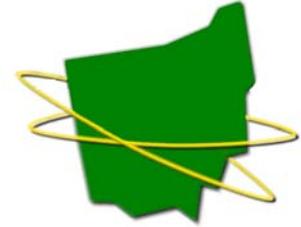




OSAM-O-GRAM

DATE: June 2003

DATELINE: Ohio



Wright State University
The University of Akron

Part II. Prescription Analgesic Abuse: Initiation Patterns and Reported Reasons for Abuse

The OSAM Network conducted a rapid response investigation on prescription analgesic abuse to provide the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) with information to help design prevention services and inform treatment needs. This is the second part of a two-part OSAM-O-Gram describing initiation patterns and reported reasons for abuse.

Among the 43 individuals interviewed across the state, about 49% were men, and about 74% were currently unemployed. The majority (about 77%) was white. According to previous reports, prescription analgesic abuse was more commonly observed among whites than African Americans, which may be related to the fact that more whites were recruited for the interviews. Age varied from 19 to 51, with a mean of about 32 years. About 70% were currently in treatment. About 42% reported heroin and 32% reported prescription analgesics as their primary drug of choice. Just over half of the individuals reported OxyContin® as their primary *prescription analgesic* of choice, while Vicodin® was reported by 10 individuals. The duration of prescription analgesic abuse ranged from less than a year to 35 years, with a mean of about 9 years.

Prescription Analgesic of Choice	No. (%)	Primary Drug of Choice	No. (%)
OxyContin® (oxycodone controlled-release)	22 (51)	Heroin	18 (42)
Vicodin® (hydrocodone)	10 (23)	Prescription analgesics	14 (32)
Percocet® (oxycodone & acetaminophen)	4 (9)	Marijuana	7 (16)
Dilaudid® (hydromorphone)	2 (5)	Crack cocaine	1 (2.5)
Darvocet® (propoxyphene)	1 (2.5)	Powdered cocaine	1 (2.5)
Methadone	1 (2.5)	Methamphetamine	1 (2.5)
Tylenol® with codeine	1 (2.5)	Adderall® (amphetamine)	1 (2.5)
Tylox® (oxycodone & acetaminophen)	1 (2.5)		
Ultram® (tramadol)	1 (2.5)		

Some participants reported that they were introduced to prescription analgesics at social settings by friends or close relatives. Other users reported that they were introduced to pharmaceutical opioids when they received legitimate medical prescriptions. The majority of individuals reported that they introduced others to prescription analgesics. On average, each individual introduced three other people to prescription analgesics.

Several different themes emerged when participants described why they abused prescription analgesics. Some abused these drugs because they simply enjoyed the high. In other cases, individuals reported that they started abusing them to “ease emotional pain” and manage stressful life circumstances. Another group of informants reported that they became dependent as a result of numerous medical conditions for which they were prescribed opioids. Typically, this group of users had prior substance abuse histories. Many users related their dependence to the fact that they grew up in families or communities where substance abuse was common.

Prevention strategies for prescription analgesic abuse should be designed considering the different initiation patterns and reasons for abuse.

OSAM-O-GRAMS report key findings of the Ohio Substance Abuse Monitoring (OSAM) Network. Informants located throughout the state use qualitative and quantitative data to provide semiannual monitoring 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 and by subcontract to the University of Akron. This OSAM-O-GRAM is based on the June 2003 OSAM Network meeting.

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