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OxyContin:
Prescription Drug Abuse

A Library and Resource Center on Alcohol, Tobacco, Other Drugs, Mental Health and Wellness

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 drugs like Percodan and Tylox. However, OxyContin contains between 10 and 160 milligrams of oxycodone in a timed-release tablet. Painkillers, such as Tylox, contain 5 milligrams 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.," and "killer" on the street, is legitimately prescribed as a timed-release tablet, providing as many as 12 hours of relief from chronic pain. It is often prescribed for cancer patients or those with chronic, long-lasting back pain. The benefit of the medication to chronic pain sufferers 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: OxyContin abusers 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. Abusers 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 drug that contains a much larger amount of the active ingredient, oxycodone, than other prescription pain relievers. By crushing the tablet and either ingesting or snorting it, or by injecting diluted OxyContin, abusers feel the powerful effects of the opioid in a short time, rather than over a 12-hour span. Second, great profits are to be made in the illegal sale of OxyContin. A 40-milligram pill costs approximately $4 by prescription, yet it may sell for $20 to $40 on the street, depending on the area of the country in which the drug is sold.

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 OxyContin abusers 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.

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

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mining. These industries are often located in economically depressed areas, as well. Therefore, people for whom the drug 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. The National Institute on Drug Abuse (NIDA) reports: "With prolonged use of opiates and opioids, individuals become tolerant…. require larger doses and can become physically dependent on the drugs….. Studies indicate that most patients who receive opioids for pain, even those undergoing long-term therapy, do not become addicted to these drugs."

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or any other opioid, will not become addicted, although they may become dependent on the drug and will need to be withdrawn by a qualified physician.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

Q: How Can I Determine Whether A User Is Dependent On Rather Than Addicted To OxyContin?

A: When pain patients take a narcotic 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, psychologic, 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 physiologic 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, and diarrhea.

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 drug-free state without any craving for repeated doses of the drug. This is the difference between the formerly dependent pain patient who has now been withdrawn from medication and the opioid-addicted patient. 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. It is this uncontrollable craving for another "rush" of the drug that differentiates the "detoxified" but opioid-addicted patient from the former pain patient. Theoretically, an opioid abuser might develop a physical dependence, but 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 nonaddicted patient who abuses opioids. If, however, this patient subsequently relapses to opioid abuse, then that would support a diagnosis of opioid addiction. After several relapses to opioid abuse, it becomes clear that a patient will require long-term treatment for the opioid addiction.

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