



Dateline: Ohio

June 2008-January 2009

Reports of Opana® Abuse Emerging in Several OSAM Network Areas

Initial Reports of Opana® Diversion and Abuse in Ohio

During focus group interviews conducted between July and December of 2008, OSAM Network Regional Epidemiologists obtained their first reports about the abuse of Opana®, an opioid, in Cincinnati, Dayton, and rural, southeast Ohio. Dayton area treatment providers reported cases of its abuse by their clients. Opana® abuse was reported in two of six focus groups conducted in the Cincinnati area, but its availability was said to be low. In the Athens area, a white female in her 20s discussed the recent emergence and popularity of Opana® in the local drug market: *"I actually heard of a new thing... And I guess it's pretty popular around here. It's called an 'Opana.'"* Users in Athens commented that OpanaER® sells for \$20 for a 20-milligram tablet and \$40 for a 40-milligram tablet. One user said its size and shape *"...looked like a stop-sign. They're very, very plump, and they have a '40' on 'em, like the number 40."*

Crime labs at BCI & I Bowling Green and at Canton-Stark County reported no cases of Opana®, but those in Cincinnati, Columbus, Dayton, Toledo, and BCI & I Richfield and London reported low availability.

What is Opana®?

Opana's psychoactive ingredient is oxymorphone, a Schedule II, semi-synthetic pharmaceutical opioid that has high potential for abuse. Oxymorphone was introduced to the U.S. market as an analgesic in 1959. Injectable salt and rectal suppository forms of oxymorphone are marketed under the name Numorphan®. In 2006, the FDA approved the manufacture of oxymorphone in immediate-release (Opana®) and extended-release (Opana ER®) tablet forms. Opana® is available in 5 and 10-milligram tablets. Opana ER® is available in 5, 7.5, 10, 15, 20, 30 and 40-milligram tablets. Oxymorphone is prescribed where the use of

opioids is appropriate in treating moderate to severe chronic or acute pain. Based on estimations of similar oral doses for pain management, oxymorphone is more potent than hydrocodone, oxycodone or morphine.

Illicit User Perspectives on Opana®

Users in Athens and Cincinnati indicated that the Opana® "high" was comparable to or even better than that of OxyContin® (oxycodone, extended release). A white female user in her 20s from Athens reported that her best friend had obtained a tablet illegally and inhaled it intranasally. She commented, *"And I guess you can get really blown out of it, for less [than a tablet of OxyContin®]."* Another white female in her mid-20s added, *"Right, I guess that's like an Oxy times 10..."* A 30 year-old white female user from the Cincinnati region who was being treated for prescription opioid abuse stated that, *"The oxymorphone is the best...even better than oxycodone. I can do a whole Oxy 80 [80-milligram strength tablet of OxyContin®] and nothing happens, but if I take one of them pills [Opana ER®] I can get a buzz...that's how I get the energy to do things around the house."*

Reports about Opana® abuse and user perceptions regarding the "superiority" of Opana® in comparison to other pharmaceutical opioids are troubling. Users have long viewed OxyContin® as one of the most desirable but also dangerous pharmaceutical opioids because it can accelerate pharmaceutical opioid addiction and sometimes lead to heroin abuse. Overall, the emerging phenomenon of oxymorphone tablet abuse is consistent with the continuing trend of high levels of pharmaceutical opioid abuse in Ohio and across the nation.

OSAM-O-GRAMS report key findings of the Ohio Substance Abuse Monitoring (OSAM) Network. Regional Epidemiologists located throughout the state use qualitative and quantitative data to provide semiannual reports of substance abuse trends. The OSAM Network is funded by the Ohio Department of Alcohol and Drug Addiction Services by contract to Wright State University. This OSAM-O-GRAM is based on the January 2009 OSAM Network meeting.

Center for Interventions, Treatment, and Addictions Research

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