

OXYCONTIN®

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THE DRUG

OxyContin® is the trademark of a form of oxycodone hydrochloride (4,5-epoxy-14-hydroxy-3-methoxy-17-methylmorphinan-6-one hydrochloride) made by Purdue Pharma in Stamford, Connecticut. OxyContin®, called by street-names of “Oxy,” “Killer,” “Oxycotton,” and “Hillbilly Heroin,” is a semi-synthetic opiod (a drug with opium-like properties), an agonist (a drug that activates receptors in cells), and a narcotic analgesic (pain-reliever), used primarily for treatment of moderate to severe pain. Oxycodone is as potent as morphine at the same dose, but has the advantage of oral administration. When used as prescribed, OxyContin® is effective in alleviating pain.

APPEARANCE

OxyContin® is available in several different dosages of control-release tablets, ranging from 10mg to 160mg. Each separate size is distinguished by a specific color (white for 10mg, rose for 20mg, yellow for 40mg, green for 80mg, and cobalt for 160mg). The number of milligrams contained in each pill is printed on the pill itself. OxyContin® is also available in an oral concentrate and as OxyIR®, an immediate release 5mg orange capsule.

USERS

Initially misused in rural areas (thus the nickname “Hillbilly Heroin”), OxyContin® has since become prevalent in urban and suburban areas as well. Because OxyContin® is a prescription drug, users are often

connected in some way with a person who has a legitimate need for analgesics.

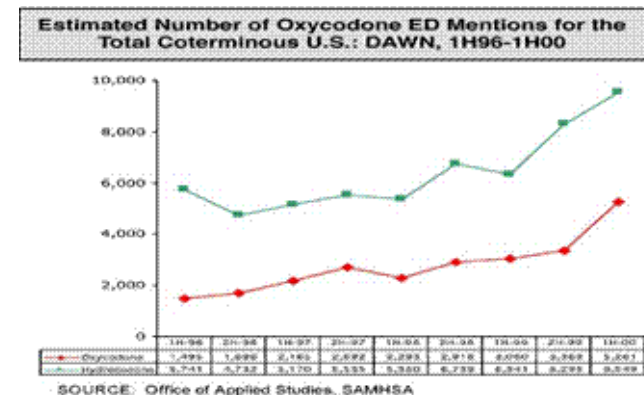
Addicts vary widely by age and location, although oxycodone abuse is often centered in lower-income areas with a high percentage of blue-collar jobs (since workers have a higher chance of on-the-job injury). According to the 2002 National Survey on Drug Use and Health, 11.2% of youth aged 12-17 reported at least one lifetime nonmedical use of a prescription painkiller. However, the 18-25 age bracket reported the highest lifetime prevalence rate by age.

INCIDENCE AND PREVALENCE

In Indiana, diversion of OxyContin® is a growing problem, but not to the extent that it is in some surrounding states. The more retail distribution there is of a drug, the higher the possibility of diversion. In 2002, 402,546.58 grams of oxycodone were distributed in Indiana, compared to 327,103.89 grams in Illinois, 354,279.31 in Kentucky, 554,480.34 in Michigan, and the highest in these contiguous states, Ohio, with 1,137,908.23 grams distributed.

Hospital emergency department reports indicate a significant increase in “mentions” (a drug being recorded or “mentioned” during an emergency room visit) of narcotic analgesics from 1995-2002. These reports are estimates based on a sampling of emergency rooms in 21 metropolitan areas (including Detroit and Chicago, but not Indianapolis). Mentions of

oxycodone and oxycodone in combination with other analgesics rose 107% from 2000-2002, 10,825 to 22,397.



In February, 2002, the Drug Enforcement Agency (DEA) compiled medical examiner reports from 32 states and analyzed oxycodone-positive deaths. Out of 949 oxycodone-positive toxicology reports, 464 or 49% were verified to be OxyContin®. Most of the decedents were poly-drug users, but only 88 had a measurable blood alcohol level. James Clevender, the coroner of Delaware County, Indiana reported that four residents in 2003 died from the drug. He told the Associated Press, “Whenever we have an overdose now, the first thing we look for is Oxycontin.”

ACQUIRED

OxyContin® sells on the street for about \$1 per mg (the street value of an 80 mg pill can be \$80). It has been widely marketed to the extent that it is one of most prescribed narcotic analgesics available. Obtaining the drug is also accomplished through “doctor shopping,” a process in which one visits several doctors complaining of pain until one agrees to prescribe OxyContin®, and through false prescriptions, which patients write themselves and attempt to present as authentic. The Drug Enforcement Agency reported that in 2002, of 7,185,000 prescriptions of oxycodone (single

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entity) sold, 5.8 million were for OxyContin®, or 81.4% of the market share.

EFFECTS

A normal dose of oxycodone for pain management is 10 to 40 mg every four hours. When crushed, inhaled, or injected, Oxycotin® releases an uncontrolled dose of the drug into the system, which produces a short term high similar to that of heroin. Crushing and mixing the drug with water to inject it is dangerous in that talc and other inert ingredients could cause tissue necrosis, and can increase the danger of endocarditis and heart valve injury. Long term effects include addiction, irritability and insomnia. Withdraw from Oxycotin® can produce short-term effects such as nausea, vomiting, sweating, and diarrhea.

THE LAW

Oxycodone is a Schedule II Controlled Substance. Federal penalties for simple possession of a controlled substance begin with a fine of a minimum of \$1000 and a term of imprisonment of not more than one year. The first offense of trafficking of any Schedule I or II drug include a \$1 million dollar fine, and not more than 20 years in prison and, if the offense includes death or serious injury the prison term is not less than 20 years. All penalties are doubled if dealing, distribution, or manufacture takes place near a school or the substance is delivered to a person under 21 years of age. Those convicted on drug charges may not be eligible for federal assistance, including food stamps and school loans.

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