

STASH, Vol. 4(3) - OxyContin use: Prescribed or recreational?

March 26, 2008

OxyContin is an opioid agonist. Opioids are among the most potent analgesics; medical doctors prescribe analgesics to reduce or relieve pain (see STASH 1(2) for more information). Like other opioids (both natural and synthetic), the Drug Enforcement Agency classifies OxyContin as a Schedule II substance (Drug Enforcement Agency, 2008). Although doctors prescribe OxyContin, evidence suggests illicit use could be widespread among some populations (i.e., Davis and Johnson, 2008). This week's BASIS reviews a study by Carise, Leggett, Dugosh, et al. (2007), which explored rates of OxyContin use among a large sample of people seeking addiction treatment. The data also provide information as to whether use was a regular function of prescribed use or, alternatively, illicit and part of a pattern of persisting, multi-substance use problems.

As part of a large standardized intake interview, all admissions to 157 drug treatment programs self-reported information about their lifetime OxyContin use history (The Drug Evaluation Network System; Carise & Gruel, 2003). The researchers also gathered information about other drug use patterns, past drug treatments, and whether participants took OxyContin for medical purposes or to experience its intoxicating effects recreationally. The authors defined OxyContin *abuse* as having taken the drug to "get high or get a buzz," and *regular use* as taking the drug more than 3 times per week for more than 1 year. Three years of assessment interviews at treatment facilities in 22 states yielded 27,816 unique participants: 1,425 (5% of the total sample) used OxyContin, 1,243 (87% of users) regularly used OxyContin, 1,208 (97% of regular users) abused OxyContin, and 300 (24% of regular users) had a prescription.

	OxyContin Abuse Status		Predictors of OxyContin abuse among the total sample (N=27,316)
	Abuse (n=1,208)	No abuse (n=26,405)	p
Male gender	69%	64%	<.001
White race	89%	40%	<.0001
Married	14%	15%	NS
No prior substance abuse treatment	22%	30%	NS
Never used heroin	52%	76%	<.0001
Never used cocaine	23%	41%	<.0001
Never used sedatives	33%	88%	<.0001
No chronic medical problems	64%	65%	NS
Receiving psychiatric medication	52%	29%	---

p<.05 represents a statistically significant difference.
Note: NS indicates not significant; --- indicates no data available.
Adapted from Carise et al. (2007).

Figure. Differences between treatment seekers who did and did not abuse OxyContin. Click image to enlarge.

Table 1 indicates that abusers of OxyContin were more likely than non abusers to be male, white, and to have used heroin, cocaine, and sedatives during their lifetimes. Half of OxyContin abusers, but only 30% of non abusers, had received psychiatric medication during their lifetimes. One third of the 300 people prescribed the drug sought additional medication through illicit means, and half (150 of 300) qualified for OxyContin abuse.

The authors might have identified a larger proportion of the sample as OxyContin abusers compared to other studies because their definition of abuse (i.e., use to get high) is less conservative than the more commonly used DSM-IV-TR definition (i.e., repeated impairment, failure to meet responsibilities, or negative consequences; American Psychiatric Association, 2000). The admission interview did not ask participants which substances prompted their decision to seek treatment, so we do not know if OxyContin was the presenting problem or not. The data is based on the self-report of participants, so they might have minimized or exaggerated their reports of abuse symptom severity depending upon the perceived value such reports during treatment intake.

Carise et al. offer findings that suggest only a small portion (5%) of substance treatment seekers use OxyContin. Most patients obtained OxyContin illicitly (75%), and those with a prescription obtained additional medication illicitly (33%) or took the drug to feel intoxicated (56%). These findings suggest that with or without prescription, substance abuse treatment seekers include OxyContin as part of a larger pattern of substance abuse. To address this problem, improved systems for identification and treatment of people who abuse OxyContin is necessary to prevent illicit use and unauthorized distribution.

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References

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