



INTELLIGENCE BULLETIN

OxyContin Diversion, Availability, and Abuse

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NDIC

Overview

The prescription drug OxyContin contains the narcotic oxycodone hydrochloride and is available in controlled-release tablets of 10, 20, 40, and 80 milligrams. OxyContin is prescribed in the United States to treat moderate to severe pain and is abused for its heroin-like effects. The diversion and abuse of OxyContin have increased sharply since the drug became available in 1996, raising concerns among law enforcement and public health agencies.

Diversion

Most OxyContin abused in the United States is diverted by illegally written or forged prescriptions, “doctor shopping” (when individuals, who may or may not have a legitimate ailment, visit numerous doctors to obtain drugs in excess of what should be

Oxycodone and Pain Management

Oxycodone hydrochloride is an opiate agonist. Opiate agonists provide pain relief by acting on opioid receptors in the spinal cord, brain, and possibly in the tissues directly, and provide the most effective pain relief available. Oxycodone has a high abuse potential and is prescribed for moderate to severe pain associated with injuries, bursitis, dislocations, fractures, neuralgia, arthritis, lower back pain, and cancer. It is also used postoperatively and for pain relief after childbirth. Individuals who take the drug repeatedly can develop a tolerance or resistance to its effects. Thus, a cancer patient who has developed a tolerance for the drug can take a dose of oxycodone on a regular basis that would be fatal to a person never exposed to oxycodone.

prescribed legitimately), and theft. According to law enforcement reporting, the availability of diverted OxyContin may be stabilizing and has decreased in some areas. The theft of OxyContin dosage units increased from 260,688 (791 incidents) in 2000, to 519,597 (1,228 incidents) in 2001, to 587,168 (1,479 incidents) in 2002, but decreased to 464,312 (1,251 incidents) in 2003, according to the Drug Enforcement Administration (DEA). OxyContin abusers also steal or buy OxyContin from friends or family members with legitimate prescriptions who often are prescribed a 30-day supply of the drug.

Fraudulent OxyContin Prescriptions

On February 28, 2003, the U.S. Attorney's Office for the Southern District of Indiana announced that an Indiana doctor was sentenced to serve 51 months' imprisonment following his guilty pleas to unlawful trafficking in OxyContin and healthcare fraud. Between July and December 2001, the doctor prescribed OxyContin to a woman in amounts that were not medically necessary. For example, in one 14-day period in November 2001, the doctor prescribed 860 80-mg tablets of OxyContin. From January through December 2001, \$130,000 was paid by the Indiana Medicaid program for OxyContin prescribed to this individual. After the prescriptions written by the doctor had been filled, the OxyContin was allegedly sold for cash to several individuals in Jennings County. The woman pled guilty to unlawful trafficking in OxyContin and healthcare fraud and was sentenced in December 2002 to 41 months' imprisonment.

Source: U. S. Attorney's Office, Southern District of Indiana.

National Drug Intelligence Center (NDIC) National Drug Threat Survey 2003 (NDTS) data also indicate that OxyContin is frequently diverted. Nationally, NDTS 2003 data indicate that 67.0 percent of state and local law enforcement agencies report that OxyContin is commonly diverted and abused in their areas—a higher percentage than any other pharmaceutical drug. A higher percentage of state and local law enforcement agencies in the Southeast region report that OxyContin is commonly diverted and abused in their areas (83.9%) than agencies in the Northeast/Mid-Atlantic (75.0%), Great Lakes (65.4%), West Central (61.8%), Pacific (56.9%), and Southwest (28.6%) regions.

The price of diverted OxyContin varies. DEA drug price data indicate that diverted OxyContin typically is sold for \$1 per milligram. For example, a 40-milligram OxyContin tablet typically sells for \$40; however, the price may vary depending on availability and other factors.

Availability

OxyContin is prevalent in every region of the country. However, law enforcement reporting indicates that the availability of diverted OxyContin may be stabilizing and has decreased in some areas. For example, law enforcement reporting indicates that OxyContin availability has decreased in areas covered by the Appalachia High Intensity Drug Trafficking Area (HIDTA) and DEA Field Divisions in Detroit, Miami, and Philadelphia. Nevertheless, NDTS 2003 data reveal that 67.0 percent of state and local law enforcement respondents nationwide report that OxyContin is a commonly diverted or illicitly used pharmaceutical in their areas—higher than any other prescription narcotic including Percocet (52.2%), codeine (50.4%), Percodan (44.6%), and Dilaudid (27.5%). More agencies in the Southeast (83.9%), Northeast/Mid-Atlantic (75.0%), Great Lakes (65.4%), West Central (61.8%), and Pacific (56.9%) regions report that OxyContin is a commonly diverted or illicitly used pharmaceutical than in the Southwest (28.6%) region.

The total amount of diverted OxyContin available is unknown; however, legitimate distribution of the drug has increased sharply since 2000, thereby making more of the drug available for diversion. DEA reports increases in the total amount of licit OxyContin distributed to pharmacies, hospitals, practitioners, midlevel practitioners, and teaching institutions from 14,002,125.38 grams in 2001, to 15,118,153.37 in 2002, to 16,982,548.32 in 2003. Most of the OxyContin tablets were distributed to pharmacies, where distribution increased from 13,244,842.07 grams in 2001, to 14,338,099.69 in 2002, to 16,164,721.94 in 2003. As legitimate distribution of OxyContin has increased since 2000, the theft of OxyContin also has increased. According to DEA, the theft of OxyContin dosage units increased from 260,688 (791 incidents) in 2000 to 464,312 (1,251 incidents) in 2003.



Regions.

In contrast to the increased distribution of OxyContin since 2000, the number of investigations and arrests for OxyContin reported by DEA has declined, and Organized Crime Drug Enforcement Task Force (OCDETF) investigations and indictments have fluctuated. The number of DEA OxyContin-related investigations declined from 172 in 2001, to 140 in 2002, to 71 in 2003. The number of OxyContin-related arrests by DEA also declined from 202 in 2001, to 179 in 2002, to 141 in 2003. In contrast, the number of OCDETF OxyContin-related investigations fluctuated from 10 in fiscal year (FY) 2001 to 22 in FY2002, but declined to 13 in FY2003. The number of OCDETF indictments for OxyContin-related offenses increased each year from 7 in FY2001, to 31 in FY2002, to 40 in FY2003.

The number of oxycodone samples submitted for testing has fluctuated; however, oxycodone was one of the most analyzed drug items in 2002. According to DEA System to Retrieve Information from Drug Evidence (STRIDE) data, the number of oxycodone dosage units submitted for testing decreased from 74,148.3 in 2001 to 24,040.4 in 2002, but increased to 59,695.9 in 2003. National Forensic Laboratory Information System data for 2002 show that oxycodone was among the 10 most analyzed drug items in state and local forensic laboratories; however, oxycodone represented only 0.98 percent of total analyzed drug items.

Abuse

OxyContin is abused by individuals in all age groups and social strata; however, national-level drug prevalence data indicate that males are more likely to abuse OxyContin than females, and individuals in rural areas are more likely to abuse the drug than individuals in large metropolitan areas. According to Monitoring the Future (MTF) data, the rates of past year OxyContin abuse were higher among eighth (1.9%), tenth (3.6%), and twelfth (5.6%) grade males than were rates among eighth (0.9%), tenth (2.4%), and twelfth (2.6%) grade females in 2002, the most recent year for which such data are available. MTF data for 2002 further indicate that rates of past year OxyContin abuse were higher among eighth (1.5%), tenth (3.7%), and twelfth (4.7%) graders in nonmetropolitan statistical areas (rural areas) than were rates of use among eighth (1.2%), tenth (2.0%), and twelfth (3.7%) graders in large metropolitan statistical areas (urban areas).

According to data from the National Survey on Drug Use and Health (NSDUH), adults, particularly young adults, are more likely to abuse OxyContin than are adolescents. NSDUH data for 2002—the latest year for which such data are available—indicate that of the estimated 1,924,000 individuals who have used OxyContin nonmedically at least once in their lifetime, approximately 1,700,000 were aged 18 or older compared with 224,000 who were aged 12 to 17. Moreover, NSDUH data for 2002 show that the rates of lifetime OxyContin use were higher for individuals aged 18 to 25 (2.6%) than for those aged 12 to 17 (0.9%) or those aged 26 or older (0.5%).

Rates of use for OxyContin may be trending upward. MTF data indicate that past year use of OxyContin rose from 2002 to 2003, though not significantly, for eighth (1.3% to 1.7%), tenth (3.0% to 3.6%), and twelfth (4.0% to 4.5%) graders. The consequences of oxycodone (including OxyContin) use also appear to be rising.

Effects of OxyContin Use

Individuals who abuse OxyContin risk developing tolerance for the drug, meaning they must take increasingly higher doses to achieve the same effects. Long-term abuse of the drug can lead to physical dependence and addiction. Individuals who become dependent upon or addicted to the drug may experience withdrawal symptoms if they cease using the drug. Withdrawal symptoms associated with OxyContin dependency or addiction include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes, and involuntary leg movements. Individuals who take a large dose of OxyContin are at risk of severe respiratory depression that can lead to death. Inexperienced and new users are at particular risk because they may be unaware of what constitutes a large dose and have not developed a tolerance for the drug. OxyContin abusers who inject the drug expose themselves to additional risks, including contracting HIV (human immunodeficiency virus), hepatitis B and C, and other blood-borne viruses.

According to Drug Abuse Warning Network (DAWN) data, the estimated number of emergency department (ED) mentions for oxycodone rose from 10,825 in 2000, to 18,409 in 2001, to 22,397 in 2002. DAWN data further indicate that the estimated number of ED mentions for oxycodone increased significantly in several DAWN reporting cities, particularly Detroit, where oxycodone ED mentions increased 249.0 percent from 2001 (45) to 2002 (157). The number of oxycodone-related treatment admissions to publicly funded facilities also appears to be increasing. According to the Treatment Episode Data Set (TEDS), the number of oxycodone-related admissions to publicly funded treatment facilities rose sharply from 138 in 1999, to 441 in 2000, to 1,039 in 2001, the latest year for which such data are available. (Oxycodone-related admissions are not reported by all states.)

Outlook

OxyContin abuse will likely stabilize in the near future. Despite drug prevalence data that indicate OxyContin abuse may be trending upward, MTF data indicate that rates of abuse for “other narcotics” (oxycodones, hydrocodones, and opium) have stabilized recently. According to MTF, the rates of past year use of other narcotics increased steadily among twelfth graders from a relatively low 3.3 percent in 1992, to 6.2 percent in 1997, to 9.4 percent in 2002, but remained relatively stable at 9.3 percent in 2003. Among young adults (aged 19 to 28), rates of past year use also have increased steadily from 1992 (2.5%) to 1997 (3.3%) to 2001 (5.0%), but remained relatively stable at 5.1 percent in 2002, the latest year for which such data are available. MTF has surveyed eighth, tenth, and twelfth graders since 2002 concerning use of OxyContin. Although each grade has shown increases in OxyContin abuse from 2002 to 2003, increases were all under 1 percent.

In the near future, other pharmaceutical manufacturers are expected to release generic forms of OxyContin. It is unclear what effect this will have on the level of OxyContin abuse; however, more individuals may visit physicians to obtain OxyContin or its less expensive generic equivalent.

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