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National Drug Intelligence Center Kentucky Drug Threat Assessment July 2002

Other Dangerous Drugs

Other dangerous drugs, especially diverted pharmaceuticals, club drugs, and hallucinogens, are an increasing threat to Kentucky. Pharmaceutical diversion investigations were once limited to individuals but now include multiperson enterprises. The number of treatment admissions in Kentucky for abuse of oxycodone--mostly OxyContin and Percocet--increased 163 percent from fiscal year 1998 through fiscal year 2000. The increased level of diverted pharmaceutical distribution and abuse has become so significant that the Kentucky Cabinet for Health Services developed computer software to help physicians, pharmacists, and law enforcement authorities identify patterns of abuse. The abuse of hallucinogens such as ketamine, LSD, and psilocybin mushrooms and of club drugs, especially GHB and MDMA, is increasing. Club drugs and hallucinogens are popular at raves and dance clubs where the drugs are readily available and frequently abused. Peer pressure and cultural myths surrounding the use of club drugs continue to undermine the warnings of healthcare professionals regarding the serious side effects associated with these drugs.

Diverted Pharmaceuticals

The diversion of prescription painkillers is recognized by law enforcement agencies throughout Kentucky as an increasing threat, especially in eastern portions of the state. While the scope of diversion investigations was once limited to individual abusers, targets now include multiperson enterprises. Pharmaceutical diversion now involves huge profits and large quantities of drugs being siphoned from legitimate sources. The number of diverted pharmaceuticals has become so significant that the Kentucky Cabinet for Health Services developed computer software to identify potential abuse patterns.

The abuse of pharmaceuticals is a significant problem in Kentucky. In eastern areas of the state, the abuse of pharmaceuticals, particularly OxyContin, has reached alarming levels. While most pharmaceuticals are ingested orally, some users inject drugs such as methadone, OxyContin, and Dilaudid exposing themselves to the risks associated with intravenous drug use.

From FY1998 through FY2000, treatment for the abuse of prescription drugs accounted for 20 percent of all treatment admissions in the state. Male abusers of pharmaceuticals outnumber female abusers four to one in Kentucky. The state ranks third in the nation for per capita consumption of hydrocodone and codeine products. According to the Kentucky Division of

Substance Abuse, the most widely abused prescription drug categories during FY2000 (in order of prevalence) were alprazolam (Xanax), oxycodone (OxyContin), diazepam (Valium), hydromorphone hydrochloride (Dilaudid), methadone hydrochloride (methadone), codeine phosphate/sulfate (codeine), and amphetamine sulfate (amphetamine).

Prescription drugs are diverted by a number of means such as prescription forgeries, pharmacy burglaries, armed robberies, employee theft, and doctor shopping--a practice in which a patient visits multiple physicians to acquire numerous prescriptions. Diverted pharmaceuticals are transported into Kentucky by couriers, in private vehicles, or via package delivery services. Most pharmaceutical diversion involves a collection of individuals rather than organized groups working in concert. In Louisville in February 2000, undercover agents purchased more than 8,100 morphine, Dilaudid, and methadone tablets sold by an Ohio pharmacy employee. The diverted tablets had an estimated street value of \$25 to \$75 per dosage unit. In May 2001 a federal grand jury in Lexington indicted seven people on charges that they used home computers to forge prescriptions for OxyContin. The individuals scanned a legitimate prescription into a computer, altered it, and printed the copy on an ink jet printer. The individuals passed more than 30 forged prescriptions, and police estimate that more than 2,000 OxyContin tablets were obtained for use and distribution using this method. In February 2000 an eastern Kentucky police chief was arrested for acting as a lookout in pharmacy burglaries in which hydrocodone and diazepam were specifically targeted.

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In the eastern coal mining counties of Kentucky, the large-scale diversion and abuse of painkillers are particular problems. In the past coal miners spent hours each day crouched in narrow mine shafts. Painkillers were dispensed by coal mine camp doctors in an attempt to keep the miners working. Self-medicating became a way of life for miners, and this practice often led to abuse and addiction among individuals who would have been disinclined to abuse traditional illicit drugs.

Prescriptions Tracked by Electronic Monitoring System

As of January 1, 1999, all prescriptions in Kentucky are tracked by a statewide electronic monitoring system database known as the Kentucky All-Schedule Prescription Electronic Reporting system (KASPER). Physicians are beginning to make routine use of KASPER in an effort to discourage doctor shopping. The system allows physicians to query the database by sending a request prior to the patient's arrival or while the patient is in the office. Within a few

hours, the physician receives a facsimile report concerning the individual's controlled substance prescriptions and the doctors the patient has visited. Approximately 100 requests are processed daily, most from practitioners attempting to verify the authenticity of patients' complaints and requests. Kentucky State Police officials believe that the success of KASPER may be fueling prescription fraud in communities of neighboring states that do not employ such monitoring; this, in turn, leads to drugs such as OxyContin being smuggled into Kentucky.

Source: Associated Press, 26 February 2001.

Legislative efforts have also been made to monitor the diversion of prescription drugs in Kentucky. In 1998 Kentucky passed legislation that requires the use of prescription paper with security features for all controlled substances. The legislation also includes the monitoring of veterinary prescriptions. This safeguard, which has proven to be effective in decreasing written forgeries, has precipitated an increase in attempted fraudulent prescriptions phoned in to pharmacies. Physicians with questionable prescribing habits in Kentucky's interstate border locations have advised patients to fill their prescriptions in neighboring states to avoid detection.

Over the years the retail sale of diverted pharmaceuticals has progressed from individual addicts concerned only with their daily supplies to individuals working together to sell large quantities on the street, from vehicles, or from private residences. Some individuals recruit known or potential patients and use several vehicles to transport the patients to several doctors in many communities in a single day or week to conduct large-scale doctor shopping sprees. It is not uncommon for spouses or domestic partners to work together to commit prescription fraud and to sell the drugs.

There are some reports that suggest a connection between cannabis cultivation and the financing of pharmaceutical diversion. Law enforcement reports indicate that individuals in eastern Kentucky are using proceeds from marijuana sales to purchase large quantities of diverted pharmaceuticals.

Alprazolam, also known commercially as Xanax, is a benzodiazepine-type depressant used as an antianxiety tranquilizer. Benzodiazepines were first marketed in the 1960s as antianxiety medications and initially were believed to have fewer adverse side effects than other depressants such as barbiturates. Benzodiazepines affect the central nervous system, have potent hypnotic and sedative qualities, and often are abused in combination with alcohol, heroin, or cocaine to alter the side effects associated with narcotic withdrawal or overstimulation. According to the Kentucky Division of Substance Abuse, Xanax was the most widely abused prescription drug during FY2000. According to a survey of Kentucky State Police jurisdictions, the statewide average price for alprazolam was \$2 per tablet in 2000.

Another form of benzodiazepine popular in Kentucky is diazepam, also known commercially as Valium. It is a depressant with effects that are long-lasting. Both alprazolam and diazepam have ranked among the top four drugs for pharmaceutical drug abuse treatment in Kentucky since 1997. Nationally, approximately 50 percent of individuals entering treatment for narcotic or cocaine addiction also report abusing benzodiazepines.

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Oxycodone, an opiate agonist, is known commercially as OxyContin, Percocet, Percodan, and Tylox. Opiate agonists provide pain relief by acting on opioid receptors in the spinal cord and brain. Opioids are synthetic drugs that act like morphine and are the most effective pain relievers available. Oxycodone is manufactured by modifying thebaine, an alkaloid found in opium. Oxycodone is prescribed for moderate to severe pain associated with injuries, bursitis, dislocations, fractures, neuralgia, arthritis, back ailments, and cancer. It also is used postoperatively and for pain relief after childbirth.

Oxycodone-related deaths in Kentucky have increased significantly since 1998. From January 2000 through May 2001, the Kentucky State Medical Examiner's Office identified the presence of oxycodone in 69 deaths; the oxycodone levels were toxic in 36 of those deaths. OxyContin is one of the most abused oxycodone products in Kentucky. During 2000 the Pike County Coroner recorded 19 OxyContin-related deaths. Emergency room visits and deaths in eastern Kentucky attributed to OxyContin have increased significantly in the past 2 years. According to law enforcement, seven OxyContin-related overdose deaths occurred in southeastern Kentucky during December 2000.

The abuse of oxycodone products such as OxyContin has become so prevalent that officials in Kentucky are describing it as an epidemic. The number of patients seeking treatment for oxycodone addiction in Kentucky increased 163 percent, from 103 patients in FY1998 to 134 patients in FY1999 and to 271 patients in FY2000. By October 1999 several physicians had established pain clinics in southeastern Kentucky and were writing several hundred prescriptions for OxyContin on a daily basis. The Kentucky State Police report that OxyContin is more popular than cocaine in eastern portions of the state.

Abusers administer oxycodone using various means; the most dangerous is by intravenous injection. Intravenous administration involves combining crushed OxyContin tablets with water and injecting the mixture. Other abusers rub off the controlled-release coating on the tablets, crush them, and snort the powder. In eastern Kentucky abusers often have white streaks on their blue jeans indicating that they have been rubbing the coating off OxyContin tablets. Abusers sometimes use OxyContin as a suppository.

In some parts of Kentucky, OxyContin sells for \$25 per 20-milligram tablet. Individuals who are prescribed OxyContin for a legitimate medical condition may sell portions of their prescription to retail distributors in order to supplement their income. According to a survey of Kentucky State Police

jurisdictions, the statewide average street price for OxyContin is \$1 per milligram. Users and distributors also obtain OxyContin by stealing the drug from pharmacies--Kentucky is one of the leading states for OxyContin-related robberies and burglaries. Between January 2000 and June 2001, 69 of the state's 1,000 pharmacies reported OxyContin-related burglaries or robberies.

Hydromorphone hydrochloride, known commercially as Dilaudid, is an organic compound of morphine and is classified as an opioid. As a pain reliever, it is two to eight times as potent as morphine. Abusers often dissolve the tablets and inject them as a substitute for heroin. Use of hydromorphone in Kentucky has diminished slightly, although it remains one of the top five most commonly abused prescription drugs in Kentucky. According to a survey of the Kentucky State Police, the statewide average street price was \$30 per tablet in 2000.

Methadone hydrochloride, known commercially as Dolophine, is a synthetic opioid used primarily for the management of heroin and narcotic addiction at treatment centers. It is used to help alleviate the symptoms of narcotic addiction withdrawal. It is primarily administered as a liquid at treatment centers but is also available as a tablet. The tablet is designed to deter abuse via intravenous injection. However, the tablets are much easier to conceal and abuse than the liquid form. (Patients are usually required to ingest the methadone in the clinic while under observation.) Although it is closely regulated, illegal use is common. Methadone may be abused in combination with clonazepam or other benzodiazepines in order to enhance its narcotic effect. In eastern Kentucky 10-milligram methadone tablets are ground and dissolved in water before being drawn through a cigarette filter or similar filtering device; the drug then is injected intravenously. Cities with methadone treatment centers such as Bowling Green, Lexington, and Louisville, as well as those in neighboring states, are known as areas where diverted methadone and heroin transactions occur.

The effects of methadone last 24 hours before the drug is expelled from the body. Individuals may unintentionally overdose on methadone because they do not realize that the residual chemicals remain in the body long after the drug's intended effects have subsided. Abusers often ingest one drug after another until toxic levels build and respiratory failure, coma, or death occurs. As many as seven different pharmaceuticals have been detected in the blood of some methadone overdose victims in eastern Kentucky. In the fall of 2000, six individuals died from methadone overdoses in Breathitt County alone.

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Club Drugs

The abuse of club drugs, especially GHB and MDMA, is increasing, particularly among young people. A resurgence in the availability of some hallucinogens--LSD, PCP (phencyclidine), psilocybin, and peyote or