

FACT SHEET

OxyContin[®]

(Oxycodone Hydrochloride)



www.ccsa.ca

Overview

OxyContin[®] is a semi-synthetic, opioid-class (narcotic) analgesic. It is used medically as a prescription painkiller to control moderate to severe pain, chronic pain, and pain related to cancer and other debilitating and terminal conditions. It is often used when other opioids such as codeine or morphine have not been effective or when patients experience intolerable side effects with these medications. OxyContin contains oxycodone in a controlled-release tablet (5 mg, 10 mg, 20 mg, 40 mg, and 80 mg) that provides 12-hour pain relief. Other prescription medications containing oxycodone include Percocet, Percodan, Endocet, Endodan, ratio-Oxycocet and ratio-Oxycodan. In Canada, OxyContin is manufactured by Purdue Pharma (www.purdue.ca).

Since its introduction in 1996, OxyContin has become a popular prescription pain medication.¹ Currently, hundreds of thousands of Canadians use OxyContin under medical supervision for pain relief. In Canada, 6% of the 13.7 million prescriptions written for opioid analgesic products in 2004 were written for OxyContin².

When used illicitly, OxyContin can be taken in pill form, or crushed and then ingested, snorted, or diluted in water and injected (thereby introducing a range of health concerns related to injection drug use).

Most individuals who abuse OxyContin do so to gain euphoric effects and to avoid withdrawal symptoms. OxyContin is said to produce effects similar to heroin. OxyContin is often consumed in combination with a variety of other licit and illicit substances, including alcohol (“poly-abuse”). Those who take the drug repeatedly with or without physician direction can develop a tolerance or resistance to its effects and can become either physically dependent or addicted.

Oxycodone-based products have been used illicitly for the past 30 years. Like other opioids, oxycodone can be highly addictive when used in non-medical circumstances. In the U.S., the drug carries an FDA “Black Box Warning”—the most severe warning to medical personnel and consumers that the drug has an “abuse liability similar to morphine.” Labelling of the product in Canada lists similar contraindications and safety precautions.

Abuse of OxyContin was first reported in mid-2001 when some patients in rural areas of Virginia discovered that they could sell the drug, like other prescription opioids, for profit. Incidents of theft, robbery and prescription fraud made it hard for legitimate patients to obtain OxyContin since many pharmacies refused to carry it. Recent studies have demonstrated that trafficking in prescription drugs is one of the only cases where the product actually *gains* in value when sold illegally (as compared with stolen goods such as TVs and camcorders)³.

¹ In the U.S. in 2000, OxyContin sales exceeded \$1 billion, making it the top selling brand name prescription painkiller.

² Data provided by Purdue Pharma Division of Corporate Affairs and Communication (Fall, 2005).

³ Rehm, J., & Weekes, J. (2005). Abuse of controlled prescription drugs, In Canadian Centre on Substance Abuse (2005). *Substance abuse in Canada: Current challenges and choices*. Ottawa, ON: Canadian Centre on Substance Abuse.

In Canada, the abuse of OxyContin and other opioid-based medicines has been prevalent in Atlantic Canada. Indeed, concern about the apparent abuse of OxyContin sparked a Task Force in Atlantic Canada in 2004 to investigate the phenomenon. Among its findings, the Task Force reported that most of the OxyContin available for non-medical use originated from physicians' prescriptions, that a small number of physicians were prescribing controlled substances excessively, that diversion of OxyContin for non-medical purposes was widespread, and that there was a growing number of adolescents abusing OxyContin.

It appears that OxyContin is a popular drug for abuse due to its heroin-like effects, coupled with the time-released properties of the manufactured drug. A tablet of OxyContin is designed to release oxycodone over a 12-hour period (hence "Contin" meaning continuous release). If the tablet is crushed, oxycodone is released immediately, giving the consumer the full dosage of the medicine contained in the tablet. The drug's continuous release action has obvious advantages for patients; however, when the full dose is released all at once, it can result in a lethal overdose for users who have not developed sufficient tolerance to opioids or who consume the drug in combination with other drugs (including alcohol).

Purdue Pharma is currently attempting to develop an alternative to OxyContin in order to reduce the potential for abuse.

Side effects of OxyContin

- Constipation
- Confusion
- Dry mouth
- Altered mental state
- Light headedness
- Headache
- Sedation
- Sweating
- Respiratory depression
- Nausea
- Vomiting
- Physical dependence

Symptoms of overdose

- Slow breathing
- Seizures
- Dizziness
- Weakness
- Confusion
- Cold and clammy skin
- Constricted pupils
- Loss of consciousness
- Coma
- Death

Common street names and terms associated with OxyContin

- "Oxy"
- "OC"
- "Oxycotton"
- "Killer"
- "Kicker"
- "Hillbilly heroin"
- "Double-doctoring" or "Doctor Shopping"—obtaining prescriptions from various physicians
- "Pill Ladies"—female senior citizens who sell their prescribed OxyContin
- "Pharming"—consuming a mixture of prescription medications

Prevalence estimates for non-medical use

- In Canada, prevalence estimates of OxyContin abuse are not available.
- In the U.S., the 2001 National Survey on Drug Use and Health estimated that approximately 957,000 people aged 12 or older had used OxyContin non-medically at least once in their lifetime. This number is higher than estimates from both 1999 (221,000) and 2000 (399,000).
- The 2002 Monitoring the Future Study (U.S.) included a questionnaire on OxyContin. In 2002, 1.3% of 8th graders, 3.0% of 10th graders, and 4.0% of 12th graders reported using OxyContin within the past year.

- In some parts of the U.S., the non-medical use of OxyContin has replaced the use of heroin (particularly in rural areas that are beyond the range of the heroin trade).
- In the U.S., it has been estimated that more than 300 people in 31 states have died of OxyContin overdoses over the past two years.
- A survey by the Centre for Addiction and Mental Health (CAMH) found that one percent of Ontario students reported using OxyContin. Similarly, a recent survey of drug use among students in Manitoba by the Addictions Foundation of Manitoba revealed that less than one percent used OxyContin in the past year.

Prevention

In the U.S., the Drug Enforcement Administration (DEA) has formulated a comprehensive four-pillar prevention plan to deal with concerns about the increased illicit use of OxyContin. The plan consists of 1. enforcement and the use of intelligence tools, 2. use of regulatory and administrative powers, 3. industry cooperation, and 4. awareness, education, and community outreach initiatives. The National Institute on Drug Abuse (NIDA) in the U.S. has developed a somewhat similar prevention and detection plan that includes support from physicians, pharmacists and patients. In Canada, various organizations and associations have published guidelines or discussion papers to inform physicians about the appropriate use of opioids in patients with chronic non-malignant pain.

Taken together, these approaches emphasize liaison with the health care community, the pharmaceutical industry, and other domestic and international agencies (including law enforcement); education of medical professionals regarding various scams that are used to obtain controlled substances for illicit purposes; public education and awareness training; and the investigation of individuals who are suspected of diverting prescribed medication for illicit purposes.

Treatment for OxyContin abuse

Treatments for abuse of OxyContin, like other opioids, includes the use of various opioid substitution therapies such as methadone, LAAM (levo-alpha-acetyl-methadol)⁴, naltrexone and buprenorphine to help with symptoms of withdrawal. Treatment can also involve detoxification, including rapid detoxification techniques, and traditional behaviour-oriented therapies such as individual counselling, group or family therapy, contingency management, and cognitive-behavioural therapies. Currently there is no research base of controlled treatment outcome studies specifically examining OxyContin.

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⁴ LAAM is not approved for use in Canada.

Sources

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See also:

www.DEAdiversion.usdoj.gov. “Working to Prevent Diversion and Abuse of OxyContin”.

The Canadian Centre on Substance Abuse (CCSA), Canada’s national addictions agency, was established in 1988 by an Act of Parliament. CCSA provides a national focus for efforts to reduce health, social and economic harm associated with substance abuse and addictions.

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