

VA OFFICE OF INSPECTOR GENERAL PHARMACEUTICAL BULLETIN DIVERSION AND ABUSE OF OXYCONTIN

Diversion and abuse of the prescription pain reliever OxyContin and other forms of oxycodone products are ever increasing. The National Drug Intelligence Center (NDIC) National Drug Threat Survey 2000 and the Drug Enforcement Administration (DEA) report that abuse of this class of drugs, particularly OxyContin, is markedly significant and the drug of choice in the eastern United States, specifically in the states of Maine, Ohio, West Virginia, portions of eastern Kentucky, Maryland, western Pennsylvania, and rural southwestern Virginia. Pharmacologically similar to heroin, OxyContin is attractive to the same abuser population. OxyContin's reliable strength and dosage levels also weigh in heavily in its attraction to heroin abusers. Insurance coverage oftentimes supplements the cost of OxyContin especially if an abuser's health problems warrant prescription. Conversely, abuser's are sometimes drawn to abuse heroin after their health insurance ceases to pay for OxyContin and its high street costs makes heroin more affordable. Sometimes, as with abusers of illicit drugs, OxyContin abusers support their habits by committing theft, armed robbery and fraud. Currently, street prices for OxyContin range between \$.50 to 1.00 per milligram or between \$5.00 to \$80.00 per tablet depending on strength. In contrast, licit retail costs range between \$1.25 per tablet for the 10-milligram strength and \$6.00 per tablet for the 80-milligram strength. The 160 milligram tablet was recently taken off the market by the manufacturer and its future availability is not known.

Department of Veterans Affairs (VA) is not immune to the upward trend of prescribing oxycodone as evidenced in the rest of the US. Between the first quarter of 1999 and the fourth quarter of 2000, VA has experienced an average 344 percent increase in the prescribing of oxycodone and its variants. Notable increases of between 500 to 800 percent occurred in Veterans Integrated Services Networks (VISN) 7 (Georgia, South Carolina, Alabama), 8 (Florida and Puerto Rico), 13 (North and South Dakota and Minnesota) and 16 (Mississippi, Arkansas, Louisiana parts of Texas and Oklahoma). For the VISNs in those areas identified by the NDCI and DEA as indicated above, the prescribing of oxycodone increased 312 percent over the same period. Although this is less than VA's average, this upward trend is still cause for concern.

The Office of Inspector General recognizes the Veterans Health Administration's efforts to appropriately care for veterans and its commitment to effective pain management. We stress that the legitimate uses for oxycodone and, in particular, OxyContin, serve to relieve the suffering of veterans incapacitated by pain from disease and disability. However, we are concerned that the potential for diversion and abuse are great and urge caution by healthcare practitioners in prescribing this class of medications. The Office of Inspector General seeks your cooperation to ensure appropriate regulatory and physical safeguards are in place to deter the wrongful use and diversion of OxyContin.

Please contact Special Agent Dani Marks, Program Director, Healthcare Investigations, Criminal Investigations Division, Office of Inspector General, Washington, DC, at (202) 565-7751 or your local VAOIG office for assistance regarding the wrongful use, diversion or theft of pharmaceuticals including OxyContin.