

## OXYCONTIN®: PRESCRIPTION DRUG ABUSE— 2008 REVISION

### OxyContin® Frequently Asked Questions

#### **Q: What is OxyContin?**

**A:** OxyContin is a semisynthetic opioid analgesic prescribed for chronic or long-lasting pain. The medication's active ingredient is oxycodone, which is also found in medications such as Percodan® and Tylox®. However, OxyContin contains between 10 and 80 milligrams (mg) of oxycodone in a timed-release tablet. Painkillers such as Tylox® contain 5 mg of oxycodone and often require repeated doses to bring about pain relief because they lack the timed-release formulation.

#### **Q: How is OxyContin used?**

**A:** OxyContin, also referred to as “Oxy,” “O.C.,” “Killer,” “Ox,” “Oxy Cotton,” “Oxy80,” and “kicker” on the street, is legitimately prescribed as a timed-release tablet, providing as many as 12 hours of pain relief. It is often prescribed for cancer patients or those with chronic, long-lasting pain. The benefit of the medication to people who suffer from chronic pain is that they generally need to take the pill only twice a day, whereas a dosage of another medication would require more frequent use to control the pain. The goal of chronic pain treatment is to decrease pain and improve function.

#### **Q: How is OxyContin abused?**

**A:** People who abuse OxyContin either crush the tablet and ingest or snort it or dilute it in water and inject it. Crushing or diluting the tablet disarms the timed-release action of the medication and causes a quick, powerful high. Those who abuse OxyContin have compared this feeling to the euphoria they experience when taking heroin. In fact, in some areas, the use of heroin is overshadowed by the abuse of OxyContin.

#### **Q: How does OxyContin abuse differ from abuse of other pain prescriptions?**

**A:** Abuse of prescription pain medications is not new. Two primary factors, however, set OxyContin abuse apart from other prescription drug abuse. First, OxyContin is a powerful medication that contains a much larger amount of the active ingredient, oxycodone, than other prescription pain relievers. It was designed as a controlled release tablet. However, by crushing the tablet and either ingesting or snorting it or by injecting diluted OxyContin, people who abuse the opioid feel its powerful effects in a short time, rather than over a 12-hour span. Second, great profits can be made in the illegal sale of OxyContin. A 40-mg pill costs approximately \$4 by prescription, yet it may sell for \$40 on the street,

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depending on the area of the country in which the drug is sold.<sup>5</sup>

OxyContin can be comparatively inexpensive if it is legitimately prescribed and if its cost is covered by insurance. However, the National Drug Intelligence Center reports that people who abuse OxyContin may use heroin if their insurance will no longer pay for their OxyContin prescription because heroin is less expensive than OxyContin that is purchased illegally.<sup>4</sup>

**Q: Why are so many crimes reportedly associated with OxyContin abuse?**

**A:** Many reports of OxyContin abuse have occurred in rural areas that have housed labor-intensive industries, such as logging or coal mining. These industries are often located in economically depressed areas, as well. Therefore, people for whom the medication may have been legitimately prescribed may be tempted to sell their prescriptions for profit. Substance abuse treatment providers say that the addiction is so strong that people will go to great lengths to get the drug, including robbing pharmacies and writing false prescriptions.

**Q: What is the likelihood that a person for whom OxyContin is prescribed will become addicted?**

**A:** Most people who take OxyContin as prescribed do not become addicted. According to the National Institute on Drug Abuse and a review on oxycodone, opioid analgesics can be used to treat pain safely with proper medical management.<sup>6, 7</sup>

One review found, “A multitude of studies indicate that the rate of opioid addiction in populations of chronic pain sufferers is similar to the rate of opioid addiction within the general population, falling in the range of 1 to 2 percent or less.”<sup>3</sup>

In short, most individuals who are prescribed OxyContin, or any other opioid, will not become addicted, although they may become dependent on the medication and will need to be withdrawn by a qualified physician. Individuals who are taking the medication as prescribed should continue to do so, as long as they and their physician agree that taking the medication is a medically appropriate way for them to manage pain.

**Q: What is the difference between addiction to and dependence on OxyContin?**

**A:** When pain patients take an opioid analgesic as directed, or to the point where their pain is adequately controlled, it is not abuse or addiction. Abuse occurs when patients take more than is needed for pain control, especially if they take it to get high. Patients who take their medication in a manner that grossly differs from a physician’s directions are probably abusing that drug.

If a patient continues to seek excessive pain medication after pain management is achieved, the patient may be addicted. Addiction is characterized by the repeated, compulsive use of a substance despite adverse social, psychological, and/or physical consequences. Addiction is often (but not always) accompanied by physical dependence, withdrawal syndrome, and tolerance. Physical dependence is defined as a physiologic state of adaptation to a substance. The absence of this substance produces symptoms and signs of withdrawal. Withdrawal syndrome is often characterized by overactivity of the physiological functions that were suppressed by the drug and/or depression of the functions that were stimulated by the drug. Opioids often cause sleepiness, calmness, and constipation, so opioid withdrawal often includes insomnia, anxiety, diarrhea, flulike symptoms, restlessness, tearing, runny nose, yawning, sweating, muscle spasms, back aches, abdominal cramps, and vomiting.

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Pain patients, however, may sometimes develop a physical dependence during treatment with opioids. This is not an addiction. A gradual decrease of the medication dose over time, as the pain is resolving, brings the former pain patient to a medication-free state without any craving for repeated doses of the medication. This is the difference between the patient treated for pain who was formerly dependent and has now been withdrawn from medication and the patient who is opioid addicted: The patient addicted to diverted pharmaceutical opioids continues to have a severe and uncontrollable craving that almost always leads to eventual relapse in the absence of adequate treatment. This uncontrollable craving for another “rush” of the drug differentiates the patient who has completed detoxification for opioid addiction from the patient being treated for pain who is not opioid addicted. Theoretically, a person who abuses opioids might develop a physical dependence but would obtain treatment in the first few months of abuse, before becoming addicted. In this case, supervised withdrawal (detoxification) followed by a few months of abstinence-oriented treatment might be sufficient for the patient who is not addicted to but who abuses opioids. If, however, this patient subsequently relapses to opioid abuse, then that behavior would support a diagnosis of opioid addiction. If the patient has several relapses to opioid abuse, he or she will require long-term treatment for the opioid addiction. (See the section titled Treatment and Detoxification Protocols on page 5 to learn more about treatment options.)

**Q: What treatments, other than medication-assisted treatment, should be provided to individuals addicted to or dependent on OxyContin?**

**A:** The majority of U.S. treatment facilities do not offer medication-assisted treatment. However, because of the strength of OxyContin and its powerful addiction potential, medical complications may be increased by

quickly withdrawing individuals from the drug. Premature withdrawal may cause individuals to relapse to OxyContin use or to seek heroin. In addition, these individuals, if injecting drugs, may also expose themselves to HIV and hepatitis C. Most people addicted to OxyContin need medication-assisted treatment. Even if individuals have been taking OxyContin legitimately to manage pain, they should not stop taking the medication all at once. Instead, their dosages should be tapered down until medication is no longer needed. Professionals who work in a drug-free or abstinence-based treatment facility should refer patients to facilities where they can receive appropriate treatment. (See SAMHSA Resources on this page.) ■

### Other CSAT Resources

Prescription Medications: Misuse, Abuse, Dependence, and Addiction, *Substance Abuse Treatment Advisory*, May 2006, Volume 5, Issue 2. **MS987**

Pain Management Without Psychological Dependence: A Guide for Healthcare Providers, *Substance Abuse in Brief Fact Sheet*, Summer 2006, Volume 4, Issue 1. **MS993**

### SAMHSA Resources

To find a substance abuse treatment facility near you, visit the Substance Abuse Treatment Facility Locator at <http://www.findtreatment.samhsa.gov>. Call the Substance Abuse and Mental Health Services Administration, Substance Abuse Treatment Hotline at 1-800-662-HELP for substance abuse treatment referral information.

## From the CSAT Director

by H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

OxyContin® was initially heralded as a miracle medication that allowed patients with chronic pain to resume a normal life. Unfortunately, the abuse of OxyContin continues to grow. According to the National Survey on Drug Use and Health, misuse of OxyContin among people in the United States ages 12 and older significantly increased every year from 2002 to 2006.<sup>9</sup> In 2006, approximately 4 million people ages 12 and older reported using OxyContin for nonmedical uses at least once in their lifetime, and more than 500,000 were new nonmedical users.<sup>9</sup> Among youth, although past-year use of OxyContin in the 12th grade decreased from 5.5 percent in 2005 to 4.3 percent in 2006, it increased among 8th graders from 1.3 percent in 2002 to 2.6 percent in 2006. Drug Abuse Warning Network data indicated a 17-percent increase in emergency hospital visits for nonmedical use of oxycodone products from 2004 to 2005.<sup>10</sup>

Because of this increasing misuse of OxyContin in the United States, it is important for professionals on the front line of substance abuse treatment to have the facts about OxyContin, its use and abuse, and how to treat individuals who present for treatment of OxyContin use and abuse. Perhaps these individuals are taking medically prescribed OxyContin to manage pain and are concerned about their physical dependence on the medication. Perhaps they are young adults who thought that OxyContin was a “safe” recreational drug because, after all, doctors prescribe it. Possibly changes in the availability or quality of illicit opioid drugs in the community have led to abuse of and addiction to OxyContin.

Whatever the reason, OxyContin is being abused, and people are becoming addicted. And in many instances, these people are young adults unaware of the dangers of OxyContin. Many of these individuals mix OxyContin with alcohol and drugs, and the result is all too often tragic.

Abuse of prescription medications is not a new phenomenon. There have long been concerns about abuse of Percocet®, hydrocodone, and a host of other medications. What sets OxyContin abuse apart is the potency of the medication. Treatment providers in affected areas say that they were unprepared for the speed with which an OxyContin “epidemic” developed in their communities.

It is important to be prepared for the increasing number of clients who are dependent on OxyContin. This revised issue of the original *Substance Abuse Treatment Advisory* on OxyContin:

- Answers frequently asked questions about OxyContin
- Provides general information about semisynthetic opioids and their addiction potential
- Summarizes evidence-based protocols for treatment
- Provides resources for further information.

For more information about OxyContin abuse and treatment, see the resource box on page 3. Feel free to copy the information in the *Substance Abuse Treatment Advisory* and share it with colleagues so that they, too, can have the most current information about this critically important topic. ■

### Three Ways To Obtain Free Copies of CSAT Products:

1. Call SAMHSA’s Health Information Network (SHIN) at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español), TTY (hearing impaired) 1-800-487-4889
2. Visit SHIN’s Web site, <http://www.samhsa.gov/shin>
3. Access products on line at <http://www.kap.samhsa.gov>

## Treatment and Detoxification Protocols

OxyContin® is a powerful medication that contains a much larger amount of the active ingredient, oxycodone, than other prescription opioid pain relievers. Whereas most people who take OxyContin as prescribed do not become addicted, those who abuse their pain medication or obtain it illegally may find themselves becoming rapidly dependent on, if not addicted to, the drug.

Two types of treatment have been documented as most effective for opioid addiction. One is a long-term, residential, therapeutic community type of treatment, and the other is long-term, medication-assisted outpatient treatment. Clinical trials using medications to treat opioid addiction have generally included subjects addicted to diverted pharmaceutical opioids as well as to illicit heroin. Therefore, there is no medical reason to suppose that the patient addicted to diverted pharmaceutical opioids is any less likely to benefit from medication-assisted treatment than the patient addicted to heroin.

Some patients who are opioid addicted who have very good social supports may occasionally be able to benefit from antagonist treatment with naltrexone. This treatment works best if the patient is highly motivated to participate in treatment and has undergone adequate detoxification from the opioid of abuse. Most patients who are opioid addicted in outpatient therapy, however, do best with medication that is either an agonist or a partial agonist. Methadone is the agonist medication most commonly prescribed for opioid addiction treatment in this country. Buprenorphine is the only partial agonist approved by the Food and Drug Administration for opioid addiction treatment.

The guidelines for treating OxyContin addiction or dependence are basically no different from the guidelines the Center for Substance Abuse Treatment (CSAT) uses for treating addiction to or dependence on *any* opioid.

However, because OxyContin contains higher dose levels of opioid than are typically found in other oxycodone-containing pain medications, higher dosages of methadone or buprenorphine may be needed to appropriately treat patients who abuse OxyContin.

Methadone or buprenorphine may be used for OxyContin addiction treatment or, for that matter, treatment for addiction to any other opioid, including the semisynthetic opioids. Medication-assisted treatment for prescription opioid abuse is not a new treatment approach. A study of people entering methadone maintenance treatment programs conducted in several States found that oxycodone was the prescription opioid medication used most frequently by people whose drug of choice was heroin and who abused prescription opioids.<sup>8</sup>

The information in this issue on OxyContin can help providers determine whether a patient requires treatment for opioid addiction. If treatment is necessary, methadone or buprenorphine may be used for withdrawal. For certain patient populations, including those with many treatment failures, methadone or buprenorphine is the treatment of choice.<sup>2</sup>

It is important to conduct a careful preliminary assessment to determine whether medication-assisted treatment with methadone or buprenorphine would be appropriate for a patient. This assessment can be done in a hospital emergency department, central intake unit, or similar place. The preliminary assessment should include the following areas:<sup>1</sup>

- Determining the need for emergency care
- Diagnosing the presence and severity of opioid dependence
- Determining the extent of alcohol and drug abuse

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## Treatment and Detoxification Protocols

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- Screening for co-occurring medical and psychiatric conditions
- Evaluating an individual's living situation, family and social problems, and legal problems.

The final assessment of an individual's eligibility for medication-assisted treatment must be completed by experienced staff of an opioid treatment program. Federal regulations on eligibility for admission to opioid pharmacotherapy exist.<sup>1</sup>

"As substance abuse treatment professionals, we have the responsibility for learning as much as we can about OxyContin and then providing appropriate treatment for people who are addicted to it. Appropriate treatment will nearly always involve prescribing methadone, buprenorphine, or, in some cases, naltrexone," says H. Westley Clark, M.D., J.D., Director of CSAT. "Programs that do not offer medication-assisted treatment will need to refer patients who are addicted to OxyContin to programs that do," he adds. ■

"...we have the responsibility for learning as much as we can about **OxyContin**, and then providing appropriate treatment for people who are addicted to it."

H. Westley Clark, M.D., J.D.  
Director, CSAT

## Treatment Improvement Protocols (TIPs) and Collateral Products Addressing Opioid Addiction Treatment

TIP 40 *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* (SMA) 07-3939

*Quick Guide for Physicians Based on TIP 40* QGPT40

*KAP Keys for Physicians Based on TIP 40* KAPT40

TIP 43 *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* BKD524

*Quick Guide for Clinicians Based on TIP 43* QGCT43

*KAP Keys for Clinicians Based on TIP 43* (SMA) 07-4108

TIP 45 *Detoxification and Substance Abuse Treatment* BKD541

*Quick Guide for Clinicians Based on TIP 45* (SMA) 06-4225

*Quick Guide for Administrators Based on TIP 45* (SMA) 06-4226

*KAP Keys for Clinicians Based on TIP 45* (SMA) 06-4224

## Notes

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## Substance Abuse Treatment Advisory

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