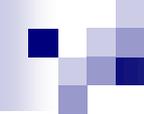


Life and Times of the Prescription Drug Abuser

Maria A Shields, M.A.
Hilary L. Surratt, Ph.D

University of Delaware
Center for Drug and Alcohol Studies



Qualitative Data

- 30 qualitative interviews conducted on each of the 6 sample groups:
 - **Street users**
 - **Methadone maintenance clients**
 - **Public pay, in treatment clients**
 - Private pay, in treatment clients
 - Elderly
 - Gay and bisexual Men



Methods

- Individuals who reported several diversion methods and extensive pill use were selected from the quantitative data to be contacted for the qualitative interviews.
- Interviews were semi-structured, lasting 1 to 1.5 hours.
- \$30.00 compensation
- Use of Grounded Theory approach

Qualitative Interviews

- The interview guide includes these subject areas:
 - Diversion mechanisms
 - Physical/mental health consequences
 - Pathways of entry
 - Motivations
 - Nature of Abuse
 - Prescription drug law knowledge
- For the purpose of this presentation, we examined street users (N=10), methadone maintenance clients (N=10), and public pay in treatment clients (N=10).



Research Goals

- The primary goals of this qualitative study are to:
 - Examine pathways into prescription medication abuse.
 - Explore current motivations for abusing prescription medications.
 - Describe the diversion mechanisms of prescription medication abusers.

Pathways to Prescription Medication Misuse

- 1. Medical Pathways (13/30)**
Public: 3, Methadone:4, Street:6
 - Prescribed by a doctor resulting from accident, injury, or surgery
 - Prescribed for mental health
- 2. Recreational Pathways (23/30)**
Public: 10, Methadone:5, Street: 8
 - Through friends or dealers
 - To moderate other drug effects
 - To substitute for other drugs
 - To self-medicate

Pathways: Medical

Prior injuries (sports, accidents)

“I didn’t do all the prescription drugs until I was in a really bad car accident in 2000...I went to, basically, a pain management doctor. They started me on Vicodins. That was another one. Then I went to Percocets, then it went to the Roxis, and then to the Oxys. Over a period maybe three years, it went from eight Vicodin to massive amounts of Roxis...”

- 41 year old white, female, public pay, in-patient treatment client.

Operations

“I ended up having an ovarian cyst that ruptured, and I was sick for like a year and a half, so I had all kinds of pain medicine; Xanax and all kinds of stuff. I got definitely addicted to them.”

- 49 year old female, black, street user

Mental health problems

“I went to a psychiatrist after my marriage broke up, and I told him I needed help. I was having really bad thoughts of killing my ex-husband, and I was afraid I would kill him. I was nuts. He gave me Xanax and I told him I felt pain in my knees and in my lower back from fighting with my ex-husband. He gave me Roxicodone.”

- 33 year old, Italian, female, public pay, in-patient treatment client.

Pathways: Recreational or Other

Friends/ Dealers

“One of our friends came over and he offered my brother Xanax, and me being the twin sister I was like, “Oh let me try.” So, we both just crushed them up, snorted them, and ever since then I’ve loved Xanax. I still love Xanax.”

- 18 year old white, female, public pay in-treatment client

To Moderate

“I started snorting coke and snorting coke and snorting coke, and then Percocets and Vicodin and all that seemed to have the same effect as heroin, which calmed me down and helped bring down the cocaine.”

- 60 year old Hispanic, male methadone client

To Substitute

“Well, I found out...cause I didn’t know a lot about heroin when I started using it but you find out real quick that if you don’t have it...that you get really sick without it. And those are two of the things I found out that...you can take it in place of them...(Oxycontin and Dilaudid) not to not get sick.”

- 43 year old Hispanic, female methadone client

To Self- medicate

“Pain that’s inside. You know? Whether its anger, whether its growing up from how I grew up or to medicate myself- to numb myself.”

- 40 year old white, female street user



Current Motivations for Prescription Medication Misuse

1. **Get High (13/30)**

Street Users: 3

Methadone: 3

Public, in-treatment: 7

2. **Relieve Pain (10/30)**

Street Users: 4

Methadone: 4

Public, in-treatment: 2

3. **Moderate other drug effects (9/30)**

Street Users: 5

Methadone: 1

Public, in-treatment: 3

Current Motivations for Prescription Medication Misuse

Get high

“Because my neck and back still hurt, but I do them more now to get high than before. I guess it was kind of the same reason. I wanted to get high before, but I guess more now I want to get high- It’s just to get high. ”

- 21 year old white male public pay client

Pain

“Yeah so my tailbone is not longer curved. It’s flat, so I have pain, and that’s another reason why I do the Percs still...This is real. I have paperwork right here saying that it’s abnormal that the discs in my back are crushed, so the middleman (friends/dealers) will be cut out very soon. And I’ll be getting them prescribed.”

- 40 year old white female street user

Moderate other drug effects

“I take them- Like I’ll take the Percocet and then I’ll wait a couple of hours and then take me a Xanax. That’s when I am getting high smoking. That’s just to bring me down.”

- 40 year old black female street user

Diversion Mechanisms of Prescription Medication Abusers

1. Dealer (24/30)

Public: 8, Methadone: 7, Street User: 9

Street dealer

“Suburban” dealer

2. Sharing/Trading (23/30)

Public: 7, Methadone: 7, Street User: 9

Sharing

Trading pills for pills

Trading pills for goods/services

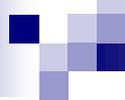
3. Doctor Shopping (15/30)

Visiting multiple doctors with the goal of obtaining multiple prescriptions.

Public: 7, Methadone: 5, Street User: 3

Emergency Rooms

Pain Clinics



Main Diversion Mechanisms: Dealer

Street Dealer

“You know that wall that sits outside in the front of the library? People walk up and down it and you can buy all the Xanax you want, all the Percocets you want. You sit there and buy it for two dollars.”

- 48 year old Hispanic male, methadone client

Suburban Dealer

“It’s not very hard to get from different people...I usually meet them through a friend and you get their cell phone number and then you, “Oh meet me at the Walmart parking lot...I need 10, here’s 100 bucks. But they always have like, a constant Roxi or Oxy thing, because that’s what they can sell the most. I’ll tell you the truth. Once you try Roxi’s or Oxy’s, Xanax and all that doesn’t even matter anymore.”

- 19 year old white male public in treatment client

Main Diversion Mechanisms: Sharing/Trading

Sharing

“Like, I had one good friend that I always did it with. When she went- Like, we got our scripts at- Our doctor always set it for 15 days. Every week I would get mine, every other week, she would get hers, so it was like when I ran out, and I would have, like, a few days, she would just have gotten her script; vice versa with me.”

- 28 year old white female methadone client

Trading Pills for Pills

“Yes, yes. Switch up. ‘Cause I would need my Hydrocodones more than my Xanax, so I’d sometimes trade up...one girl would trade down. She’d want Xanax, and she’d trade some of her Methadone, and yeah, they all do it.”

- 43 year old white female methadone client

Main Diversion Mechanisms: Sharing/ Trading

Trading for Goods

“And I’ve got these two friends that go to a pain clinic, and they don’t have a car, so they’ll call me and ask me to drive them. Then they’ll give me, like, 10 Oxy’s for doing it.”

- 49 year old black female street user

“They needed something like a car stereo or something...So, I would go, and I would buy it with my credit card...You know, whatever they wanted, ‘cause I figured it was the same as cash. I’m getting it cheaper. A stereo’s going to cost me \$100 bucks. And he’s giving me \$30 of them, so I’m making off better that way. I don’t have to worry about it until next month on my credit card...Pay the 10 bucks a month.”

- 40 year old white male methadone client

Main Diversion Mechanisms: Doctor Shopping

Doctor Shopping- Pain Clinics

“ You ever see a New Times magazine?...You’d just get a New Times. We wouldn’t even have an appointment. We’d just be driving down south, and you’d be calling places. “Alright. Got an appointment here, here, and here....” A lot of them have a pharmacy inside. So you’d go there, get the prescription... The pharmacy’s right there, you’d give them the prescription, and they’d fill it for you, and you’d leave. Those are the ones that a lot of the people that doctor shop like because those pharmacies they know aren’t connected to another pharmacy that they already went to like 20 days earlier...”

- 21 year old white male public pay client

“I don’t know anybody that would go to a hospital or a general practitioner because they pretty much- They treat you different. They look at you like you are a drug addict. They won’t write you a prescription as easily, as quickly, and as much as a pain clinic will. I mean, now I have legitimate reasons to go get pain meds, and if I go to a hospital they’ll give me like, a week’s worth. If I go to a pain clinic I’ll get a month’s worth.

- 27 year old white male, in treatment client

PAIN? BROWARD PAIN MANAGEMENT SPECIALISTS P.A.

DISPENSING ON-SITE • DETOX TREATMENT NOW AVAILABLE USING SUBOXONE

We Treat **AUTO ACCIDENT VICTIMS**

Chronic and Acute Pain Relief • FDA Approved Opiate Meds
Accepting New Patients • Patients seen within 30 Min. • Walk-Ins Welcome

Serving: Tamarac, Ft. Lauderdale, Pompano, Deerfield Beach, Hollywood

Ferdinand Cabrera, M.D. • John Cosby, D.O. • Robert Treuherz, M.D.

TAMARAC
954.724.9585

POMPANO
954.957.7500

FT. LAUDERDALE
954.489.2200

Our policy is the patient & any other person responsible for payments has the right to refuse to pay, cancel payment, or be reimbursed for any other service, examination or treatment which is performed as a result of & within 72 hours of responding to the ad for free, discounted fee or reduced fee service, exam or treatment. Chiropractic waived.

Initial Visit
\$30

(MUST BRING IN COUPON AD)

Lake Worth Pain Management Specialists, Inc.

••• **NOW OPEN** •••

CHRONIC & ACUTE PAIN RELIEF
FDA APPROVED MEDICATIONS • DISPENSARY ON-SITE

Michkel Berman, M.D.

SEEN WITHIN 30 MINUTES
PRIVATE & CONFIDENTIAL

561.434.9949

SERVING LAKE WORTH, GREEN ACRES, BOYNTON BEACH
7749 LAKE WORTH RD., LAKE WORTH, FL 33467

Our policy is the patient & any other person responsible for payments has the right to refuse to pay, cancel payment, or be reimbursed for any other service, examination or treatment which is performed as a result of & within 72 hours of responding to the ad for free, discounted fee or reduced fee service, exam or treatment. Chiropractic waived.

Initial Visit
\$30

(MUST BRING IN COUPON AD)

Grand Opening

Conveniently located in **Midtown Miami**



MIDTOWN
PAIN MANAGEMENT

\$100 **1-877-6MIDTOWN**
Initial Visit **305-603-8990**



Caring & Confidential Treatment
On-Site Dispensing
Detox Programs
28 Day Follow-Ups
Walk-Ins Welcome

Dr. Jeffrey M. Lipman D.O.
Dr. Christopher Wayne D.O.

Open Mon-Fri

Sat & Sun By Appointments Only

3800 N. Miami AVE Downtown Miami 33127

Now, that's gonna hurt!



ATLANTIC MEDICAL SOLUTION
POMPANO BEACH

954.738.1820

Located 1/2 mile North of
Atlantic Blvd off Federal Highway
950 N. Federal Highway - Suite 111
Pompano Beach, FL 33062

\$100
FIRST VISIT
WITH COPY OF AD

BRAND
NEW FACILITY

WALK-INS
WELCOME

ON-SITE
DISPENSING

TWO ON-SITE
PHYSICIANS

MINIMAL
WAITING TIME

Dr. Moulton Keane
Certified for Suboxone Detox

Main Diversion Mechanisms: Doctor Shopping

Doctor Shopping- Emergency Room

“You go into the emergency room. I’m like, “Hey, I really have a bad toothache,” and they’ll check you out. Sometimes I would irritate the area, so it’ll look – it’ll get swollen eventually. I would irritate it, so when I do show them, they’re like, “Ooh, yeah. That looks bad.” You know?...That’s the easiest way to get them, through the emergency room...and then they’ll prescribe me 30 pills.”

- 41 year old black male street user

“Yeah, the ER thing. And they’ll go and – I had a buddy who used to do the kidney stone thing...They’d want a urine sample...Okay, I’ll be right back.” He’d go into the bathroom and prick his finger, he’d put two drops of blood in the urine, and there you go, you’ve got kidney stones.”

- 35 year old white male methadone client

Summary

- For all 3 samples, pathways to prescription medication misuse was more likely to be recreational.
- Current motivations varied for all 3 samples
 - To get high was most prevalent among public pay clients (7/10)
 - To moderate was most prevalent among street users (5/10)
 - These were the most common motivations among the 3 groups total, however, the methadone clients were more likely to cite anxiety/ coping for their current motivation.
- Diversion Mechanisms
 - Dealers were the most popular source for all 3 groups
 - Public pay clients were more likely to doctor shop; street users were the least likely to doctor shop
 - Street users were more likely to obtain medications from sharing/trading than public pay or methadone clients.



Implications

- No one size fits all drug user: motivations and diversion differs among user groups.
- Doctor shopping through the use of pain clinics appears to be an important factor in the diversion of medication in South Florida.
- As study progresses, look forward to comparing these groups with other groups to assess differences.
- Findings can help to inform treatment and intervention strategies.