME	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	3	2	
Baltimore, MD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	5	1	
Birmingham, AL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	1	2	
Columbia, SC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	1	
Memphis, TN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	2	
Miami, FL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	3	
New Orleans, LA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	NR	
Washington, DC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	3	5	
Detroit, MI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	1	
St. Louis, MO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	7	
Billings, MT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	2	10	
Denver, CO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	1	
Honolulu, HI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	3	NR	
Seattle, WA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NR	5	

Sources: Law enforcement, epidemiologic, ethnographic, and methadone and non-methadone treatment respondents
 *For sales settings seven law enforcement sources responded (in Billings, Birmingham, Boston, Honolulu, New Orleans, Philadelphia, Portland [ME], and Washington, DC) and three epidemiologic and ethnographic sources responded (in Baltimore, Boston, Portland [ME], and Washington, DC). For users settings, nine epidemiologic and ethnographic sources responded (in Baltimore, Detroit, Memphis, Miami, Philadelphia, Portland [ME], St. Louis, and Washington, DC), seven methadone treatment sources responded (in Boston, Columbia [SE], Denver, Portland [ME], St. Louis, Seattle and Washington, DC), and eight non-methadone treatment sources responded (in Billings, Birmingham, Baltimore, El Paso, Miami, Philadelphia, Portland [ME] and St. Louis).

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OXYCONTIN®: THE ABUSERS

How has the number of novice OxyContin® treatment clients changed? (Exhibit 9) According to most (12 of 16) methadone and nonmethadone treatment respondents, the

number of novice users of diverted OxyContin® in treatment (defined as any drug treatment client who has recently begun using diverted OxyContin®) has increased since the last reporting period, mainly in the South. The remaining respondents reporting stable trends.

Exhibit 9. How has the number of novice OxyContin® treatment clients changed (fall 2000 vs spring 2001)?

Baltimore, MD^M
 Billings, MT^{M,N}
 Birmingham, AL^M
 Boston, MA^M
 Columbia, SC^M
 El Paso, TX^M
 Miami, FL^M
 Portland, ME^{M,N}
 St. Louis, MO^M
 Washington, DC^M

Denver, CO^M
 Philadelphia, PA^{M,N}
 Seattle, WA^M

^MMethadone treatment respondents

^NNon-methadone treatment respondents

Notes: Billings has two non-methadone treatment sources.

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Who abuses OxyContin® and where do they reside?

(Exhibits 10 and 11) This section refers to those who abuse diverted OxyContin®, not those who are prescribed the drug for a legitimate medical need. Most OxyContin® abusers are young adults (18–30 years) or adults (>30 years), according to most epidemiologic, ethnographic, and methadone and non-methadone treatment respondents. However, according to the epidemiologic and methadone treatment sources in Portland (ME) and the epidemiologic source in Miami, adolescent (13–17 years) and young adult abusers are increasing.

Males are the predominant OxyContin® abusers, according to most (5 of 9) epidemiologic and ethnographic respondents (in Baltimore, Detroit, Memphis, Miami, and Philadelphia). However, males and females are equally likely to abuse the drug in Birmingham, Columbia (SC), Portland (ME), and Washington, DC. Treatment respondents agree that males are the predominant users or that they are evenly split between the genders. Females predominate, however, in treatment programs in Baltimore, St. Louis, and two Western cities (Billings and Denver).

Whites are the predominant OxyContin® abusers and are overrepresented compared with the general population, according to nearly all epidemiologic and ethnographic respondents. Blacks, however, are the predominant abusers and overrepresented in Baltimore and Washington, DC.

Most treatment respondents agree that Whites predominate as OxyContin® abusers. Additionally, Whites from rural areas are increasingly abusing the drug, according to the epidemiologic sources in Birmingham and Washington, DC.

Most OxyContin® abusers are of low or middle SES, according to nearly all epidemiologic, ethnographic, and methadone and non-methadone treatment respondents. Additionally, according to treatment respondents, OxyContin® abusers in the Northeast are more likely to be of low SES than those in other regions.

The locations of OxyContin® abusers' residences vary by city, according to epidemiologic and ethnographic respondents: in Baltimore, Philadelphia, and Washington, DC, they reside in central city areas; in Detroit, Birmingham, and Memphis, they reside in rural areas and the suburbs; and in Columbia (SC) and Miami, they reside in the suburbs. Most treatment respondents concur with their epidemiologic counterparts.

OxyContin® users in treatment: Referral sources, education, and employment

The most common referral sources for OxyContin® treatment clients, according to methadone and non-methadone treatment respondents, are individual referrals (in Baltimore, Birmingham, Boston, Columbia [SC], Denver, Miami, Philadelphia, Portland [ME], St. Louis, Seattle, and Washington, DC), followed by courts or the criminal justice system (in Philadelphia, Portland [ME], and St. Louis) and health care providers (in Billings, El Paso, and Portland). According to the Denver methadone source, doctors are a common referral source: doctors who have been prescribing OxyContin® to their patients for pain refer them to treatment when they believe their patients may have an addiction.

Nearly all (14 of 17) treatment respondents report that most OxyContin® abusers have a high school education. Only the methadone source in Seattle and the methadone and non-methadone sources in Philadelphia report that most OxyContin® users have less than a high school education. The employment status of OxyContin® abusers varies widely according to treatment respondents, with most reporting full-time employment or unemployment. Additionally, the nonmethadone source in El Paso reports that most are retired or disabled, and the methadone treatment source in Boston reports that most are unemployed due to chronic pain.

OxyContin® abuse among health care professional and adolescents...

Only 5 of 23 epidemiologic, ethnographic, and methadone and non-methadone treatment respondents (in Baltimore, Billings, Portland (ME), St. Louis, and Seattle) report health care professionals as involved in OxyContin®

abuse.

Seven respondents in six cities report OxyContin® abuse among opioid-naïve adolescents (in Billings, Boston, Detroit, Miami, Portland (ME), and St. Louis).

Where and in what contexts do OxyContin® abusers tend to use the drug? (*Exhibit 8*) Most OxyContin® abusers use the drug indoors and in private, according to all (eight of eight) epidemiologic respondents (in Baltimore, Birmingham, Detroit, Memphis, Miami, Philadelphia, Portland (ME), and Washington, DC). Treatment respondents agree that diverted OxyContin® is primarily used indoors and in private, but the Birmingham non-methadone source cites both indoor and outdoor use because, "you can take a pill anywhere." According to the epidemiologic sources in Memphis, Philadelphia, and Washington, DC, they primarily use the drug in groups or among friends, but in Baltimore, Miami, and Portland (ME), most use the drug alone. By contrast, most (8 of 12) treatment respondents (in Billings, Birmingham, Columbia (SC), Denver, Portland (ME), St. Louis, and Washington, DC) report that most OxyContin® abusers take the drug alone.

The most frequently mentioned settings for abuse of diverted Oxy-Contin®, according to epidemiologic, ethnographic, and non-methadone and methadone treatment respondents, are private residences, followed by public housing developments, inside cars, and private parties. Other common settings include streets (in Baltimore, Billings, Philadelphia, and Washington, DC), nightclubs and bars (in Billings, Boston, Philadelphia, and St. Louis), and concerts and raves (in Boston, Miami, and St. Louis).

How is OxyContin® taken, and what other drugs do OxyContin® users take? Unlike those with a legitimate medical need for OxyContin® who ingest the pill orally by swallowing it whole, OxyContin® abusers seek to deactivate the timerelease formula by injecting, chewing, or snorting the crushed pill or tablet to achieve rapid release and absorption of oxycodone, according to epidemiologic and ethnographic respondents. Injection (by crushing the pill, dissolving it in water or cooking it, and typically injecting it through cotton balls or cotton pads—hence, its street name "oxycotton") is reported in seven cities (Baltimore, Birmingham, Detroit, Portland [ME], Philadelphia, St. Louis, and Washington, DC). The diverted drug is taken orally (often chewed) in three cities (Memphis, Miami, and Philadelphia), and it is crushed and snorted in Columbia (SC) and Detroit. Unlike epidemiologic and ethnographic respondents, treatment sources overwhelmingly (16 of 20 respondents) cite oral ingestion as the predominant mode of OxyContin® administration by hardcore drug users. Injecting the drug is only mentioned by the Billings non-methadone treatment source, and snorting crushed pills is mentioned only by three sources: the methadone treatment source in Boston and the methadone and non-methadone

sources in Portland (ME). According to the epidemiologic source in Washington, DC, oral ingestion of the drug is increasing.

Few epidemiologic, ethnographic, or treatment respondents report other drugs used in combination with diverted OxyContin®, and most drugs mentioned are other prescription drugs that have been diverted. For example, benzodiazepines are taken in combination with OxyContin® in Baltimore, Boston, Columbia (SC), Philadelphia, and Seattle. Other diverted prescription opiates are combined with OxyContin® in Billings (Percocet®, meperidine [Demerol®] or morphine), Philadelphia® (Percocet®), and Miami (hydrocodone [Vicodin® or Lorcet®], or carisoprodol [Soma®]). Heroin is used with diverted OxyContin® in Boston, Billings, and St. Louis, and crack in Billings and Philadelphia. In Boston, diverted OxyContin® is sometimes used with ecstasy to assuage the effects of ecstasy.

Several sources report that OxyContin® abusers have previously used drugs other than opiates. According to the law enforcement source in Billings, methamphetamine users who are unable to obtain methamphetamine or are looking for a more sustained high may begin using diverted OxyContin®, and according to the Boston methadone treatment source, OxyContin® users tend to have already experimented with marijuana and sometimes cocaine.

How often do OxyContin® abusers use the drug? Most OxyContin® abusers take the drug at least daily, according to most (11 of 15) treatment respondents (in Birmingham, Boston, Columbia [SC], Denver, Philadelphia, Portland [ME], St. Louis, and Washington, DC). The methadone treatment sources in Boston and Philadelphia report that OxyContin® abusers begin using the drug occasionally or on weekends, but they often quickly progress to daily use.

How is heroin related to OxyContin® abuse?

According to many *Pulse Check* sources, heroin users often abuse diverted OxyContin®, mostly as a heroin substitute. Seven respondents (the law enforcement sources in New Orleans and Philadelphia; the epidemiologic source in Miami, the methadone treatment sources in Philadelphia and Seattle; and the non-methadone treatment sources in Birmingham and St. Louis) report that heroin users often replace heroin with diverted OxyContin®, especially when heroin is scarce. Four respondents (the Portland (ME) law enforcement source, the Boston methadone treatment source, and the Billings and St. Louis non-methadone treatment sources) state that diverted OxyContin® may be used in combination with heroin to enhance the effects of heroin. And the methadone treatment sources in Columbia (SC) and Washington, DC, report that heroin users often take illegally obtained OxyContin® to "tide them over" until their next dose of heroin or methadone.

By contrast, in Chicago, the diversion and abuse of other

prescription opiates abuse continues to be low because heroin is readily available and less expensive there. Sources also point out that many OxyContin® abusers use the drug exclusively. For example, in Birmingham, most OxyContin® abusers use the drug rather than heroin or other diverted prescription drugs because they believe it is more potent. And the law enforcement source in Boston reports that most Oxy-Contin® abusers do not use heroin, but that they may start to use heroin if they are unable get their OxyContin® "fix."

Exhibit 10. Who abuses diverted OxyContin®, according to epidemiologic and ethnographic respondents?

	City	Age	Gender	Race/Ethnicity; representation compared with the general population	Socioeconomic Status	
Northeast	Philadelphia, PA	Young adults (18–30) and adults (>30)	Male	White; underrepresented	Low	C
	Portland, ME	Young adults	Split evenly	White; equal	Low	A
South	Baltimore, MD	Adults	Male	Black; overrepresented	Low	C
	Birmingham, AL	Adolescents (13–17)	Split evenly	White; overrepresented	Low and middle	S a a
	Columbia, SC	Young adults	Split evenly	White; equal	Middle	S
	Memphis, TN	Young adults	Male	White; overrepresented	Middle	S a a
	Miami, FL	Adults	Male	White; overrepresented	Low	S
	Washington, DC	Adults	Split evenly	Black; overrepresented	Low	C
Midwest	Detroit, MI	Young adults and adults	Male	White; overrepresented	Middle and high	S a a

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Exhibit 11. Who abuses diverted OxyContin®, according to methadone and non-methadone treatment respondents?

				Race/Ethnicity; representation	
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	City	Treatment source	Age	Gender	compared with the general population	Socioeconc Status
Northeast	Boston, MA	Methadone	Adults (>30)	Split evenly	White; equal	Low
	Philadelphia, PA	Methadone	Young adults	Split evenly	White; NR	Low
		Non-methadone	(18-30) Young adults	Split evenly	White, Black, Hispanic; equal	Low
	Portland, ME	Methadone	Young adults	Split evenly	White; NR	Low and mic
		Non-methadone	Adults	Male	White; NR	Low
	Baltimore, MD	Non-methadone	Young adults	Female	White; underrepresented	High
South	Birmingham, AL	Methadone	Young adults	Male	White; equal	Middle
		Non-methadone	Young adults	Split evenly	White; equal	Low and mic
	Columbia, SC	Methadone	Young adults	Male	White; equal	Middle
	El Paso, TX	Non-methadone	Adults	Male	White, Black, Hispanic; equal	All
	Miami, FL	Non-methadone	Adults	Split evenly	White; overrepresented	Middle
	New Orleans, LA	Non-methadone	Adults	Male	White; NR	Middle
	Washington, DC	Methadone	Adults	Male	White, Black; NR	Low
	Midwest	St. Louis, MO	Methadone	Young adults	Split evenly	Multi-racial; NR
Non-methadone			Young adults	Female	White; NR	Middle
West	Billings, MT	Non-methadone	Young adults	Female	White; NR	Low
	Denver, CO	Methadone	Adults	Female	White; NR	Middle
	Honolulu, HI	Non-methadone	Adults	Male	Asian/Pacific Islander; NR	Middle
	Seattle, WA	Methadone	Adults	Split evenly	White; equal	Low

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