The Massachusetts OxyContin and Other Drug Abuse Commission

Final Report

Dear Reader,

I am pleased to present the **OxyContin Commission Report.**

The "Massachusetts OxyContin and Other Drug Abuse Commission" was established through Chapter 189 of the Acts of 2004 which commissioned the legislature to investigate the effects of the abuse of prescription medications and illicit drugs on the citizens of the Commonwealth. The Commission held hearings across the state from March through October of 2005.

The Commission heard from concerned citizens from Lynn, Framingham, Bridgewater, Somerville and Boston. Police chiefs, law enforcement officials, physicians, pharmacists, substance abuse treatment professionals, and community members testified before the commission. Parents, spouses, and children from across the state testified about the extraordinary challenges of recognizing the signs of abuse, finding treatment and maintaining recovery and support for themselves and family members.

I would like to take this opportunity to thank my esteemed colleagues that were members of the OxyContin Commission:

Michael Botticelli, DPH
Representative Garrett J. Bradley
Ernest Gates, Jr., R.Ph., F.A.S.C.P
Gary Gilmore, MassHealth
David Hoffman, MD, MFA - DMH
Robert Jamison, Ph.D.
Janice Kauffman, R.N. MPH,
Senator Richard T. Moore, (Co-Chair)
Representative Steven M. Walsh
Eric Weil, M.D. - MGH

Critical guidance and input was received from the following legislators:

Representative Ruth Balser, House Chair on the Joint Committee on Mental Health and Substance Abuse and
Senator Steven Tolman, Senate Chair on the Joint Committee on Mental Health and Substance Abuse.

I would also like to offer special acknowledgement to my research staff and Richard H. Dougherty, Ph. D. DMA Health Strategies.

Please join me in this ongoing effort to improve the health of our communities by addressing this serious and complex problem. Thank you.

Sincerely,

Representative Peter J. Koutoujian
OxyContin Commission Chair
Chairman, Joint Committee on Public Health

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INTRODUCTION

The Massachusetts OxyContin and Other Drug Abuse Commission (the "OxyContin Commission" or the "Commission") was established in 2004 by the Massachusetts' Legislature to investigate the effects of the abuse of prescription medications and illicit drugs on people of all ages in the Commonwealth. The Commission consists of 11 members including four members of the Legislature, pharmacists, physicians, nurses and experts in the field of drug abuse. The Commission held hearings across the state from March through October of 2005. In addition, the Commission met numerous times to review public hearing information, hear from key informants and develop its recommendations.

The Commission heard compelling and troubling stories about the personal toll that prescription and other drug abuse have wrought on individuals and families in the Commonwealth. Parents, spouses, and children in all parts of the Commonwealth and in every socio-economic group have experienced the extraordinary challenges of recognizing the signs of abuse, finding treatment and maintaining recovery and support for themselves and family members. As a result, the Commission expanded the scope of its review to consider public policy options for all age groups for the prevention, control and treatment of drug abuse in general, not just prescription drugs.

The problems associated with the abuse of prescription drugs are significant. OxyContin[1] abuse is perhaps the most troubling because it is highly addictive and is a gateway drug for the use of cheaper, illicit opiates such as heroin. Recent stories confirm that other medications, such as Klonopin, are also frequently abused, particularly by our youth. During the Commission testimony and meetings, numerous other drugs were reviewed and discussed, including transdermal fentanyl, methadone, morphine, hydrocodone (e.g. Vicodin), oxycodone (e.g. Percocet) and other prescription drugs of abuse.

Prescription drug abuse differs in several important ways from alcohol abuse and other illicit drug use. Control of prescription medications needs to involve manufacturers, prescribers, pharmacists, hospitals, state regulators, and consumers in a comprehensive approach for the control of these drugs. Educational efforts must address the fact that consumers often feel that use and any resulting abuse of these drugs is less risky than other drugs because a physician is involved and because the drugs are legally sold at a pharmacy. Finally, insurers, Medicaid, and other state systems rather than the prescribers and manufacturers, often bear the financial costs of abuse. A comprehensive solution to prescription drug abuse must be a systemic approach.

This report begins with policy and legislative recommendations because that is and should be the principal focus of the work from this point forward. The background and summary of the work of the Commission is included at the end of the report.

[1] Note that OxyContin is a registered trademark of Purdue Pharma for a controlled release tablet they produce consisting of oxycodone hydrochloride. For simplicity in this report we have not included the registration symbol in reference to OxyContin or other brand name drugs.

POLICY RECOMMENDATIONS

Recommendations for policy actions and legislation are outlined below. These include the following areas: 1) prevention and education; 2) distribution, dispensing and handling; 3) prescribing and monitoring; and 4) expansion of access to treatment services. Following the detailed recommendations, a set of recommended action steps are outlined. This is a comprehensive plan and the Commission recognizes that prioritization will need to occur and that we cannot accomplish all these steps at once.

Prevention and Education

The Commonwealth's existing prevention and education programs for consumers, community agencies and professional groups need to be expanded and enhanced to more comprehensively and specifically address the problem of prescription drug abuse. Primarily funded with federal funds, the Commonwealth's current prevention programs include the Massachusetts Department of Public Health (MDPH), Bureau of Substance Abuse Services (BSAS), law enforcement agencies, local partnerships with schools, health organizations and others. However, the role of physicians, pharmacies, drug manufacturers and others in prescription drug diversion and abuse requires a different and expanded focus for prevention. To this end, the Commonwealth began a public service announcement campaign in January 2006 and the MDPH has recently announced enhanced capabilities for its prescription drug monitoring program from a federal grant. These are important steps forward, but more needs to be done.

In addition to these efforts, the prevention of prescription drug abuse should include the following:

1. Additional support provided to Parent Advisory Councils. This support shall include training to educate parents on: prescription drug abuse; the link between prescription drugs and the so-called lesser drugs of abuse (alcohol and marijuana); mental illness in adolescents; the need for proper storage of drugs, and; additional prevention approaches for communities and parents across the Commonwealth.
2. Additional materials on prescription drug abuse shall be provided to community and statewide organizations in order to expand peer support networks such as the Massachusetts Organization of Addiction Recovery (MOAR).
3. Continued development of parenting curricula and resource guides to teach parents that most abusers of prescription drugs start by using alcohol and marijuana. Education should also include information about controlling access to drugs of abuse, safe storage and proper disposal of unused prescription medications.
4. Continued support of the use and development of evidence-based educational materials for teachers, law enforcement and other health professionals. These materials should address substance abuse prevention, the warning signs of drug abuse and methods of intervention and identification of treatment resources available to consumers across the Commonwealth.

5. Improved training on the identification of and intervention in prescription and illicit drug abuse. Prescribing clinicians seeking to obtain or renew a Massachusetts Controlled Substances license shall be required to demonstrate completion of defined training in effective pain management, identification of patients at high risk for substance abuse and other aspects of drug abuse. DPH shall convene a task force to develop a plan for the prompt implementation of these recommendations.
6. Improved pharmacist training on the identification of prescription drug abuse and the security measures necessary to deter such abuse. The Board of Registration for Pharmacists shall develop a required course as an integral part of the continuing education requirements for pharmacists who store, distribute and dispose of drugs subject to abuse.
7. Continued efforts to educate the citizens of the Commonwealth through public service announcements and advertising campaigns. The Commonwealth shall continue funding to further develop the public service announcements on OxyContin and other prescription drugs of abuse that began in January 2006.

Distribution, Dispensing, Handling and Disposal

In collaboration with manufacturers, pharmacies and state agencies, the Commonwealth shall develop a comprehensive plan to encourage pharmaceutical manufacturers, pharmacists and consumers to securely and safely store, dispense and dispose of Schedule II and other prescription drugs that are prone to abuse. The plan should include the following:

1. Continued efforts by pharmaceutical drug manufacturers to expand upon the use of tamper proof drugs and packaging for Schedule II opioids and other abused drugs.
2. Expanded use of warning labels on drugs to warn of the potential for dependence and addiction.
3. Collaboration between pharmacies and the Board of Registration in Pharmacy to educate pharmacists on and set standards for the safe storage of Schedule II drugs.
4. Develop a plan to educate consumers on the need for proper and effective disposal of unused drugs.
5. Development of a statewide program for controlled drug disposal.

Prescribing and Monitoring

Working with the members of the Prescription Monitoring Program Advisory Board of the Department of Public Health, the Commonwealth shall expand the scope, timeliness and availability of reports and data on prescribing of Schedule II and other high-risk drugs, including irregular patterns of use. The Commonwealth shall explore legislation, similar to mandatory reporting laws, that provides a process for reporting prescription drug abuse to proper authorities within the Commonwealth.

Twenty-one states currently have some form of Prescription Drug Monitoring Program; 19 of them are comprehensive programs, similar to Massachusetts'. Increasingly states are enhancing their capabilities to monitor prescribing in order to more readily detect fraud and abuse. In 2004, five states provided reports to physicians upon request on patients who had multiple prescribers for Schedule II drugs. A federal grant recently announced by DPH provides funds for the enhancement of the Prescription Monitoring software.

The expanded prescription monitoring capabilities shall include the following:

1. Increased analytic capability of the current Prescription Drug Monitoring Program so that prescriptions can be analyzed by patient and by the prescriber and, therefore, irregular patterns detected.
2. Development of a confidential and fair reporting system for prescribing physicians in order to identify atypical patterns of prescription refills among patients.
3. Expanded list of drugs monitored by the Prescription Drug Monitoring Program. The list shall include other abused drugs beyond the Schedule II drugs currently being reported.
4. Modify current regulations as permitted under existing privacy laws to allow the transfer of necessary prescription data for more timely and comprehensive access to data for pharmacies, prescribing physicians, the Board of Registration, law enforcement and others as necessary. Provide education and training to clarify the limits and scope of privacy regulations.
5. Improved Prescription Drug Monitoring Program software and applications to take advantage of current technologies that include a secure, internet-based application. This application should increase the timeliness of data and improve the speed with which prescribers, pharmacies and others can identify individuals with multiple prescriptions and patterns of abuse.
6. The Commonwealth shall prepare a report to the legislature on the costs and benefits of developing a tamper-proof prescription pad system, similar to the one employed in New York State.
7. Consistent with existing privacy and other legislation, the Commonwealth shall also improve the overdose and Emergency Room monitoring system so that patterns of abuse can be detected and actions taken to mitigate additional health risks. Specifically, the Commonwealth shall revise any necessary regulations to increase hospitals' and other health care providers' compliance and reporting of any drug overdoses, including alcohol and all Schedule II drugs.

Expanded Access to Treatment

Consistent with the strategies and activities outlined in the Commonwealth's Substance Abuse Strategic Plan, Massachusetts shall support and coordinate access to treatment services and shall provide expanded access to evidence-based and promising treatments for drug abuse in a broad array of settings. Specifically, as funds are available, the Commonwealth shall:

1. Provide additional funding for effective treatments that are currently provided including Detox, Methadone, Residential, Transitional Support Services, Day/Evening Treatments and Youth Services.
2. Expand access to newer medication treatments such as Suboxone which can be administered in office- based settings by primary care physicians and psychiatrists, dramatically altering the nature of and access to medications that can reduce withdrawal symptoms in dependent opiate and other drug users. Plans for expanded access to these medications shall also include protocols to ensure that these medications are prescribed appropriately.
3. Support the efforts of the Department of Public Health to expand the use of more evidence-based treatments through new purchasing standards, purchasing incentives and pay for performance initiatives, training and other educational activities.
4. Ensure access to and coverage of substance abuse treatment services for individuals through the prompt passage of substance abuse and mental health parity legislation. Far too often, insurers maintain standards for the utilization of substance abuse services that are not based upon the same medical necessity standards as with other physical conditions.
5. Continually monitor the adequacy of the supply of and funding for treatment services, particularly Section 35 beds.
6. Convene a panel of substance abuse experts, members of the judiciary, law enforcement, the Department of Probation, the Parole Board and District Attorneys to develop recommendations for diversion, treatment and monitoring of offenders.
7. Review the efficacy of Drug Courts and the costs and benefits of expanding the number of Drug Courts in the Commonwealth for prescription, alcohol-related and illegal drug abuse.

Action Steps

To follow up on the various detailed recommendations outlined above, and pursuant to the authority outlined in Joint Rule 1, paragraph I, the Committee on Public Health requests the Department of Public Health and other relevant state agencies to report back to the Committee no later than March 31, 2007 and annually thereafter on their activities and progress in implementing the recommendations, any barriers encountered and proposed approaches to overcome these barriers. Specifically the reports should address:

1) **Prevention and Education**: The Department of Public Health and other applicable state agencies shall provide a report and testimony to the Committee on Public Health on their progress in implementing the prevention, education and training efforts outlined above.

2) **Distribution, Dispensing, Handling and Disposal:** The Department of Public Health and the Board of Registration in Pharmacy shall present plans to the Committee on Public Health on their implementation of the recommendations outlined above for the proper distribution, dispensing, handling and disposal of schedule II drugs and other prescription drugs that are prone to abuse.

3) **Prescribing and Monitoring:** The Department of Public Health shall prepare a report and provide testimony to the Committee on Public Health on the progress DPH has made in redesigning and expanding the scope of its Prescription Monitoring Program and reporting procedures to accomplish the recommendations outlined above.

4) **Expanded Access to Treatment:** The Department of Public Health shall provide an annual report and testimony to the Committee on Public Health on the access and availability of treatment services for prescription and other drug dependence and abuse.

SCOPE OF THE PROBLEM

OxyContin and Prescription Drug Abuse

The high cost of OxyContin on the street stands as witness to the demand and need created by its large-scale abuse. However, OxyContin is the tip of the much larger social problem of prescription drug abuse and the abuse of other substances including alcohol. While the Massachusetts OxyContin Commission has focused much of its attention on OxyContin abuse, the recommendations of the Commission are designed to target both prescription and other drug abuse in general and for all ages.

The abuse of prescription drugs now stands only second (as a group) behind marijuana on the list of commonly abused drugs.[2] For those in the treatment community and others affected by prescription drug abuse the need is clear. Many of the solutions lie with the legislature through special legislation and increased funding.

While prescription drug abuse is a significant problem, we recognize that its control cannot occur at the cost of patients who suffer from chronic pain and who can benefit from these medications. For some people, OxyContin and other Schedule II drugs are the only way they can live comfortably. Physicians often face a dilemma in offering the optimal opioid medication for legitimate pain while weighing concerns about abuse and diversion. Public policies must not impede the legitimate access to these effective medications.

What is OxyContin?

In 1996 Purdue Pharma launched OxyContin as a highly effective painkiller: oxycodone hydrochloride, used to treat moderate to severe chronic pain. To many dealing with chronic pain it is the only adequate solution for pain management[3]. OxyContin is classified as a Schedule II opioid because of its high potential for abuse.[4]

When taken correctly, OxyContin has a controlled-release feature, slowly releasing into the blood stream over a twelve-hour period. Due to the quantity and purity of the drug being released, patients suffering from chronic pain are able to function normally and nearly pain-free.

[2] Rannazzisi, Joseph T. "Status of the Efforts of the FDA and DEA in regulating Schedule II Prescription Painkillers, Specifically OxyContin® and Other Opioid Analgesics." DEA Congressional Testimony. Government Reform Subcommittee on Regulatory Affairs. Boston, MA: September 13, 2006.

[4] "DEA Fact Sheet." United States Drug Enforcement Agency 2005. Web site: http:www.dea.gov/concern/oxycodone_factsheet.html

How is OxyContin Abused?

Abusers of OxyContin destroy its controlled-release feature by crushing and snorting the tablet, chewing the tablet, or dissolving it in water and injecting the solution. Without the time-release properties, OxyContin produces an immediate heroin-like high.[5] Poly-drug users often use OxyContin interchangeably with heroin because of the similar high—heroin is actually cheaper and more readily available in some areas, making heroin addiction the ultimate destination for many OxyContin abusers.[6]

How is OxyContin Trafficked?

Like other prescription drugs, OxyContin is supplied to pharmacies legally and enters the black market through diversion, health care fraud, pharmacy robberies, false prescriptions, and/or prescription exploitation. Abusers also may doctor-shop or order from illegal online pharmacies. Less frequently, patients sell legitimate prescriptions on the black market for profit.[7]

The cost of OxyContin on the black market ranges from $0.50 to $1.50 per milligram. Pills come in 10, 20, 40, 80, and 160-milligram tablets.[8] The 40 and 80 strength pills are most commonly abused selling from $40 to $100 per tablet.[9] The large profit in the sale of OxyContin—initially being either stolen or covered by insurance—is a significant motivator for dealers, doctors, and patients involved in diversion of the drug.

National Summary: Data and Policies

OxyContin abuse has become an issue of national concern. The problem first became apparent in rural areas of the mid-Atlantic region, Maine, and Appalachia during the late nineties. Since then, cities and states around the country have reported OxyContin as either an emerging problem or a current problem in their communities.[10]

According to the Office of National Drug Control Strategy's fact sheet on OxyContin, approximately 9% of Americans have misused prescription opioids in their lifetime. The number of Americans who abuse prescription opioids is still growing, and the danger to society must be addressed.

"Jeff Allison, a standout pitcher from Peabody was a first-round draft pick of the Florida Marlins. But his blossoming career derailed when he became addicted to OxyContin. Instead of fighting for a spot in the starting rotation, he was fighting for his life."

(Health on the Hill 3/05) Koutoujian, Peter J. "Understanding OxyContin: new commission begins work on drugs and abuse." Health on the Hill. March 10, 2005.

[5] "OxyContin® Fast Facts" National Drug Intelligence Center August 2003. Web site: http://www.usdoj.gov/ndic/pubs6/6025/
[6] Coakley, Martha. Middlesex District Attorney. Testimony to the OxyContin Commission. May 24, 2005.
[7] "Intelligence Bulletin: OxyContin Diversion, Availability, and Abuse." National Drug Intelligence Center. August 2004.
[8] "Pulse Check: Trends in Drug Abuse." White House Drug Policy. April 2002. Web site: http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/apr02/synthetic_opiods.html
[9] "OxyContin FAQs." United States Drug Enforcement Agency. 2005. Web site: http://www.deadiversion.usdoj.gov/drugs_concern/oxycodone.oxycontin_faq.htm
[10] "Pulse Check: Trends in Drug Abuse." op. cit.

National Data

Oxycodone Related Emergencies, Treatments, and Deaths

- The National Household Survey on Drug Abuse demonstrated that 1.6 million individuals reported abusing prescription painkillers for the first time in 1998; in 1999 there were 2.6 million abusers of prescription opioids.[11]
- DAWN (Drug Awareness Warning Network) reports that Emergency Department mentions of oxycodone tripled between 1999 and 2002.[12]
- Reports from the Treatment Episode Data Set (TEDS) describe a significant increase in the number of oxycodone-related admissions to public treatment centers: from 138 in 1999 to 1,039 in 2001.[13]
- In 2000 and 2001, the DEA with the National Association of Medical Examiners verified 146 deaths directly caused by OxyContin. There were an additional 318 deaths in which the most likely cause of death was OxyContin.[14]

The Number of Users is Growing - Many are Young and First-Time Drug Users

- In 2004, the average age for first-time prescription opioid abuse was 23.3 years old.
- The National Survey on Drug Use and Health shows that OxyContin and other prescription opioids had a total of 2.4 million new users in 2004—the highest of all drug categories.
- In 2004, the number of new OxyContin-specific users was 615,000 persons.[15]

National Policies and Programs

The FDA and the DEA regulate prescription drugs with high potential for abuse under the Controlled Substances Act (CSA.) The CSA outlines five schedules for classifying drugs: Schedule I drugs have no legitimate medical uses and are highly addictive and likely to be abused; Schedule II drugs are highly addictive and likely to be abused, but have legitimate medical uses; Schedule III, IV, and V have approved medical uses and decreasing likelihoods of being abused.

Schedule II opioids, like OxyContin, are regulated by the DEA and put on watch for diversion and abuse. OxyContin, though introduced in 1996, did not emerge as a national problem until 1998. When it became clear that OxyContin was being heavily abused and diverted onto the black market across the country, the FDA in coordination with Purdue Pharma developed a risk management plan. Such a plan was recently recommended as a

[11] Hutchinson, Asa. "Statement before the House Committee on Appropriations Subcommittee on Commerce, Justice, State, and Judiciary." DEA Congressional Testimony. December 11, 2001.
[12] DEA Statistics. 2005. Web site: http://www.dea.gov/statisticsp.html
[13] "Intelligence Bulletin: OxyContin Diversion, Availability, and Abuse."
[14] "Summary of Medical Examiner Reports on Oxycodone-Related Deaths." Drugs and Chemicals of Concern. United States Drug Enforcement Agency. 2005. Web site: http://www.deadiversion.usdoj.gov/drugs_concern/oxycodone/oxycontin7.htm
[15] Cote, Paul. Public Hearing written statement.

requirement for pharmaceutical companies applying for approval of new Schedule II opioids.[16]

OxyContin's classification as a Schedule II opioid under the CSA means that the DEA has the power to set annual quotas on the production of the raw materials necessary to manufacture the drug. Such quotas allow the DEA to regulate the amount of drug produced and therefore the amount of drug diverted.[17] Though the DEA sets annual quotas, the production of OxyContin has continued to increase since its introduction ten years ago.[18]

A National Action Plan

In 2001, the Administrator of the Drug Enforcement Administration, Asa Hutchinson, declared that the rising concern surrounding the diversion of OxyContin and other prescription painkillers called for a national action plan. The DEA developed a Prescription Drug Strategy combining education, law enforcement, and the disruption of the drug trade in hopes of eradicating prescription drug abuse.[19] The strategy includes collaboration with other governmental and non-governmental agencies, specifically the Food and Drug Administration, the Justice Department, and the National Association of Medical Examiners.[20]

Results of the National Action Plan

Education and Community Outreach

The FDA immediately worked with Purdue Pharma to change the labeling of OxyContin in an effort to better educate practitioners, pharmacists, and patients. The new label clearly states, "Oxycodone can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing OxyContin." It also is very clear that tablets are not to be broken, chewed, or crushed, but that they must be swallowed whole.[21]

The DEA has been working in conjunction with popular Internet search engines like Google and AOL to launch public service announcements about prescription drug abuse. The announcements will automatically appear when Internet users search for prescription drugs online. The DEA has also taken steps to better educate physicians of the dangers of prescribing controlled substances.[22]

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[16] Rannazzisi, op. cit.
[17] Lynch, Stephen. "OxyContin and Beyond: Examining the Role of FDA and DEA in Regulating Prescription Painkillers." Government Reform Subcommittee on Regulatory Affairs. Boston, MA: September 13, 2006.
[18] Cruz, Timothy J. "OxyContin Abuse & Addiction" Plymouth County District Attorney. Testimony to the OxyContin Commission. June 27, 2005.
[19] Rannazzisi, op. cit.
[20] Hutchinson
[21] OxyContin Label. Food and Drug Administration: 2001. Web site; http://www.fda.gov/cder/foi/label/2001/20553s022lbl.htm
[22] Rannazzisi, op. cit.

Targeting Diversion

The DEA began an effort to target key points of diversion and encourage states to establish Prescription Drug Monitoring Programs (PDMP's). In August of 2005 the President signed the "National All Schedules Prescription Drug Reporting Act" and transferred oversight of PDMP's to the Department of Health and Human Services.[23] When PDMP's work correctly, the state should be able to monitor prescription activity and identify doctor-shoppers and unscrupulous physicians and pharmacists.

In addition to encouraging states to adopt PDMP's, the DEA is targeting the diversion of prescription drugs through law enforcement. By interrupting the economic stability of the prescription drug trade, the DEA hopes to cut off the availability of the drugs. Through seizure of assets, arrests, and imprisonments, the DEA believes that the diversion of prescription drugs can be slowed, if not stopped completely.[24]

> "Christine has been in and out of hospitals and rehabs 24 times… 3-5 days of detox is NOT, by any stretch of the imagination, enough time for a heroin addict to have any chance of staying clean, and that's all the insurance companies will pay for. They need long-term treatment."
>
> *Mary of Abington, mother of an OxyContin turned heroin addict*

Improving the Availability of Office Based Treatment

DEA registration identification numbers are issued to qualified physicians treating opioid addiction. The unique identification numbers allow such physicians to treat a limited number of individuals with opioid addiction from their offices. Since September 2005, the DEA has registered close to 6,000 physicians qualified to treat opioid addiction. The program is intended to improve the quality and availability of new and effective treatment regimens.[25]

Collaborating with Pharmaceutical Companies

In addition, the DEA has communicated to Purdue Pharma its concern with the direct marketing of drugs that fall under the Schedule II classification of the Controlled Substances Act. The DEA believes that such drugs should not be marketed directly to consumers because of the drugs' huge potential for abuse.

Purdue Pharma has recently taken the 160-miligram OxyContin tablet off the market. Both the DEA and Purdue Pharma deny that the removal of this product is related to the DEA's Prescription Drug Strategy. However, the removal of the 160-miligram OxyContin tablet does significantly reduce the threat of overdose due to misuse of the large dose of OxyContin.[26]

[23] Rannazzisi, op. cit.
[24] "Drugs and Chemicals of Concern: Action Plan to Prevent the Diversion and Abuse of OxyContin." United States Drug Enforcement Agency. April 2001. Web site: http://www.deadiversion.usdoj.gov/drugs_concern/oxycodone/abuse_oxy.htm
[25] Rannazzisi, op. cit.
[26] "OxyContin FAQs."

Educating State Governments

The National Action Plan's Prescription Drug Strategy forces states to examine their role in curbing prescription drug abuse. OxyContin is no longer just a rural Appalachian problem. Major cities across the country have large-scale prescription drug abuse problems that need to be addressed and subsequently eradicated.

Massachusetts' Prescription Drug Problem

In Massachusetts, prescription drug abuse has become an epidemic. According to both epidemiologists and the Massachusetts police, OxyContin is widely available in the Greater Boston Area.[27]

Increase in Non-Heroin Opioid-Related Deaths and Addiction

To demonstrate how out-of-control the prescription drug problem in Massachusetts has become, the Commissioner of the MA Department of Public Health, Mr. Paul Cote, presented the following statistics during one of the public hearings held in 2005 by the OxyContin Commission.

> "This drug has ruined more lives than anything I've seen in 28 years of policing. Imagine taking a road, and that road leads to your own destruction. Trying OxyContin is that very road."
>
> *Ken Coye, Chief of Police, Malden (from A Prescription for Pain brochure)*

- Opioid-related deaths increased 600% between 1990 and 2003 in MA.
- Emergency Department visits for non-heroin related opioid use, which includes OxyContin and other prescription drugs use, increased 134% between 1999 and 2002.
- SAMHSA data show that treatment admissions in MA for the abuse of "other opiates," which includes OxyContin and other prescription drug treatment, increased 950% between 1992 and 2002 (325 persons to 3,089 persons.)
- DAWN data for metro-Boston show that in 2003 66% of opioid-related deaths were caused by the misuse of non-heroin opioids, which include OxyContin and other prescription drugs.

Increase in Criminal Activity

Consider, also, that in 2002, 148 of the 166 pharmacy thefts that were reported in New England occurred in Massachusetts.[28] According to Martha Coakley, Middlesex District Attorney, because of the high price of OxyContin, many people who are addicted resort to crime to satisfy their needs. She also notes that "there is an increasing trend of OxyContin addicts resorting to heroin or other harmful opiates, which are significantly cheaper, yet provide a similar high."[29] In Massachusetts the average price of OxyContin

[27] "Pulse Check: Trends in Drug Abuse.", op.cit.
[28] "Other Dangerous Drugs." Massachusetts Threat Assessment Update. National Drug Intelligence Center. May 2003. Web site: http://www.usdoj.gov/ndic/pubs3/3980/odd.htm
[29] Coakley, op. cit.

on the secondary market is $1.00 per milligram ($40 per 40-milligram tablet,) whereas heroin is $3.00 or $4.00 per bag.[30]

OxyContin Users in Massachusetts Graduate to Heroin

A 2002 survey of Boston-area non-methadone treatment centers determined that OxyContin was second only to heroin as the primary drug of choice.[31] Prescription drug abuse cannot be ignored—the dangerous consequences of death, prison, or life-long addiction are often the only options for individuals addicted to OxyContin.[32]

According to Plymouth County District Attorney Timothy J. Cruz, OxyContin is often called "Baby Heroin" because abusers start with OxyContin and quickly graduate to heroin. The DEA is clear that heroin and cocaine are currently still the most widely used and distributed illicit drugs in Massachusetts, but since the introduction of OxyContin, the number of individuals addicted to heroin has continued to rise whereas the number of individuals dependent upon cocaine has dramatically decreased.

In 1992, about 15% of patients in MA treatment programs reported heroin as their drug-of-choice; in 1996, about 25% reported heroin as their drug-of-choice; in 2002, just fewer than 40% reported heroin as their drug of choice. Conversely, admission rates in MA for people with addictive disorders who list their primary drug of choice as cocaine decreased 72% between 1992 and 2002, from 214 to 60 per 100,000 aged 12 or older.[33]

Who is Affected by Prescription Drug Abuse in Massachusetts?

The emergence of prescription drug abuse as a near epidemic in Massachusetts affects entire communities, from friends and family members of people suffering from addiction to police and school officials. The abuse of prescription medications is present in all socio-economic strata of society.[34] Some argue that OxyContin is what Valium was 30 years ago or what Percocet was 10 years ago and that in another ten years it will be another prescription drug that will emerge as the problem.[35] While this may be true, OxyContin has caused enough destruction in our communities—it is time to try to stop the continued abuse of this heroin-like drug.

> "And even though the situation is almost an epidemic through-out the country, many parents and their teens still don't seem to get the message, so the problem continues to grow. This is one war you need to face no matter which party you belong to."
>
> *Kerry, resident of Lynn whose close friend lost two siblings to OxyContin abuse.*

[30] Kowalski, Carol. Director Brockton Treatment Center. Testimony Presented to the Massachusetts OxyContin Commission. June 27, 2005
[31] Lynch, op. cit.
[32] Coakley, op. cit.
[33] "Trends in Cocaine Treatment Admissions by State: 1992-2002." The Drug and Alcohol Services Information System Report. June 28, 2005. Web site: http://www.drugabusestatistics.samhsa.gov/2k5/CocaineTX/CocaineTX.htm
[34] "Intelligence Bulletin: OxyContin Diversion, Availability, and Abuse."
[35] Kowalski, op. cit.

Existing Programs and Policies in Massachusetts

The Commission heard testimony from many individuals during the course of our hearings across the state. The Department of Public Health has taken efforts to develop a public service campaign on prescription drug abuse and to improve the Prescription Drug Monitoring Program. Additionally, the state's law enforcement agencies have initiated an OxyContin Task Force to target the diversion and abuse of OxyContin and prescription drugs. However, many prevention efforts are locally based. The current statewide efforts to curb prescription drug abuse primarily focus on preventing diversion through prescription drug monitoring and law enforcement—with an increasing emphasis on education.

Current Statewide Efforts

Prevention

While it is true that many OxyContin abusers begin using that drug specifically, most abusers have been using alcohol and/or marijuana for sometime. Many have been introduced to OxyContin while under the influence of another drug, and even after they begin using OxyContin and other opiates, they continue to abuse alcohol and marijuana. It is important to understand how people begin drug use in order to interrupt the cycle. Heavy use of alcohol and marijuana by young people, particularly those younger than 15, is a very clear warning sign that the abusers are at greatly increased risk for other drug use and later dependence and/or addiction.

In a Provider Discussion report written for MDPH in 2003, eight different treatment providers indicated that, based on their experience, practically everyone they saw in their treatment programs who was having a problem with OxyContin or another opioid, began their drug addiction by abusing alcohol and or marijuana.

Good prevention needs to take a comprehensive approach realizing that most drug abusers are poly–drug abusers and most abusers begin by abusing alcohol and marijuana.

Prescription Drug Monitoring Program

The Massachusetts Prescription Drug Monitoring Program is the front line of statewide efforts to control prescription fraud and abuse. In order to effectively prevent diversion and monitor the illicit use of prescription drugs, certain aspects of the program need to be improved.

The Department of Public Health has received grants from the U.S. Department of Justice to implement changes to the PDMP. The plan includes improving data collection and reporting technology. The goal of these enhancements is to allow the Department of

Public Health to effectively monitor Schedule II prescriptions and communicate the misuse of such drugs to the appropriate agencies.[36]

Increasing the capacity for treatment

The 2005 Strategic Plan for Substance Abuse in the Commonwealth included a significant increase in the number of detox beds, step-down beds, and residential beds for families and youths. There will soon be a new 15-bed facility for adolescent women opening in Boston. Though these new treatment facilities are not specifically targeted to prescription drug abusers, the new programs and facilities will allow the state to provide treatment services for many more of those who require detox and recovery support services.[37] As a result of a broad- based coalition of state agencies and the legislature who have recognized the needs for treatment, the availability of funding for treatment resources, including detox beds, transitional supports and other services, has increased in the last year and a half. However, the number of detox beds still remains below 2001 levels.

> "Law enforcement, by itself, has little deterrent effect on many people. People addicted to drugs are going to continue to do whatever they need to do to get more drugs. The same goes for people who sell drugs. Many see the prospect of being arrested as little more than an inconvenience or a 'cost' of doing business. This should be a concern to all of us."
>
> *John W. Suslak, Chief of Police, Lynn*

New treatment modality: Buprenorphine

A new treatment regimen using Buprenorphine appears to have great promise with younger users according to the Department of Public Health. DPH is collaborating with the Boston Medical Center to train physicians in the best uses of this drug.

Buprenorphine is not a substitute for methadone treatment; patients who are not suited for it should enter methadone treatment. The benefit of Buprenorphine is that, for the appropriate patient and with the appropriate supports, it can be administered in a physician's office.

Town and City-Based Efforts

The Commission heard testimony from a number of local initiatives to combat alcohol, illegal drug and prescription drug abuse in cities and towns across the Commonwealth. While there are many more efforts working in our communities throughout the state, we have summarized the work of the initiatives that testified below.

Lynn *Communities That Care* Coalition

In response to growing concerns in the community related to opiate abuse, overdoses, and overdose deaths, a network of individuals representing the provider network, public schools, law enforcement, city officials, and youth have identified a number of strategies aimed at reducing and preventing substance use among youth. This initiative has emphasized preventing the use of gateway drugs such as alcohol and marijuana and has been concentrating on raising public awareness about risks associated with substance

[36] Cote, op. cit.
[37] Cote, op cit.

abuse, alternatives to substance use, and available resources. Current and proposed activities include sponsorship of community forums geared toward parents on topics related to substance use, conducting compliance checks on alcohol vendors to reduce underage drinking, youth driven media campaigns, neighborhood improvement plans, and programming to provide families and youth at risk with greater access to needed services. This level of collaboration has been essential to the process of reducing the risk factors that contribute to substance abuse and related issues (including violence, delinquency, and school dropout) and promoting positive youth development.

Revere CARES Coalition Opiate Task Force

Revere Cares is a nationally recognized, award- winning community anti-drug coalition that has been working together in Revere with the Massachusetts General Hospital Revere Health Care Center, to reduce substance abuse among youth. The Opiate Task Force presented testimony to the Commission on their efforts and recommendations to combat opiate use among youth in Revere. Their recommendations relating to the need for treatment resources and prevention efforts for prescription drug abuse are incorporated into this report.

The City of Malden

Malden currently uses an effective substance abuse prevention and education brochure on OxyContin called *A Prescription for Pain: OxyContin*. The brochure describes both the licit and illicit uses of the drug, the warning signs of OxyContin abuse, how OxyContin has devastated families in the community, and where to get help.

Somerville Cares About Prevention

Somerville Cares About Prevention is a community coalition working to reduce substance use/abuse and addiction in all residents of Somerville. They seek to mobilize community members and retailers to protect youth, reduce underage drinking and increase the understanding of risks associated with substance use.

Framingham Public Schools

Framingham Public Schools have not seen a large-scale prescription drug problem; they attribute their success to comprehensive, prevention health education in the public schools. Framingham Public Schools currently begin health education programs in fifth grade. The programs focus on promoting a healthy lifestyle through physical and emotional wellbeing. Drug use and abuse are covered initially in Middle School and further in depth in High School.

Christopher H. Martes, the Superintendent of Schools in Framingham believes that the absence of prescription drug abuse in the Framingham Public Schools is due to

- progressive city-wide alcohol abuse prevention policies
- active family and community involvement
- aggressive health education programs

- effective communication and collaboration between school personnel, law enforcement, and community leaders.[38]

Norfolk County Heroin Task Force

The Norfolk County Heroin Task Force is composed of law enforcement representatives, probation officers, the parents of people with addictive disorders, treatment providers, and members of the office of the Norfolk County District Attorney. The group has the huge responsibility of educating parents, teachers, and community leaders about opioid addiction—preventative measures, warning signs, and treatment options.

Learn2Cope.org is a website developed by the task force. The website serves as a resource to parents who want or need to learn more about heroin and OxyContin abuse in the suburbs. The website also hosts an online support forum for the parents of people with addictive disorders.

Additionally, the Task Force has been involved in public school health education. Health educators used back-to-school meetings in 2005 as a time to educate teachers and administrators on the influx of heroin and prescription drugs in their communities. For the students, the Task Force encouraged a middle school educational program in which the sibling of a heroin addict speaks about the effect of addiction on a family. So far, the program has received very positive feedback from both students and teachers.

The group also regularly holds regional educational forums for parents and community members interested in understanding the nature of opioid addiction and it is training medical professionals to educate their patients on the dangers of OxyContin.[39]

Middlesex County District Attorney's office

The Middlesex County District Attorney's office created a 17-minute educational video called, "All Jammed Up: A Prescription for Disaster." The video is intended to educate parents, teachers, and other school personnel on how to recognize and address prescription drug abuse, specifically OxyContin abuse. In addition the office has a tip line, 1.866.OXY.TIPS, which allows people to anonymously report potential prescription drug dealers.[40]

Essex County District Attorney's Office

The Essex County District Attorney's office, led by District Attorney Jonathan Blodgett, developed an education curriculum titled "Choose To Refuse: A Heroin and OxyContin Prevention Education Program." This six-session curriculum helps young people, ages 13–18, understand the hazards of heroin and OxyContin and the damage these drugs do to their bodies and minds. They learn decision making skills and ways to refuse drugs, gain the ability to recognize risky situations, and rehearse their responses to people who may pressure them to take drugs. The program is offered to state agencies, and all of the schools and police departments in Essex County.

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[38] Martes, Christopher. Superintendent of Schools Framingham Public Schools. Testimony to the OxyContin Commission. May 23, 2006.
[39] Keating, William R. Norfolk County District Attorney. Testimony before the OxyContin Commission. June 27, 2005.
[40] Coakley, op. cit.

Addressing the Gap: A Missing Link

The Department of Public Health and other statewide and local organizations have taken numerous steps to address the issue of prescription drug abuse. Prevention funds have been provided to local organizations and governments to educate their communities on the dangers of substance abuse in general and of prescription drug abuse in particular. Law enforcement agencies and social and community service agencies have begun to work together to target prescription drug diversion and to enforce existing laws focused on alcohol and other drug use. Recently, public service ads were created and disseminated to educate the community. However, there is not yet an overarching prevention and treatment plan with coherent action steps that can be easily followed.

Massachusetts Responds by Forming the OxyContin Commission

In response to this missing link, the Massachusetts legislature convened and appointed members for the OxyContin Commission. The Commission was charged with understanding the problem of OxyContin abuse and developing a coherent set of recommendations to curtail the growing problem of prescription drug abuse in Massachusetts. This report is a direct result of the Commission's charge. We, the Commission, believe that the aforementioned legislative recommendations, when implemented, will respond to the urgent need for improved prevention and treatment of OxyContin abuse.

Legislative History

Chapter 189 of the Acts of 2004 outlined an act providing for the investigation by a special commission into the effects of OxyContin and other drug abuse beginning on July 1, 2004.

Section 1 of the Act determined that the commission would study "the prescription, dispensing, treatment, and education with respect to those drugs [OxyContin and other prescription and illicit drugs] and shall submit a report, including legislative recommendations, if any, to the clerk of the house of representatives who shall forward the same to the joint committee on health care and the house and senate committee on ways and means."[41]

Membership

The membership of the commission outlined in Section 1 of Chapter 189 of the Acts of 2004 comprised eleven members from various governmental and non-governmental posts. These eleven included four members of the Massachusetts General Court, a representative from the state's Department of Mental Health and the state's Department

[41] Massachusetts State Legislature. Section 1 of Chapter 189 of the Acts of 2004.

of Public Health Bureau of Substance Abuse Services. In addition to these governmental representatives, there were five members of the public who have expertise in the drug abuse field, two of whom were appointed by the Senate President and three by the Governor.

After appointments were made, the membership of The OxyContin Commission included the following:

- Representative Peter J. Koutoujian, Commission Co-chair
- Senator Richard T. Moore, Commission Co-chair
- Representative Steven M. Walsh
- Representative Garrett J. Bradley
- Eric Weil, M.D., MGH Revere Health Care Center
- Ernest Gates, Jr., R.Ph. F.A.S.C.P
- Gary Gilmore, MassHealth
- Robert Jamison, Ph.D. Pain Management Center, Brigham and Women's Hospital
- Janice Kauffman, R.N. MPH, LADC I, Department of Psychiatry, Brigham and Women's Hospital and North Charles, Inc.
- David Hoffman, MD, MFA, Department of Mental Health
- Michael Botticelli, Assistant Commissioner for Substance Abuse Services, DPH

Critical guidance and input was received from the following legislators:

- Representative Ruth Balser, House Chair on the Joint Committee on Mental Health and Substance Abuse
- Senator Steven Tolman, Senate Chair on the Joint Committee on Mental Health and Substance Abuse

Process Followed by the OxyContin Commission

We followed a simple two-stage process to complete the task:

1. Understanding the problem
2. Considering the policy options

Understanding the problem

The communities affected by OxyContin abuse are the best resource for information in regards to the prescribing, abuse, trafficking, prevention, and/or effects of the drug abuse. In order to develop the coherent set of policy recommendations listed above, we held five public hearings on OxyContin and other drug abuse in cities across the Commonwealth.

The hearings were held in Lynn, Framingham, Bridgewater, Somerville, and Boston. Speakers included Chiefs of Police, other law enforcement officials, physicians, pharmacists, substance abuse treatment professionals and members of the community who have been affected by drug abuse personally and in their families.

Considering Policy Options

During the preparation of this report and in meetings held at the end of 2005 and in the first months of 2006, the Commission members and elected officials reviewed policy options and considered approaches to address the growing concerns. During this period several external events occurred including: the receipt of a federal grant for revisions to and improvements in the Prescription Monitoring program operated by DPH; the initiation of a set of public service announcements as a part of the State's on-going prevention efforts; and continued tragedy including the death of a youth from Arlington as a result of prescription drug abuse.

This report is the result of all these efforts and reflects a true collaboration between the DPH Bureau of Substance Abuse Services and the members of the OxyContin Commission.