



Wellbriety!

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OxyContin in Indian Communities



It's an important
painkiller when used
in a compassionate
and legitimate
way.

Misused, its
just a killer.

It's time to
talk about
prescription
drug abuse
in American
Indian and
Alaska Native
communities



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OxyContin in Indian Country

A prescription drug threat that few are talking about

by Richard Simonelli and Marlin Farley

The news broke nationally in early February of 2007 that celebrity Anna Nicole Smith was dead of a drug overdose at 39. Six weeks later, on March 26, the results of an autopsy revealed that the cause of her death was combined drug intoxication from nine prescription drugs. None was illegal. She had a prescription for each and every one of them.

Advance the calendar another six weeks to May 10, 2007 and prescription drugs are in the news again. On that day, three current and former executives of the pharmaceutical giant Purdue Pharma pleaded guilty to misleading the public about the addictiveness and potential danger of its leading pain medication. The company and its president, top lawyer and chief medical officer were hit with fines of \$634.5 million for unleashing a highly abuseable, addictive and potentially dangerous drug on an unsuspecting and unknowing public. Purdue Pharma marketed the painkiller by downplaying its addictiveness and encouraging physicians to over prescribe. The painkiller is OxyContin.

Now turn the calendar back about 10 years from today in Indian country. It wasn't long after OxyContin's introduction in 1995 that American

Indian and Alaska Native communities started noticing a new pattern of addiction in their midst. But for 10 years OxyContin misuse and addiction has flown under the radar in Native communities in a pattern of secrecy, underreporting and simply not talking about it. This took place even as deaths were reported from OxyContin, dubbed "hillbilly heroin," in many non-Indian, rural low income communities along the east coast in the early 2000's.



Smith's death and the guilty plea by Purdue Pharma brought prescription drug abuse into the open yet again. They've underlined at least one thing Indian communities have known for a long time: OxyContin abuse is killing Native people. The first line of defense when a pattern of drug abuse finally becomes visible is always

knowledge. What is OxyContin? What does it do to people and how are people getting it? And why are American Indian and Alaska Native communities particularly vulnerable to its deadly harvest?

A synthetic opiate

OxyContin is a synthetic opiate (opioid) with strength and addictive potential lying somewhere between morphine and heroin. Its active ingredient



is oxycodone hydrochloride, an opioid related to the synthetic opiate hydrocodone that has been around for a long time as *Vicodin*. It is also related to the oxycodone-based pain killers Percodan and Percocet. Natural opiates such as codeine, morphine and heroin are all derived from opium, a product of the poppy plant. But painkillers such as OxyContin, Vicodin, Percodan, Percoset and even Demerol are all created synthetically through the processes of organic chemistry.

There is one big difference between OxyContin and all other opiates and opioids, making it especially deadly when misused. OxyContin is a “designer drug” whose built in timed-release feature can be defeated when tablets are broken, chewed or crushed. Its dosage-safety is only guaranteed if the pills are swallowed whole. The problem is even worse when it is snorted or injected intravenously. For when the gradual timed-release chemical feature is defeated, higher doses of oxycodone HCL rush into the bloodstream all at once. That’s when people can overdose and die.

The arrival of OxyContin from Purdue Pharma in 1995 gave physicians a better pain medication tool for moderate to severe pain management than had existed until that time. The timed-release feature allows some cancer, back pain and surgery patients to meet their pain management needs by taking only two pills per day. The timed-release technology keeps a steady trickle of the pain killer flowing into the bloodstream, thereby providing better pain management than had been available before. So there is a completely legitimate and compassionate use for OxyContin out there today. But when it is diverted to drug abusers and drug dealing networks it has the same addictive results as


heroin, even though it is not considered an illegal, hard drug.

Opiate and opioid addiction

Why do people become OxyContin addicts? Because it makes the pain go away. Some people say that when they take it they feel the best they have ever felt in their lives. Why? Because it makes the spiritual, emotional, mental and physical stresses of living appear to disappear while the drug is working. Messy, unresolved issues in a person’s life seem to go on hold while any opiate-like painkiller is in their system. But we really need to emphasize that it only *seems* to make the pain go away. As soon as the drug wears off, that same pain, anxiety, fear, stress and worry comes back much stronger. It comes back ten fold. It comes back with a vengeance until you take the drug again.

And so you have to take it again, and again, and again. First you become psychologically dependent on it, and then a true physical addiction sets in. As the body becomes physically addicted to an opiate or an opiate-like substance, tolerance builds up. It takes more and more of the substance just to keep from becoming physically sick. It takes more and more just to stay straight. After a while, an opiate addict needs the drug just to stay straight. The days of the attractive high felt at the beginning of opiate addiction are just a memory. The addict has become a slave to the drug and to the lifestyle it takes to get it. Personal relationships with community, family and loved ones go to pieces. A person’s true spirituality diminishes, even though he or she might feel good due to the analgesic effect of the drug. Spirituality is weakened because true spirituality teaches a person how to face life’s messy issues, not to cover them up. One’s own self-respect and pride





disintegrate. But an opiate addiction hides all this, covers it over in one of the nastiest delusions and self-deceptions possible.

Patterns of OxyContin abuse

Many people first get in trouble with OxyContin when they start taking it under a doctor's prescription for severe back pain or after major surgery. It can start out as innocent pain management and progress into addiction. Multiple surgeries, perhaps more prevalent with Indian health conditions, can lead to dependence on oxy. Slow increases in dosage often take place when people misrepresent their pain symptoms and ask their physicians for more. "How can this be wrong—my doctor is prescribing it?" Sometimes doctors don't practice pain medication replacement therapy properly. They don't wean people off the strong painkillers at the earliest possible moment after surgeries and other pain incidents. This is when psychological dependency begins. In full-blown OxyContin addiction, people often start out by taking it orally, progress to crushing and snorting it, and before long they inject the dissolved powder intravenously. Needles and syringes are usually easy to come by in Indian communities because a high rate of diabetes makes their presence for diabetes therapy plentiful.

People in recovery from alcohol abuse are especially vulnerable to OxyContin use and therefore potentially to opiate addiction. Some feel that they can take the occasional oxy to kick back and feel better without violating their recovery. In their heads they are still straight because they are not drinking or smoking dope or meth. In their minds they are still straight. Those coming out of long-term treatment experiences are saying that when

alcohol didn't work any more, when amphetamines didn't work any more, when cocaine didn't work any more, oxy worked. It just killed everything. It made them feel good again. A lot of this dangerous entry level oxy use is rationalized away by saying, *it's from a doctor, from a prescription, it's a medicine, it's not illegal, not a problem, right?* Wrong!

In some reservation communities, oxy problems are running neck in neck with alcohol. OxyContin use is often more serious than meth use and more serious than crack cocaine. It can affect three generations in a single family. Some are saying even four generations of some families are getting high together. The sad part of it is that we have grandmas who are 70 years old, who are shooting it with their 50 year old daughters, and the daughters are shooting it with their 30 year old daughters, and these daughters are shooting it with their 15 year old daughters. It's something that seems to attract females more than men, although plenty of men are addicted, too. Right now, OxyContin abuse can span an age spectrum from 14 or 15 years old, all the way to the elderly.

Where does it come from?

These are some of the facts about OxyContin abuse and addiction. But where does the supply of OxyContin come from in the first place? **Doctor shopping** is one of the scams people run to get legal prescriptions of oxy to feed their habits. Both OxyContin addicts and those who want to sell oxy on the rez often travel far and wide from their home communities to get legitimate prescriptions from doctors in other cities and towns. Such people have a cover story, local contacts and other backup needed to convince a doctor to write a prescription



for them. They know just what to say. They cleverly move from doctor's office to doctor's office and from pharmacy to pharmacy to keep the supply coming. When one area begins to dry up because doctors and pharmacies are wising up, they move on to another town or city.

Prescription splitting is another way to keep up the supply. People will arrange to buy oxy's from cancer patients or terminally ill patients who have large, reliable prescriptions, either on the rez or from other communities. People getting valid prescriptions on a monthly basis get into selling them. They become dependent on the income. The sad thing is that they are part of the whole OxyContin problem because they need the money. Elders in Indian country are particularly vulnerable to become dealers in this way because they are probably not meeting their own living expenses on the social services checks they get each month. The economics in these transactions tells the whole story.

OxyContin tablets can sell for \$50 per pill on the street. If a person gets a 90-count prescription legitimately per month, he or she can arrange to keep 50 per month for pain needs and sell the remaining 40 at \$2000 per month to help make ends meet. People have learned to be sure to take their reduced supply of pills at the right time, just before a nurse's scheduled home visit so that their blood test for oxy comes up normal. Using alcohol, marijuana or lesser prescription pain medication such as Vicodin, if available, can make up the pain deficit a person experiences when selling part of the monthly supply.

Another source of supply comes from **drug dealers** who arrive in town with entire bottles of OxyContin to sell. These bottles might have originated in a pharmacy theft from anywhere in the

US or Canada. OxyContin is really an underground problem at this time. The police and other officials are looking for the harder stuff and the homemade substances such as meth. They often have no idea that this prescription problem is huge with Native American culture right now. They want to get the big time dealers that really don't mess around with small stuff, such as a 90 count bottle of OxyContin. What they don't realize is that there are dealers who are making really good money off of this.


Still another source are the **rogue online pharmacies** whose misuse of the Internet is the current subject of a Senate Judiciary Committee seeking to shut down the illegal sale of controlled substances online. Please visit the website link given at the end of this article for more information.

Solutions

OxyContin use may be an unreported contributor to high suicide rates or other seemingly unrelated causes of death in Indian communities. People in the community know who is using OxyContin but this information doesn't come forward when a death occurs. There is rarely an autopsy that might show the presence of OxyContin, in contrast to Anna Nicole Smith's high profile autopsy revealing the presence of nine prescription drugs contributing to her death. So what are the solutions to OxyContin use in Indian communities? Where can people turn for help?

Right now, few reservation-based people are actually seeking treatment for OxyContin abuse alone. They usually enter treatment programs for alcohol or the other illegal hard drugs. Oxy addiction is somehow lumped in with the more recognized substances in treatment programs. The





front line of self-help for some individuals on the rez remains Alcoholics Anonymous and Narcotics Anonymous. NA would be a more logical choice, but NA meetings on reservations are scarce or non-existent at this time. A few reservations offer medication assisted treatment programs that utilize methadone or buprenorphine maintenance regimens. Wellbriety! Magazine will have more information about this in a future issue. And a few fortunate individuals hit bottom or come to their senses about oxy addiction through the significant event of prison time.

People can and do recover from OxyContin addiction and misuse. Everybody has that *significant event* in life that caused them to quit drinking and quit using drugs. For some, it is the sound of the jailhouse door slamming behind them and the loss of their kids in the process. The times have changed and Native American culture is now recognized in the iron house. An Indian inmate can make the personal choice to join a Native American recovery group in prison. Sometimes this is an AA/NA group, and some prisons offer the Wellbriety movement Medicine Wheel and the 12 Steps program. People do enter recovery in prison and are ready to face day-at-a-time living when they come out.

People can and do recover from OxyContin addiction and abuse. When asked, *What do you do on a regular basis to stay clean and sober?*, reservation residents who had tangled with both alcohol and OxyContin responded.

One said,

“I go to AA three days a week. I had to find all new friends through AA. It helps a lot knowing that there


are people really in the same boat you are. I just say they have got to turn to Creator. They got to get some kind of Creator in their life, whether it is God, Jehovah, or whoever they go to pray to. You can’t go back. I knew I couldn’t come home from prison and hang out with all my old friends, my old drinking buddies, my drug using friends. I had to find new ones. You think it’s hard, but if you’re dedicated to living a new life or having some kind of new start, that’s where you have got to start. I was lucky enough to find pretty much everyone in my AA group. I call them frequently.”

And another:

“I stay really involved with AA. That’s been the key for me. I was a late bloomer as far as drinking. I didn’t take my first drink until 17. It took 4-5 years before I couldn’t keep it under control. OxyContin use was happening for me at the same time. AA has turned it around for me. Now I try to be a positive role model. I have my good days and bad days, but how I deal with them makes the difference. AA has given me that tool to work through life. The hard problems and the easy ones. It might not be for everyone. I don’t think it is a cure for the nation, but it’s how I keep my serenity, I think. It’s turned my life around to where I’m able to work with kids in our community. Now I’m able to be a useful, productive member of society.”

More Solutions

“Just say ‘know’ to meth,” joked Wellbriety movement Elder Theda New Breast at the White Bison, Inc. meth conference held in April of 2006. Likewise, workshop facilitator Sissy Falcon said, “We need to become educated, educated, educated,



educated, educated (about meth)...” We are now at a place where cautionary, educational information about OxyContin use in Indian communities needs to come out and be shared nation-wide in order to start the healing journey for OxyContin. Here is a brief summary of some of what we know so far.

Summary

Very addictive

OxyContin is a drug similar in its effects to morphine or heroin. It is physically addictive and individuals must go through withdrawal from OxyContin addiction just like from morphine or heroin. OxyContin is really a kind of synthetic heroin.

Can kill

Chewing or crushing and swallowing an OxyContin tablet or tablets can result in an immediate overdose because the timed-release mechanism is defeated. People have died from this.

Secrecy

OxyContin abuse is out of control in Indian communities but there is a huge secrecy problem in talking about it. It is a silent killer, responsible for many deaths in Indian country, not officially attributed to OxyContin.

Interferes with alcohol recovery

OxyContin use can interfere with an individual’s recovery from alcohol and other drugs in a number of ways. People taking small, sub-addictive amounts of OxyContin on a regular basis, without pain, but in order to relax, are in fact still using.

Alternatively, people who must take OxyContin for the pain of cancer, back injuries and major surgeries

feel that they have violated their recovery and may stop attending recovery meetings, which they need more than ever, and which would gladly have them.

Doctor shopping

Regular doctor shopping is one means of obtaining a legal supply of OxyContin in order to maintain an OxyContin addiction.

Prescription splitting

Selling a portion of a legitimate prescription is another source of OxyContin for sale in the community. This may be unique to reservation and other low-income communities because it creates another source of income in order to help cover hard-to-meet living expenses. Sadly, it provides an economic niche for ordinary people in a tight spot who shouldn’t have to resort to drug dealing for their income.

Generations of use

Entire families are often using OxyContin.

AA/NA

AA and NA meetings are still a first source of support for people who want to recover from OxyContin use, once they successfully go through OxyContin withdrawal and detoxification.

The Wellbriety movement has it in its power to respond with:

- ✓ Community-based information campaigns to get out the word about the dangers of OxyContin and other prescription drugs. For example, information tables at Wellbriety Fests and at recovery month



events, such as Recovery Month, September, 2007.

- ✓ Print and video media presentations about OxyContin, originating from local and regional communities. For example, newspaper and magazine articles as well as DVD's
- ✓ Ready visibility as agenda items at Wellbriety and recovery coalition events originating in local communities.

OxyContin is the next “new” drug threat to hit our communities after methamphetamine. It won't be the last. We have the will and the heart to bring its threat out in the open as a first step in responding. We can break through the denial and the secrecy. The Wellbriety movement is strong. We can do this.



Visit this website for more information about rogue pharmacies:

<http://www.casacolumbia.org/absolutenm/templates/PressReleases.aspx?articleid=492&zoneid=65>

Richard Simonelli is the editor of Wellbriety Online Magazine and media specialist for White Bison, Inc.



Introducing Marlin Farley

Marlin Farley is a citizen of the White Earth Nation located in northwest Minnesota. Marlin has worked in the fields of adolescent emotional/behavioral disorders treatment, domestic violence, family based services, chemical dependency, and restorative justice for the past 26 years. He has dedicated his life's work to helping Native communities, families, and youth. He is currently the chairman of the "Access to Treatment Committee" for the Minnesota Problem Gambling Commission, founder of "Blackstone Consulting," co-founder of "Painted Sky Media," and steers the Wellbriety Movement of the Ojibwe. He is committed to help move the White Earth, Leech Lake, and Red Lake nations into Wellbriety. The Wellbriety Movement of the Ojibwe has over 100 trained circle facilitators and has three coalitions committed to building drug free communities. Marlin also facilitates Circle process trainings, grief workshops, and gambling addiction presentations. He is a member of the White Bison, Inc. Board of Directors.

