

OXYCONTIN ABUSE: A TEENAGER'S STORY

Introduction

Focus

This *News in Review* story focuses on the controversy surrounding OxyContin, a highly addictive painkiller that's killing some of the people who are abusing it.

Definition

Narcotic comes from the Greek word meaning "to numb." It used to refer only to opiates. Now we use it to describe all illegal drugs.

Did you know . . .

Canada does not keep statistics on the number of injection drug users. Experts feel it is probably well into the hundreds of thousands.

 Sections marked with this symbol indicate content suitable for younger viewers.

"You know how old people lose all shame about eating, and it makes you puke to watch them? Old junkies are the same about junk. They gibber and squeal about the sight of it. The spit hangs off their skin, and their stomach rumbles and all their guts grind in peristalsis while they cook up, dissolving the body's decent skin, you expect any moment a great blob of protoplasm will flop right out and surround the junk. Really disgusts you to see it." — William Burroughs, *Naked Lunch*, 1959

William Burroughs knew what he was talking about. He was a heroin addict most of his life. He knew about the yearning that a person can feel for a drug. He knew that people's kind-hearted, generous, funny, witty, or ordinary personalities evaporate in the face of drug addiction.

To Consider

1. How would you characterize Burroughs' description of a heroin addict? Not every person who uses drugs behaves like that. Write your own description of a person's addiction to another drug, perhaps caffeine or tobacco.
2. Life is full of joy and pain and real experiences. Why do some people choose drugs over life? Discuss this in a small group.
3. What can society do to help people to avoid or end drug abuse?

Drugs can kill you with overdose, by bad combinations, by impurities, or by HIV infection. Yet people continue to use and abuse them. Burroughs himself continued to use. Hard drugs change the chemical balance in the body, so the user just can't do without them. Once started, it's just plain hard to stop.

Many young people are finding that this is the case with OxyContin, a narcotic. This painkiller offers a high that is similar to that of heroin, another narcotic. But it's a lot easier to find and a lot cheaper to buy. It's a painkiller originally designed to be used to relieve patients with cancer or debilitating, chronic pain.

In the Atlantic provinces and elsewhere in Canada and the United States, people are getting hooked on OxyContin. They're facing the yearning that Burroughs described above. And some of them are dying because of it.

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Video Review

Complete all questions in Part I while reviewing the video. Complete Part II after viewing.

Part I

1. How did OxyContin abuse affect Sonya?

2. Why was OxyContin originally developed?

3. In what part of Canada was it most abused?

4. Who introduced Sonya to the drug? _____

5. What methods did Sonya use to ingest the drug?

6. How much was Sonya spending on her drug addiction? _____

7. How did she find the money to pay for her habit?

8. How much did Sonya weigh when at her low point? _____

9. How did Sonya get off the drug?

10. How successful was her rehab program? Why?

11. What drug has helped Sonya deal with her OxyContin addiction?

12. Do you know anyone suffering from an addiction? _____

13. What would you suggest they do in order to get healthy?

12. What lessons can one take from this difficult story?

Part II

Try this true or false quiz to see what you know about drugs. Simply write "true" or "false" in the space provided.

- a) _____ OxyContin is made from a flower—the opium poppy.
- b) _____ In places that have needle-exchange programs, HIV infections among intravenous drug users stand at about 35 per cent. In places with no such programs, HIV infections stand at about 80 per cent.
- c) _____ 90 per cent of strokes in people 20 – 40 years old are related to drugs.
- d) _____ North America is the largest world market for drugs.
- e) _____ LSD is the most potent hallucinogen.
- f) _____ Heavy drinking among young Canadians is increasing.
- g) _____ Nicotine is the most addictive drug.
- h) _____ If a woman uses an opiate while pregnant, her infant will have an 18 per cent higher chance of sudden infant death syndrome.
- i) _____ OxyContin tablets can sell for as much as \$80 each.
- j) _____ In a Canadian Centre for Substance Abuse survey, 45 per cent of Canadians report having smoked marijuana once in their lifetime.
- k) _____ Direct health-care costs to treat drug-related health issues in Canada are \$1.4-billion annually.
- l) _____ The world trade in illegal drugs tops \$400-billion.
- m) _____ Nicotine causes one out of five premature deaths in the world.
- n) _____ Sixteen- to 24-year-olds make up 20 per cent of the car driving population but they cause 42 per cent of the alcohol-related car crashes.

Answers
All statements in Part II of the Video Review activities are true.

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OxyContin: Hillbilly Heroin

Did you know . . .

OxyContin has many street names, such as "o.c.," "oxy," "oxycotton," "cotton," and "hillbilly heroin."

Further Research

Perdue Pharma is a specialist in chronic pain medication. To see how the company responds to the abuse of some of its products, visit www.pharma.com/pressroom/app/newsannounc/ss10ptPlan.asp. Outline your reaction to the company's Ten Point Plan to curb abuse.

Quote

"Three days of being on [oxycodone], and you become addicted. It's a very, very powerful drug." — a Cape Breton user quoted by Charlie Gillis in "Illicit Trade in OxyContin Plagues Atlantic Provinces," *Maclean's*, May 24, 2004

OxyContin is the brand name for Perdue Pharma's version of oxycodone. Perhaps you've heard that it's just heroin in a different form. It *is* similar. Both heroin and oxycodone are derivatives of opium, which is collected from the opium poppy.

Opiate drugs such as morphine, codeine, and oxycodone are highly valued for their medicinal qualities. They short-circuit the body's chemical balance, and artificially stimulate pleasure centres in the brain. This numbs or desensitizes the body to bring relief to people suffering from intense pain. Morphine is the strongest pain reliever we have.

OxyContin was approved for use in Canada in 1996. It is more potent than codeine but less potent than morphine. OxyContin tablets are designed to release their dosage over a number of hours. The stronger dosages of OxyContin contain a potent dose of drugs, but the time-release design ensures that a pain sufferer receives it gradually as the tablet dissolves slowly in the digestive system.

Abusers short-circuit the time-release mechanism because they want the whole effect of the drug all at once. They smash the pills and snort the powder into their nasal cavities. Others dissolve the tablets in water, filter out any solid materials, and then inject the drug into their veins. Some say that the high that results rivals the effect of heroin.

Addiction

Unfortunately, opiate drugs are extremely addictive. As a person uses the drug, they gradually build up a toler-

ance. As time goes by, some users must take increasingly higher doses to achieve the same effect—either for pain relief or for a high. Fully addicted users are driven by overwhelming cravings for the drug. All else that was important in their lives—their family, friends, passions, interests—falls away as powerful drug cravings take over.

If the users try to stop, they go through withdrawal. Withdrawal symptoms can vary, but they include cold sweats, heart palpitations, diarrhea, pain, nausea, and severe stomach cramps. In severe cases, withdrawal can include seizures, convulsions, and death.

Getting Oxycodone

Unlike many street drugs, oxycodone is not produced illegally. Drug companies produce and distribute it legally through hospitals and pharmacies. Physicians prescribe it to patients who are suffering from acute pain or to people whom they *think* are experiencing acute pain. People can fake pain. And they can keep insisting that the pain is getting worse so they can get ever-stronger prescriptions of the drug.

Then there is the practice of double doctoring. In this case, someone gets a prescription to deal with the pain of, say, a minor injury. Then he or she goes to another doctor to get a similar prescription. And then another and another. Patients like this get many prescriptions for the same drug and then use it recreationally or sell it to someone who will sell it as a street drug.

A Growing Problem

In some rural areas of the United States

and Canada, OxyContin has become popular. It's even overtaken cocaine and marijuana as the recreational drug of choice in these areas. And then there are the drug overdoses. People tend to make mistakes with drugs. They take OxyContin in combination with other drugs, such as alcohol, marijuana, codeine, butalbital, and cocaine. Even on its own, OxyContin can be deadly if a user takes too much too quickly. Even one dose has the potential to stop a person's breathing. And if injected with a shared needle, it may just end life the long way—with HIV/AIDS.

After OxyContin went on the market in 1996, the black-market trade in the tablets swept through rural areas in West Virginia, Virginia, Ohio, Pennsylvania, and Maine. In the year 2000, in the state of Kentucky alone, 59 people died from OxyContin-related overdoses. About 35 died in Maine from the same cause. Then, in 2001, the deaths started in Newfoundland. Since 2001, six deaths in the province were related

to the drug. "Cotton" had come to Canada.

The problem of Oxycontin abuse is also rampant in rural areas of New Brunswick and Nova Scotia. In Cape Breton, Nova Scotia, the area around Sydney, Glace Bay, and North Sydney is known as "Cottonland." Why here? Like the rural areas of the eastern states where OxyContin trade is rampant, communities here are the shells of once-thriving coal-mining towns. Miners with painful disabilities live here and have access to OxyContin. Yet they don't have much money because the coal mines shut down long ago. Some are selling the drug as a source of income.

At the same time, Perdu Pharma, the maker of OxyContin, has been accused of encouraging the use of OxyContin for ailments that are not serious. In the United States, Perdu is facing 300 lawsuits regarding this type of aggressive marketing.

Analysis

1. What is OxyContin?
2. What is it produced for?
3. How is it abused?
4. How do people obtain it?
5. What is its impact?
6. A fact is something that can be proven. An opinion expresses a point of view. Different people can have different opinions about a topic, but the facts related to a topic do not change. Consider the following statements. Which are facts and which are opinions?
 - "OxyContin must be safe because doctors prescribe it, right?"
 - "If used inappropriately, OxyContin can kill you."
 - "59 people in Kentucky died of OxyContin-related overdoses."
 - "I don't know anybody who died of snorting Cotton. It must be safe."
 - "Perdu Pharma couldn't possibly be responsible."

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Two Sides of the Story

Further Research

Chad's mother, Linda Gardiner, runs a Web site to raise awareness about OxyContin. To view it, go to www.oxyabusekills.ca.

I grieve for my son's brokenness
The pain is overwhelming
No answers to be found
As I lay him in the ground

— Linda Gardiner, "My Son,"
www.oxyabusekills.ca

OxyContin is an opiate (derived from opium). As such, it is addictive. Some people are not able to resist the temptations of the drug. This was the case of Chad Gardiner, who suffered a genetic foot disorder and a wrist injury resulting from a car accident. He tried other pain medications, but they didn't seem effective. So his doctor prescribed OxyContin. It worked, but Gardiner kept taking more and more of the drug. He would use up a month's worth of pills in the space of a week. He said that he was not forewarned of the addictive properties of OxyContin, and that when he asked for help in dealing with a developing addiction, he did not receive it. Tragically, Gardiner killed himself in May 2004.

Gardiner's mother, Linda Gardiner, decided to tell his story to the public. She firmly believes that OxyContin and other addictive painkillers are being prescribed without regard to the harm they might do.

When patients follow their doctor's directions exactly, OxyContin does provide pain relief. Have you ever experienced intense pain? Imagine what it is like to have every moment of your life suffocated by an insistent, continuous, agonizing pain. OxyContin and other pain-relieving drugs reduce the pain level so that people can function.

Consider the story of Kenn Morgan.

He suffers from chronic back and leg pain. Before his physician prescribed OxyContin, he was miserable and lonely. He couldn't hold a job because of the pain. He stayed in his apartment, and stopped seeing his friends because he was in too much pain to go out and do things with them. He couldn't even keep his apartment clean because it hurt too much.

"Pain ruled every aspect of my life.

"Then I discovered OxyContin. I take it as prescribed by my doctor and do not abuse it in any way. I don't crush the pills and snort them. I don't dissolve them in water and inject them. I don't even chew them, I swallow them whole and they relieve my pain for 12 hours at a time.

"I can now leave my apartment any time I want. I can now do most of the things that I used to enjoy. I have made new friends and can pursue mutual interests with them. My overall health has improved dramatically. I can invite friends over for tea. I still can't hold a job but I can do several hours of volunteer work every week. I have a girlfriend who is the source of more joy than I could possibly express in words."
— Kenn Morgan, "The Blessed Bane of My Existence," *ILRC Newsletter*, St. John's, Newfoundland, online at www.ilrc.nf.ca/newsletters/newsletter7-4.htm

Morgan uses OxyContin in the way that it was intended to be used—to relieve pain. The vast majority of people who use OxyContin to relieve

Did you know . . .

From January to June 2005, doctors in the Atlantic provinces wrote 92 500 prescriptions for oxycodone-based painkillers. The vast majority of the people receiving these prescriptions needed them to cope with pain.

Further Research

Unfortunately, Oxycontin is just one of many substances being abused by Canadians. For a recent analysis of the problem in Canada, visit the Web site of the Canadian Centre for Substance Abuse (www.ccsa.ca) and review the national reports published in 2004 and 2005.

pain use it responsibly. They follow their physicians' orders, and the drug lessens their pain. Morgan feels somewhat stigmatized by the very negative publicity that OxyContin has received.

He tries to make sure that people don't know that he uses it for pain relief because, in his words, "people seem to think that if you are using it, you are abusing it."

Activity

With a partner, consider the following two perspectives of the drug OxyContin:

- OxyContin is a great benefit for those in pain.
 - OxyContin is too addictive and needs to be restricted.
1. Each of you choose one of the positions to defend. Collect arguments to support your position. You can collect supporting arguments by reading the material above and by doing further research on the Internet or in your library. Refer to other parts of this resource module.
 2. Share your case with your partner. Exchange pointers about ways to improve each other's cases.
 3. Be prepared to participate in a class debate about the issue.

You may wish to use this chart to help organize your thoughts.

Benefits of Oxycontin	Problems with Oxycontin

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Report of the OxyContin Taskforce

“The only thing I cared about was getting into town and finding a dealer. Sometimes I’d have to pull over and throw up, because you get sick if you stop taking it. I’d just close the door and keep going. I needed it just to feel normal.”

— Morley Prendergast, a former OxyContin addict, quoted by Charlie Gillis in “Illicit Trade in OxyContin Plagues Atlantic Provinces,” *Maclean’s*, May 24, 2004.

When the Newfoundland and Labrador provincial government discovered the extent of OxyContin abuse in the province, it took action quickly. It began immediately by working to inform teens and the general public about the dangers involved. Education sessions were provided in junior and senior high schools. The government distributed bookmarks and posters letting people know about the dangers of misusing OxyContin. It also started a Web site to further disseminate information about the drug.

To investigate the situation more thoroughly, a provincial task force was formed on December 15, 2003. Its mandate was to “make recommendations on a comprehensive strategy for the management of OxyContin and other related narcotics abuse.” It published its final report on June 30, 2004.

Questions the Final Report Attempted to Answer

- What is OxyContin?
- How is OxyContin different from other similar prescription drugs?
- Who are the users of OxyContin?
- Why is OxyContin a problem?
- What are the individual and system practices supporting OxyContin

misuse?

- How do we prevent OxyContin abuse through education?
- How do we help individuals who abuse OxyContin?
- What are effective harm-reduction strategies?
- What legislative and policy issues need to be addressed?

Findings

Here is a summary of the findings of the final report.

- Most OxyContin being used as a recreational drug in the province originates with prescriptions given out in the province. It is not being mass produced illegally.
- Increasing numbers of teens are misusing OxyContin.
- OxyContin is becoming available in higher strengths.
- Double doctoring (going to more than one doctor to get duplicate prescriptions) is becoming more common in the province.
- A small number of physicians are prescribing OxyContin without restraint.
- OxyContin addicts who seek help may not receive what they need, as comprehensive treatment is not available.
- There is no way for the police to track information about individuals suspected of double doctoring.
- The Newfoundland Medical Board does not believe it has the authority it needs to effectively deal with complaints against physicians.
- Health Canada’s role in monitoring the sales of controlled substances in the province is not strong enough.

Activities

Recommendations

1. Consider these ideas and order them from most important (1) to least important (11). Write a number from one to 11 beside the recommendations. Be prepared to discuss your choices.

Here is a summary of the recommendations of the final report.

- _____ Educate teens about OxyContin.
- _____ Educate the general public about pain management.
- _____ Facilitate information sharing between the Department of Health and Community Services (DHCS) and law enforcement agencies.
- _____ Improve treatment resources to better meet the needs of addicts.
- _____ Start up a Methadone Advisory Committee to oversee the development of a methadone maintenance program in the province.
- _____ Implement a needle exchange program in St. John's.
- _____ Ensure that physicians begin to use tamper-resistant prescription pads.
- _____ Train more officers in the field of illegal drugs.
- _____ Develop a Pharmacy Network.
- _____ Enable Health Canada to better monitor the sales of controlled substances and investigate drug overdoses.
- _____ Make laws to encourage the investigation and intervention in illegal drug activities.

2. An interesting trend appeared in the strength of the OxyContin tablets prescribed over time. The task force presented the following data regarding the increase in the number of prescriptions written in the province according to tablet strength between 2001 and 2003.

- Prescriptions for 10-mg tablets went from 1392 to 2022.
- Prescriptions for 20-mg tablets went from 1234 to 3231.
- Prescriptions for 40-mg tablets went from 848 to 3836.
- Prescriptions for 80-mg tablets went from 367 to 1655.

a) Convert these figures to percentages.

b) By what percentage did each dosage of tablet increase over these few years?

c) Make a bar graph to show your information.

d) What does your graph tell you about how patient requests for pain relief was changing over the years?

3. Investigate the Web site that the Newfoundland and Labrador government developed to inform teens and the general public about the OxyContin problem.

Further Research

The Web site that the government of Newfoundland and Labrador used to provide the public with information about the OxyContin problem can be seen at www.health.gov.nl.ca/oxyinfo.

Further Research

To see the Newfoundland and Labrador OxyContin Task Force Final Report in PDF format, go to www.health.gov.nl.ca/health/publications/oxyfinal/OxyContinFinalReport.pdf.

- a) Find one piece of information that you didn't know, and that you find interesting. Justify your choice.
 - b) Do you think this is an effective Web site? How would you change it to make it easier for more people to get information about OxyContin?
4. The task force recommends an increase in the sharing of medical information.
- a) Think of ways that the sharing of information among health professionals, pharmacists, and police forces might help curb the problem of the abuse of legal pain killers.
 - b) Think of possible drawbacks of professionals sharing information about patients.
5. Consider the nine questions listed above that the Newfoundland and Labrador OxyContin Task Force Final Report attempts to answer. Form a small group. Each student should select two of the questions. Find out how the task force answered them. Exchange your findings with the group after your research is complete.

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Street Drugs Being Used in Canada

What is drug abuse? It's the continued use of a drug despite negative consequences.

Some painkillers do what they're supposed to do—they ease pain without undue side effects. In some cases, however, people cannot get enough of a painkiller. They become addicted because the withdrawal symptoms are

too unpleasant to bear. This is an example of drug abuse.

Street drugs, such as ecstasy, crack cocaine, smack, and cotton also offer something that some people desire. The chart below looks at the main types of street drugs in use by Canadians today, what they offer, and what risks people take when they use them.

Category	Drugs	The High	LoD	Health Risk
Cannabis	marijuana, hashish	depressants causing euphoria, drowsiness, hunger	1	carcinogen, impaired memory, paranoia
Inhalants	gasoline, glue	depressant creating loss of inhibitions, inebriation	3	brain damage, death by asphyxiation
Stimulants	cocaine, crack cocaine, amphetamines, methamphetamines (speed, crystal meth)	stimulants increasing energy levels and creating a sense of euphoria	4	aggressive and anti-social behaviour, possible brain damage, malnutrition, death
Narcotics	heroin, morphine, oycodone, codeine, DXM	depressants causing euphoria, drowsiness	5	anxiety, depression, withdrawal symptoms, respiratory failure, death from overdose
Hallucinogens	LSD, ecstasy (MDMA), peyote, mescaline	stimulants creating hallucinations, illusions, paranoia, and euphoria	0	brain and chromosome damage

LoD = Level of Dependence (6 = highly addictive). Note that none of the drugs listed gets the highest rating for addictive qualities: 6. That honour goes to nicotine, the major drug in cigarettes!

Activities

1. Look at the information for each drug category, above. In each case, how likely do you think it is that there would be a drug abuse problem if a person were to use these drugs? Use the definition for drug abuse at the top of this page.
2. Choose one drug and research its specific characteristics on the Internet or in the library. Create a bulletin board display about your chosen drug, being sure to include visuals such as graphs and illustrations.

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Getting Help

Definition

The Beat Generation refers to a group of young people in the 1950s who rejected conventional behaviour in dress and ideas. Some used drugs.

Further Research

Help for people suffering from narcotic abuse is available at the Canadian Assembly of Narcotics Anonymous (www.canacna.org).

We all have friends who behave a little wildly once in a while. Perhaps you think your friend is going too far. Perhaps he or she is doing rash things like coming to school high, being neglectful of his or her studies or part-time jobs, ignoring his or her parents, and rejecting friends like you. Keep in mind that drugs could be responsible. Drugs do dreadful things to people and if someone becomes an addict, he or she may do anything to get their drug.

Do you think, perhaps, that you would not behave in a similar fashion? This is what William Burroughs—the famous drug addict, author of *Naked Lunch*, and leader of the Beat generation—has to say:

“Wouldn't you? Yes you would. You would lie, cheat, inform on your friends, steal, do anything to satisfy total need. Because you would be in a state of total sickness, total possession, and not in a position to act any other way.” — Quoted in Paul M. Gahlinger's *Illegal Drugs* (Sagebrush Press, 2001)

In other words, the bad behaviour you're seeing is a result of the drug.

Would you like to help your friend?

Here is what to do: talk to an adult such as your parents, a teacher, a guidance counsellor, or a doctor. Let them know what's going on so your friend can get help.

Watching Out for Overdose

If a friend takes OxyContin or another pain reliever, watch for the following signs, which may indicate a drug overdose.

- slow breathing (fewer than 10 breaths per minute is really serious trouble)
- small, pinpoint pupils
- confusion
- being tired, nodding off, or passing out
- dizziness
- weakness, apathy
- cold and clammy skin
- nausea and vomiting
- seizures

Should you let them sleep it off? No. Your friend might not wake up. Instead, call 911 and then get them walking—keep them awake at all costs. Get help. Tell an adult what's going on. Go to a hospital.

Role Play

1. Write a script in which a group of friends notices that one member of the group is behaving strangely and might be taking drugs irresponsibly. What does the group do? Do you argue about what to do? Do you take action? Do you confront your friend? After practising your role-play, present it to the class.
2. After seeing the other role-plays, reflect on your own and answer these questions.
 - Did you like the results of your role-play?
 - Do you think it reflected what would happen in real life? Why or why not?

How would you help your role-play be more true to life next time?