

Oxycodone

Background:

- The United States Drug Enforcement Administration has become increasingly concerned with the wellness of the U.S. population because Oxycodone products are becoming more prevalent and have been abused for the past 30 years.
- “Oxycodone has been available for clinical use since 1915.” (NIDA 2005)
- The prescription drug, Oxycodone, is classified under a group called opioids.
 - Opioids are widely used and known for their effectiveness in fighting pain.
 - “Opioids act on the brain and body by attaching to specific proteins called opioid receptors, which are found in the brain, spinal cord, and gastrointestinal tract.

When these drugs attach to certain opioid receptors, they can block the perception of pain.” (NIDA 2005)
- “Properly managed medical use of pain relievers is safe and rarely causes clinical addiction, defined as compulsive, often uncontrollable use of drugs. Taken exactly as prescribed, opioids can be used to manage pain effectively.” (DEA 2006)
- Street names for Oxycodone are: OC, Oxy, Cotton, Hillbilly Heroin, and Blue
- OxyContin is a brand name form of Oxycodone.
- “OxyContin is used for moderate to high pain relief associated with injuries, bursitis, dislocations, fractures, neuralgia, arthritis, lower back pain, and pain associated with cancer.” (DEA 2006)
- “OxyContin is available in 10, 20, 40, 80, and 160 milligram doses.” (NIDA 2006)
- Oxycodone typically remains effective for up to 5 hours.

- OxyContin has a controlled-release, which causes the effects to last longer (8-10 hours). In many cases abusers scratch off the time-release layer or crush the pill to get a quicker high.
- “Acute overdose of oxycodone can produce severe respiratory depression, skeletal muscle flaccidity, cold and clammy skin, reduction in blood pressure and heart rate, coma, respiratory arrest, and death.” (DEA 2006)
- “Chronic use of opioids can result in tolerance for the drugs, which means that users must take higher doses to achieve the same initial effects. Long-term use also can lead to physical dependence and addiction -- the body adapts to the presence of the drug, and withdrawal symptoms occur if use is reduced or stopped.” (DEA 2006)
- “Oxycodone is abused for its euphoric effects. It is equipotent to morphine in relieving abstinence symptoms from chronic opiate (heroin, morphine) administration. For this reason, it is often used to alleviate or prevent the onset of opiate withdrawal by street users of heroin and methadone.” (USDOJ 2006)
- A 10 mg dose of orally-administered oxycodone is equivalent to a 10 mg dose of injected morphine
- “Many States have launched efforts to curb the illegal use of OxyContin. Louisiana, Maine, Virginia, Kentucky, Pennsylvania, and Tennessee have enacted legislation to deal with this issue. California, Hawaii, Idaho, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Nevada, New Mexico, New York, Oklahoma, Rhode Island, Texas, Utah, and Washington have established prescription monitoring programs.” (USDOJ 2006)

Statement of the Problem:

- After researching many government sites about the problems related to Oxycodone, I have come up with two distinct and prevalent issues that plague the United States today.

- The first issue of concern is controlling the trafficking and illegal distribution of the drug.

According to the United States Drug Enforcement Administration,

- “Opiates in pill form have historically been among the most abused prescription drugs, especially hydrocodone, hydromorphone, and oxycodone. Diverted from legitimate channels, these drugs can substitute for illicit narcotics and are frequently trafficked on the street by individuals or structured organizations. As far back as the 1970s, hydromorphone-based Dilaudid® was known on the street as “drug store heroin.”” (DEA 2004)

There are many ways that abusers and dealers can obtain this addictive drug. The problem that faces the United States is cracking down on corrupt physicians and theft that makes oxycodone so readily available on the streets. The U.S. Department of Justice’s Diversion Control program lists many of the common means of oxycodone diversion including, “fraudulent prescriptions, doctor shopping, over prescribing, pharmacy theft, organized rings of individuals diverting and selling oxycodone, and foreign diversion and smuggling into the U.S.” (USDOJ 2006)

- The second major problem in reference to oxycodone is dealing with the non-medical abusers of the drug. Battling an addiction of this magnitude can be a profound task in an abuser’s life. The United States government is working hard at getting the hard-core facts about oxycodone to the general public. Abusers can easily compromise the controlled release formulation for a powerful morphine-like high. The Food and Drug Administration reported that,

- “In recent months, there have been numerous reports of OxyContin diversion and abuse in several states. Some of these reported cases have been associated with serious consequences including death. In an effort to educate health care providers about these risks, Purdue Pharmaceuticals, manufacturer of the product, has issued a warning in the form of a “Dear Healthcare Professional” letter. The “Dear
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Healthcare Professional" letter will be distributed widely to physicians, pharmacists, and other healthcare professionals.” (FDA, 2006)

Epidemiologic Picture of the Problem:

- Oxycodone abuse has been a continuing problem in the U.S. since the early 1960s.
- “An estimated 48 million people (ages 12 and older) have used prescription drugs for non-medical reasons in their lifetimes. This represents approximately 20 percent of the U.S. population.” (NIDA 2005)
- According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Drug Abuse Warning Network, “emergency room mentions of prescription drugs containing oxycodone (which may include drugs such as Percodan, Percocet, and OxyContin) increased 89 percent from 1993 to 1999 (from 3,395 to 6,429). Recently we have seen it increase by 68%, with 10,825 emergency room mentions in 2000.”
- “SAMHSA's Drug Abuse Warning Network (DAWN) provides national data on emergency department visits involving illicit drugs, alcohol, and non-medical use of pharmaceuticals. In 2005, general non-Federal hospitals delivered 108 million emergency department visits. An estimated 1,449,154 of these emergency visits were associated with drug misuse or abuse.” (SAMHSA 2005)
- “Opiates/opioid analgesics accounted for 33% of the non-medical visits and included: Hydrocodone/combinations (51,225 visits), Oxycodone/combinations (42,810 visits), methadone (41,216 visits), and fentanyl/combinations (9,160 visits).” (SAMHSA 2005)
- According to the 2007 National Drug Threat Assessment NDTA, “78.8 percent of state and local law enforcement agencies report either high or moderate availability of diverted pharmaceuticals in their area.”

- “An estimated 11 million Americans aged 12 and older had used only oxycodone non-medically at least once in their lifetime, 1.9 million had used only heroin in their lifetime, and 1.7 million had used both oxycodone and heroin in their lifetime.” (SAMHSA 2006)
- “Rates of drug dependence were higher among those who used both oxycodone and heroin than used either drug only. Among those whose had used both oxycodone and heroin in their lifetime, 16.1% met the diagnostic criteria for heroin or pain reliever dependence or abuse during the past year. Among those who used only oxycodone, 7.2% met the criteria, and 4% of those who used only heroin in their lifetime met criteria for dependence or abuse for the drug in the past year.” (SAMHSA 2006)
- “About 42% of the persons who used only oxycodone reported family incomes in the past year of \$50,000 or more and about 20% reported family incomes of less than \$20,000. In contrast, 25% of those who had used both drugs and 32% of those who had used only heroin reported family incomes of less than \$20,000.” (SAMHSA 2006)

Solutions to the Problem:

- The DEA has taken great strides in preventing the illicit trafficking of oxycodone and other prescription medications. Specifically, they have cracked down on the area of “Doctor Shopping”. The U.S. government has provided funding for states to keep better records of prescription drugs administered to patients. A statement from the DEA reads,
 - “Associated illegal activities may include the forgery of prescriptions, or the sale or transfer of the drug to others. Unfortunately, in many states, physicians and pharmacists have not been able to automatically cross-check multiple prescriptions given to the same patient. To address this problem, Congress first appropriated funds to the Department of Justice in 2003 to promote the deployment of Prescription Drug Monitoring Programs (PDMPs) by States. That commitment continues as part of the Administration’s National Drug Control

Strategy for 2006. PDMPs help cut down on prescription fraud and doctor shopping by giving physicians and pharmacists more complete information about a patient's prescriptions for controlled substances." (Rannazzisi, 2006)

- The Center for Substance Abuse Treatment, in reference to Oxycodone, is a major concerned with preventing the misuse of the drug. They feel that it starts with the physician. They are interested in getting more information about Oxycodone abuse and treatment to the health care provider. Physicians need to know the facts and signs about prescription drug abuse. CSAT states that,
 - "We are not interested in fueling the controversy about the use or abuse of OxyContin. As the Federal Government's focal point for addiction treatment information, CSAT is instead interested in helping professionals on the front line of substance abuse treatment by providing you with the facts about OxyContin, its use and abuse, and how to treat individuals who present at your treatment facility with OxyContin concerns." (CSAT 2001)
- The Foundation for a Drug Free world has a tremendous Web site for substance abusers. It gives hopes to addicts as well as information to the general public about substance abuse and addiction. Its mission statement is the following.
 - "The Foundation for a Drug-Free World is a secular, non-profit organization based in Los Angeles, California. It was established to meet the increasing demand for the international "Say No to Drugs, Say Yes to Life" drug prevention program, which has been conducted around the world for more than 20 years by members of Scientology churches in collaboration with the interfaith community, volunteer organizations, educational institutions and government agencies."

Internet Resources:

- The U.S. Drug Enforcement Administration (<http://www.dea.gov/index.htm>)
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- The mission of the Drug Enforcement Administration (DEA) is to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.
- The Center for Substance Abuse Prevention (<http://prevention.samhsa.gov/>)
 - CSAP works with States and communities to develop comprehensive prevention systems that create healthy communities in which people enjoy a quality life. This includes supportive work and school environments, drug- and crime-free neighborhoods, and positive connections with friends and family.
- Foundation for a Drug Free World (<http://www.drugfreeworld.org>)
 - The purpose of the Foundation is to empower youth and adults with the facts about drugs so they can make an informed decision to say no, and help others make the same decisions.

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Back to Betty C. Jung's Web site	http://www.bettyjung.net/
Back to Fact Sheet Directory	http://www.bettyjung.net/Pch202fs.htm

Oxycodone (Class Handout)

- ❖ What is oxycodone?
 - Classified in a group of drugs called narcotic pain relievers or opioids
 - Used to treat moderate to severe pain
- ❖ How does oxycodone work?
 - Primarily through their interaction with opioid receptors, especially in the brain and spinal cord.
 - When activated, these receptors mediate the drugs' analgesic effects.
 - They also mediate the ability to produce the euphoric state.
 - Oxycodone has similarities to virtually every other drug of abuse, including nicotine, alcohol, marijuana, cocaine, heroin, and methamphetamine, in that they elevate levels of the neurotransmitter dopamine in the brain pathways that control the experience of pleasure.
- ❖ How should this medicine be used?
 - Comes in liquid & tablet form
 - Do not chew, break, or crush the tablets
 - Usually taken every 6 hours; extended release tablets every 12 hours
 - Follow directions on prescription label carefully!
- ❖ What are negative effects of oxycodone use?
 - Long-term usage can lead to physical dependence
 - Large dose can cause serious respiratory depression that can lead to death
 - Withdrawal symptoms include restlessness, muscle bone pain, cold flashes with goose bumps, and involuntary leg movements.
- ❖ What are the trafficking trends?
 - Fraudulent prescriptions
 - “Doctor shopping”
 - Over-prescribing
 - Pharmacy theft
 - Organized rings of individuals diverting and selling oxycodone
 - Foreign diversion and smuggling into the U.S.
- ❖ Why is this drug being misused?
 - It is this euphoric effect and the fact that many people perceive prescription pain killers as "safe"
 - The users want to receive the pleasurable effects, in the same way that people abuse and become addicted to drugs such as heroin or cocaine. In fact, there are some indicators suggesting that this drug may be used by some as a substitute for heroin.